STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE KNOLL ASSISTED LIVING CENTER	607 WILSON CREEK RD, LAWRENCEBURG, , 47025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intake IN00465319 Intake IN00465319 - State deficiency related to the allegation is cited at R0052 Survey date: October 14, 2025 Facility number: 001142 Residential Census: 22 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on October 20, 2025.	R 0000	**Facility:** Pine Knoll Assisted Living Center **Deficiency:** Failure to ensure (Resident C) was free from unwanted attention and emotional/mental abuse from another resident (Resident B). **Completion Date: 11/06/2025** **1. Corrective Action for the Affected Resident** • Resident B was immediately separated from Resident C and redirected to his room. • Resident C was assessed for emotional distress by nursing staff and provided	

supportive counseling.

A
care plan meeting was conducted to update interventions ensuring Resident C's
safety, including room proximity review and supervision plan adjustments.

2. Corrective Action for Other Residents

- All
residents were assessed for potential psychosocial impact from the event.
- Staff
completed rounds to ensure all residents were safe and free from unwanted
interactions.
- Resident
B was discharged from the facility on the following day after this incident occurred, his guardian felt other placement was a more appropriate
fit.

3. Systemic Changes and Preventive Measures

- The "Resident Rights and Abuse Prevention" policy was reviewed and updated to include:
  - Explicit staff duty to intervene immediately when witnessing or suspecting emotional/mental abuse.
  - Procedures for reporting, documentation, and supervisory notification.

A staffing contingency plan ensuring adequate supervision during all shifts, including overnights.

4. Staff Inservice and Education

Mandatory in-service training will be conducted for all staff on: 11/5/2025

- Resident rights under 410 IAC 16.2-5-1.2.
- Recognition and prevention of emotional and mental abuse.
- Proper reporting procedures and chain of command.
- Resident supervision techniques and safety response during low staffing situations.

All current employees will be trained by: Lori Poe, HFA

5. Monitoring and Quality Assurance Mechanism

To ensure compliance and prevent recurrence:

- **Daily:**
  Nursing staff or designee will document hourly checks on any residents identified with behavioral risks for seven consecutive days post-incident.
- **Weekly:**
  The Administrator or designee will review all incident reports, behavior notes, and staffing logs for three months to ensure appropriate supervision and timely reporting.
- **Monthly:**
  The QA Committee will review all behavior-related incidents and resident rights complaints for trends.
- **Ongoing:**
  The Administrator will conduct random observations and resident interviews monthly to verify residents feel safe and respected.
-

			Findings will be recorded in QA minutes and corrective action plans adjusted as necessary. **6. Completion Date and Responsible Parties** • **Implementation Date:** 11/5/2025 • **Responsible Persons:** Lori Poe, HFA & Crystal Shuler LPN-DON • **Sustained Compliance Verification:** Ongoing QA audits, Inservice tracking, and staff competency validation.	
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse;	R 0052	**Facility:** Pine Knoll Assisted Living Center **Deficiency:** Failure to ensure (Resident C) was free from unwanted attention and emotional/mental abuse from	11/06/2025

(2) physical abuse;

(3) mental abuse;

(4) corporal punishment;

(5) neglect; and

(6) involuntary seclusion.

Based on interview and record review, the facility failed to ensure a resident was free from unwanted attention related to emotional/mental abuse for 1 of 3 residents reviewed for resident rights. (Resident C)

Findings include:

The incident report, dated 10/6/25 at 5:01 P.M., indicated Resident C was approached by Resident B. Resident B requested that Resident C come to his room that night. Resident C responded "No" and "I'm scared". After separation by staff Resident B continued to try to enter Resident C's room causing staff to intervene.

The nurse's note, dated 10/7/25 at 12:00 P.M., indicated that Licensed Practical Nurse (LPN) 3 was in the restroom and heard a housekeeper say, "Resident B please go back to your room". Then heard QMA on the floor say, "Resident B she (Resident C) doesn't feel good and doesn't want company." LPN 3 came out of the bathroom and observed Resident B standing in another resident (Resident B).

Completion Date: 11/06/2025

1. Corrective Action for the Affected Resident

- Resident B was immediately separated from Resident C and redirected to his room.
- Resident C was assessed for emotional distress by nursing staff and provided supportive counseling.

A care plan meeting was conducted to update interventions ensuring Resident C’s safety, including room proximity review and supervision plan adjustments.

2. Corrective Action for Other Residents

	Resident C's doorway. QMA walked toward the doorway repeating the sentence and Resident B very quickly went back to his room. The clinical record for Resident C was reviewed on 10/14/25 at 11:40 A.M. The resident's diagnoses included, but were not limited to, seizures, atrial fibrillation, and depression. The resident had a moderate intellectual impairment, determined from a mental status exam completed on 10/2/25. The clinical record for Resident B was reviewed on 10/14/25 at 10:30 A.M. The resident's diagnoses included, but were not limited to, mood disturbance, psychotic disturbance, and anxiety. The resident had mild intellectual impairment, determined from a mental status exam completed on 9/25/25. During an interview, on 10/14/25 at 1:57 P.M., the Administrator indicated that Resident B had continued to walk past Resident C's door for a couple hours after the incident and staff had to redirect him. Resident C was very scared. The intervention was for staff to watch Resident's C door to ensure that Resident B did not enter the resident's room. On the night after the incident there was only one staff member in the building working		• All residents were assessed for potential psychosocial impact from the event. • Staff completed rounds to ensure all residents were safe and free from unwanted interactions. • Resident B was discharged from the facility on the following day after this incident occurred, his guardian felt other placement was a more appropriate fit. **3. Systemic Changes and Preventive Measures** • The “Resident Rights and Abuse Prevention” policy was reviewed and updated to include:	

from 7:00 P.M. to 6:00 A.M.

During an interview, on 10/14/25 at 2:09 P.M., Staff Member 2 indicated they were working the night of the incident. She explained a typical night at work involved reminding a couple residents to go to the restroom, assisting with personal hygiene or pads when needed, and removing residents' thrombo-embolic deterrent stockings for five residents in the facility. She had seen Resident B walking past Resident C's room multiple times that night, but believes Resident C went to bed around 10:00 P.M. Since she was the only employee on duty, she had to help other residents. During her shift she did not see Resident B attempt to walk into Resident C's room, however she was not always in the area to watch Resident C's door. She had used the restroom and assisted multiply residents when needed throughout the shift that night.

The current facility policy, titled "Resident Rights", with a revision date 2016, was provided by the Administrator on 10/14/25 at 3:35 P.M. The policy indicated, "...No resident may be physically, emotionally, verbally, sexually, or financially abused ...".

This citation is related to intake

- Explicit staff duty to intervene immediately when witnessing or suspecting emotional/mental abuse.
- Procedures for reporting, documentation, and supervisory notification.

A staffing contingency plan ensuring adequate supervision during all shifts, including overnights.

4. Staff Inservice and Education

Mandatory in-service training will be conducted for all staff on: 11/5/2025

- Resident rights under 410 IAC 16.2-5-1.2.
- Recognition

IN00465319.

Based on interview and record review, the facility failed to ensure a resident was free from unwanted attention related to emotional/mental abuse for 1 of 3 residents reviewed for resident rights. (Resident C)

Findings include:

The incident report, dated 10/6/25 at 5:01 P.M., indicated Resident C was approached by Resident B. Resident B requested that Resident C come to his room that night. Resident C responded "No" and "I'm scared". After separation by staff Resident B continued to try to enter Resident C's room causing staff to intervene.

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The clinical record for Resident C was reviewed on 10/14/25 at

and prevention of emotional and mental abuse.

- Proper reporting procedures and chain of command.
- Resident supervision techniques and safety response during low staffing situations.

All current employees will be trained by: Lori Poe, HFA

5. Monitoring and Quality Assurance Mechanism

To ensure compliance and prevent recurrence:

- **Daily:** Nursing staff or designee will document hourly checks on any residents identified with behavioral risks for seven consecutive days post-incident.
- **Weekly:** The Administrator or designee will review all

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incident reports, behavior notes, and staffing logs for three months to ensure appropriate supervision and timely reporting.

- **Monthly:** The QA Committee will review all behavior-related incidents and resident rights complaints for trends.
- **Ongoing:** The Administrator will conduct random observations and resident interviews monthly to verify residents feel safe and respected.
- Findings will be recorded in QA minutes and corrective action plans adjusted as necessary.

6. Completion Date and Responsible Parties

- **Implementation Date:**

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURELori Poe	TITLEHFA	(X6) DATE11/04/2025