

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155825	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER St Augustine Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE 2345 W 86th St Indianapolis, IN 46260	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>Based on interview and record review, the facility failed to ensure a new Preadmission Screening and Resident Review (PASARR) was completed after an increase of an antipsychotic medication secondary to continued and increased behaviors for 1 of 1 resident reviewed for PASARR. (Resident 2)</p> <p>Findings include:</p> <p>The clinical record for Resident 2 was reviewed on 6/27/25 at 1:32 p.m. The diagnoses included, but were not limited to, anxiety disorder, major depressive disorder, and dementia with moderate psychotic disturbances.</p> <p>A Level I PASARR, dated 4/28/25, indicated Resident 2 did not currently have a known or suspected developmental condition or diagnosis that affects intellectual and/or adaptive functioning. The document also indicated if a status change occurred, symptoms increased, or other information suggested a potential serious mental illness, then the nursing facility must submit an updated screen to reevaluate the need for a PASARR Level II behavioral health evaluation.</p> <p>A physician's order, dated 4/22/25, indicated to administer Risperdal (an antipsychotic) 0.5 milligram (mg), with instructions to give one half tablet (0.25 mg), two times a day for psychosis.</p> <p>A physician's order, dated 5/7/25, indicated to administer Risperdal 0.5 mg, two times a day for psychosis.</p> <p>Resident 2's diagnosis of dementia with moderate psychotic disturbances was entered on 5/14/25.</p> <p>The change of the medication order was an increase in the dose of the antipsychotic medication.</p> <p>A psychiatric visit form, dated 5/27/25, indicated Resident 2 had an increase in dose of Risperdal on 5/7/25 which was effective, but her behaviors increase at bedtime. The treatment plan was to increase the dose of Risperdal.</p> <p>A physician's order, dated 5/27/25, indicated to administer Risperdal 0.5 mg, three times a day.</p> <p>The change of the medication order was an increase in the dose of the antipsychotic medication.</p> <p>An updated PASARR screen was not located in the clinical record after dose had been increased.</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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 6/30/25 at 10:42 a.m., the Social Services Director indicated a referral for a new PASARR screen should be submitted if there was a change in condition, if a psychotropic medication was started, and if there was a dose increase in psychotropic medications.</p> <p>During an interview, on 6/30/25 at 12:12 p.m., the Indiana Care Service Helpline indicated a new referral for a Level II would be submitted as soon as possible for an increase in dose of mental health medications and for any significant change in status.</p> <p>A current facility policy, titled Preadmission Screening and Resident Review, dated 2/2017 and received from the Director of Nursing on 6/30/25 at 1:56 p.m., did not include when a new referral for Level II screen would be submitted.</p> <p>3.1-16(d)(1)(A)</p> <p>3.1-16(d)(1)(B)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility failed to ensure a medication was held according to the physician's order for 1 of 1 resident reviewed for quality of care. (Resident 8)</p> <p>Findings include:</p> <p>The clinical record for Resident 8 was reviewed on 6/27/25 at 10:48 a.m. The diagnoses included, but were not limited to, congestive heart failure, atrial fibrillation, and type 2 diabetes.</p> <p>A physician's order, dated 12/20/23, indicated to give metoprolol (a medication to reduce blood pressure) 12.5 milligrams (mg) by mouth 2 times per day with instruction to hold the medication for a systolic blood pressure less than 110 or a heart rate less than 55.</p> <p>A review of the Medication Administration Record (MAR) indicated metoprolol 12.5 mg was administered against the physician's hold orders on the following dates:</p> <ul style="list-style-type: none"> a. On 3/3/25, the medication was administered in the evening with a systolic blood pressure of 109. b. On 3/12/25, the medication was administered in the evening with a systolic blood pressure of 109. c. On 4/3/25, the medication was administered in the morning with a systolic blood pressure of 105. d. On 4/7/25, the medication was administered in the evening with a systolic blood pressure of 108. e. On 4/23/25, the medication was administered in the evening with a systolic blood pressure of 107. f. On 5/4/25, the medication was administered in the morning with a systolic blood pressure of 100. g. On 5/5/25, the medication was administered in the evening with a systolic blood pressure of 109. h. On 5/27/25, the medication was administered in the evening with a systolic blood pressure of 106. <p>During an interview, on 6/30/25 at 1:48 p.m., the Director of Nursing (DON) indicated that if the medication was held, there would be a number 4 in the MAR indicating it was held with a nursing note. There were no nursing notes, and it appeared the metoprolol was administered.</p> <p>During an interview, on 7/1/25 at 11:11 a.m., Registered Nurse (RN) 4 indicated if the blood pressure was below parameters, the order would be followed and the medication held.</p> <p>A current facility policy, titled MEDICATION, ADMINISTRATION, dated 8/2018 and received from the DON on 6/30/25 at 1:56 p.m., indicated .It is the responsibility of the nursing professional to be aware of the classification, action, correct dosage, and side effects of a medication before administration .Read and follow any special instructions written on labels</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-37(a)

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were dated after the medication was opened, expired blood glucose control solution was disposed of, and chemicals were properly stored for 1 of 1 medication cart and 1 of 1 medication storage room reviewed for medication storage.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The medication cart was reviewed, on 6/27/25 at 9:00 a.m., and the following were observed: <ol style="list-style-type: none"> a. In the large top drawer of the medication cart, brimonidine tartrate ophthalmic solution (eye drops) had been opened and the bottle did not include an open date. Dorzolamide/Timolol ophthalmic solution (eye drops) had been opened, and the bottle did not include an open date. b. In the small top drawer of the medication cart, blood glucose control solution (solution used to ensure the blood glucose monitor was working correctly) had been opened on 5/11/25 after the expiration date of 3/1/25. 2. The medication storage room contained Clorox chemicals and a bottle of aerosol Raid (bug killer) stored under the sink. <p>During an interview, on 6/27/25 at 9:21 a.m., QMA 2 indicated the nurse who opened the blood glucose solution should have checked the expiration date before opening and using the solution. The blood glucose control solution was opened after the expiration date and should not have been used or in the medication cart.</p> <p>During an interview and observation of the medication storage room, on 6/30/25 at 11:27 a.m., the Clorox chemicals and aerosol Raid were still stored under the sink. QMA 2 indicated he was not aware items were not to be stored under the sink.</p> <p>A current facility policy, titled Medication Disposal, dated 8/2018 and received from the Director of Nursing (DON) on 6/30/25 at 1:56 p.m., indicated .All expired medications .shall be destroyed</p> <p>A current facility policy, titled Labeling of Medications and Biologicals, dated 5/2023 and received from the DON on 7/1/25 at 9:30 a.m., indicated .All medications and biologicals used in the Home will be labeled in accordance with current state and federal regulations to facilitate consideration of precautions and safe administration of medications .All medications and biologicals will be labeled in accordance with applicable federal and state requirements and current accepted pharmaceutical principles and practices .Labels for multi-use vials medications must include .the date the vial was initially opened .All opened or accessed vials should be discarded within 28 days unless the manufacturer specifies a different [(shorter or longer)] date for that opened vial</p> <p>3.1-25(j)</p> <p>3.1-25(k)(6)</p> <p>(continued on next page)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-25(o)