STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TRADITIONS AT NORTH WILLOW	1703 W 86TH STREET INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00449400. Complaint IN00449400 - No deficiencies related to the allegations are cited. Survey dates: March 20 and 21, 2025 Facility number: 013880 Residential Census: 110 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 31, 2025.	R 0000		
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency Based on observation, interview, and record review, the facility failed to ensure there were signed service plans in place for 2 of 5 residents reviewed for service plans (Resident 113 and Resident 114). Findings include: 1. On 3/20/25 at 12:50 p.m., Resident 113's medical record was reviewed. She was a long-term care resident who resided in the memory care unit and was transferred out of the facility on 2/28/25. Upon review of Resident 113's electronic medical record it was found that she had a service plan dated 2/26/25 that was signed only by Licensed	R 0217	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulations. R0217-Evaluation What corrective actions will be accomplished for those residents found to have been affected by the findings: No residents were affected How will you identify other residents having the potential to be affected by the same finding	04/30/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Libby Mellinger	Administrator	04/09/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

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	Practical Nurse (LPN) 3, and a service plan dated 8/22/25 that was signed only by LPN 3. In an interview on 3/21/25 at 11:55 a.m. the Director of Nursing (DON) indicated they held a service plan meeting on 2/26/25 and Resident 113 moved out two days later, so they were unable to get a signature. The DON indicated they were going through a change of Memory Care Director and had found that things were missing. 2. On 3/20/25 at 1:55 p.m., Resident 114's medical record was reviewed. She was a long-term care resident who resided in the memory care unit and passed away on 3/5/25. Upon review of Resident 114's electronic medical record it was found that she had a service plan dated 12/18/24 that was signed only by LPN 3, and a service plan dated 6/14/24 that was signed only by LPN 3. In an interview on 3/21/25 at 12:00 p.m., the DON indicated they did not have a current signed service plan for Resident 114. She indicated that she knew they held a service plan meeting with the family but was unable to find a signed copy.		and what corrective action will be taken: All residents had the potential to be affected. No residents were affected. What measures will be put in place or what systematic changes the facility will make to ensure that the deficient practice does not recur: All service plans will be audited for signatures by DON or designee. Audits will occur weekly x 4, monthly x3 and randomly ongoing. How the corrective action(s) will be monitored to ensure the findings will not recur: All service plans will be audited for signatures by DON or designee. Audits will occur weekly x 4, monthly x3 and randomly ongoing. By what date will the systematic changes be completed: April 30, 2025	
R 0301 Bldg. 00	410 IAC 16.2-5-6(c)(5) Pharmaceutical Services - Deficiency Based on observation and record review, the facility failed to store medications appropriately, and date and label medications for 2 of 2 medication carts observed and 1 of 1 medication rooms observed (Residents 113, 79, 77, 107, 111, 112, 106, 93, 95, 97, and 115). Findings include:	R 0301	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. R301-Pharmaceutical Services What corrective actions will be	04/30/2025

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	1. Resident 113 had an opened vial of cyanocobalamin (Vitamin B) in the medication refrigerator and it lacked a date to indicate when it was opened. 2. Resident 79 had calcium with vitamin D 500 milligrams (mg) in the medication cart. It lacked a label to indicate the residents' name and prescription information. 3. Resident 77 had aspirin 81 mg and iron 65 mg in the medication cart. The bottles lacked prescription information. 4. Resident 107 had a bottle of flaxseed 1000 mg and lutein in the medication cart. The bottles lacked prescription information. 5. Resident 111 had a bottle of dualbiotic in the medication cart. The bottle lacked prescription information. 6. Resident 112 had a bottle of ducolax 100 mg in the medication cart. The bottle lacked prescription information. 7. Resident 106 had a bottle of melatonin 3 mg, all day allergy relief 10 mg, Tylenol 325 mg, and vitamin B12 2500 mg in the medication cart. The bottles lacked prescription information. 8. Resident 93 had a container of breo ellipta in the medication cart. The container lacked a date to indicate when it was opened. 9. Resident 95 had a bottle of turmeric curcumin in the medications cart. The bottle lacked a prescription label. 10. Resident 97 had a vial of basaglar insulin 3		accomplished for those residents found to have been affected by the finding: No residents were affected How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: All residents had the potential to be affected. No residents were found to be affected. What measures will be put in place or what systematic changes the facility will make to ensure that the deficient practice does not recur: Inservice will be provided to all staff responsible for passing medication. Cart audits will be completed weekly, ongoing and signed by Wellness Director or Designee. How the corrective actions will be monitored to ensure the findings will not recur: Cart audits will be completed weekly, ongoing and signed by Wellness Director or Designee. By what date the systematic changes will be completed: 4/30/25	

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	milliliter (ml) in the medication cart. The vial lacked a date to indicate when it was opened. 11. There were local skin treatments next to eye drops in the medication cart, top drawer. The treatments were nystatin, bacitracin, and ketozole ointments. 12. Resident 115 had antiacid tablets, Tylenol 500 mg, vitamin B12 500 mg and vitamin D3 400 IU (10 mcg) in the medication cart. The bottles lacked prescription information. A policy titled, "Medication Storage and Labeling Procedures" dated 6/14, was provided by the Wellness Director on 3/20/25 at 1:47 p.m. It indicated " ...every container of medication and drugs prescribed for a resident self-administer or assistance by non-licensed health care personnel, shall bed clearly labeled with the resident's name, the propriety or generce name of the medication dispensed and its strength, the name and address of the dispensing pharmacy, the name or initial of the dispensing pharmacist, the authorized user state law to prescribe medications, and the instructions for use including any cautions which may be required by federal or state law. Container to small .....prescription label ...."			