

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER American Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2026 East 54th St Indianapolis, IN 46220	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>Based on observation, interview, and record review, the facility failed to timely have the interdisciplinary team (IDT) determine and document self-administration of medications and treatments were clinically appropriate for 2 of 2 randomly observed residents. (Resident 10 and Resident 20)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 10 was reviewed on 7/1/25 at 11:51 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease.</p> <p>The Quarterly 5/12/25 Minimum Data Set (MDS) assessment indicated Resident 10 was cognitively intact.</p> <p>A physician's order, dated 3/11/25, indicated the resident was to receive 10 micrograms of vitamin D3 once a day.</p> <p>A physician's order, dated 3/13/25, indicated the resident was to receive 60 milligrams of Cymbalta once a day.</p> <p>A physician's order, dated 3/11/25, indicated the resident was to receive 100 milligrams of Neurontin three times a day.</p> <p>A physician's order, dated 3/11/25, indicated the resident was to receive 30 milliliters of lactulose three times a day.</p> <p>A physician's order, dated 3/11/25, indicated the resident was to receive 5 milligrams of pilocarpine once a day.</p> <p>A physician's order, dated 3/11/25, indicated the resident was to receive 100 milligrams of thiamine daily.</p> <p>An observation was conducted of Resident 10 on 7/1/25 at 11:51 a.m. The resident was observed in bed with one medication cup of liquid medication and one medication cup of pill medications on the bedside table. There was no nurse present in the room at that time. She indicated it was her morning medications, and she had not taken them yet.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER American Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2026 East 54th St Indianapolis, IN 46220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with Registered Nurse (RN) 1 on 7/1/25 at 11:55 a.m. She indicated she was Resident 10's nurse that morning. At that time, RN 1 was observed walking into the resident's room and speaking with Resident 10 about the medication left at the bedside. After, she left the room and reported the resident had now taken her medications.</p> <p>2. The clinical record for Resident 20 was reviewed on 7/1/25 at 11:50 a.m. The diagnoses included, but were not limited to, dementia.</p> <p>The Quarterly 4/24/25 MDS assessment indicated Resident 20 was cognitively intact.</p> <p>A physician's order, dated 12/16/24, indicated the resident was to receive 500 milligrams of ascorbic acid daily.</p> <p>A physician's order, dated 6/5/24, indicated the resident was to receive 500 micrograms of vitamin B-12 daily.</p> <p>A physician's order, dated 10/20/22, indicated the resident was to receive 2.5 milligrams of Eliquis twice a day.</p> <p>A physician's order, dated 11/20/24, indicated the resident was to receive 20 milligrams of omeprazole once a day.</p> <p>A physician's order, dated 12/27/23, indicated the resident was to receive 50 micrograms of vitamin D3 once a day.</p> <p>An observation was conducted of Resident 20 on 7/1/25 at 11:58 a.m. The resident was observed sitting on the side of the bed. The bedside table had one medication cup of medications. There was no nurse present in the room at that time. He indicated he believed one of the pill medications in the cup was his Eliquis medication and another pill was B-12 medication. The other pills in the cup; he was unsure what they were.</p> <p>An interview was conducted with RN 1 on 7/1/25 at 12:00 p.m. She indicated Resident 20 refused to let her remove the pill medications from his room when she delivered them that morning. RN 1 at that time, walked into the resident's room and spoke to the resident about taking the medications. During that time, she had stated to the resident, I don't have time to stand here all day.</p> <p>An interview was conducted with the Director of Nursing (DON) on 7/1/25 at 12:23 p.m. She indicated Resident 10 does have a self-medication assessment in the clinical record that she was able to self-medicate lotion. It does not indicate she was able to self-administer pill medications. Resident 20 does not have a self-administration assessment that had been conducted indicating he was able to self-administer his medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER American Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2026 East 54th St Indianapolis, IN 46220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A self-administration of medications policy was provided by the DON on 7/1/25 at 1:56 p.m. It indicated, . Policy. It is the policy of this facility to respect the wishes of alert, competent residents to self-administer prescribed medications as allowable under state regulations. The facility will provide instruction for all residents choosing to and capable of self-administration .If a resident desires to participate in self-administration, the Interdisciplinary Team will assess the competence of the resident to participate by completing the Self-Administration of Medication Assessment observation. A physician order will be obtained specifying the resident's ability to self-administer medications and, if necessary, listing which medications will be included in the self-administration plan .Storage of self-administered medications will comply with state and federal regulations. All bedside medications will be maintained in a secured location in the resident's room. The resident will be assessed for continued self-administration of medications quarterly and with any significant change of condition .</p> <p>3.1-11(a)</p>		