STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWNE CENTRE ASSISTED LIVING LLC	7252 ARTHUR BLVD, MERRILLVILLE, , 46410

(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 a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the PSR to the Investigation of Complaints IN00377550, IN00379284, IN00381495, and IN00384290 completed on 7/27/22. This visit was in conjunction with the Investigation of Complaints IN00389230, IN00390925, and IN00391642. Complaint IN00377550 - Corrected. Complaint IN00379284 - Corrected. Complaint IN00381495 - Corrected. Complaint IN00384290 - Corrected. Complaint IN00389230 - Substantiated. No deficiencies related to the allegations are cited.	R 0000		

	Complaint IN00390925 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00391642 - Substantiated. State deficiencies related to the allegations are cited at R0041 and R0053. Survey dates: October 17 and 18, 2022 Facility number: 002392 Residential Census: 225 Towne Centre Assisted Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the PSR to the Investigation of Complaints IN00377550, IN00379284, IN00381495, and IN00384290. Quality review completed on 10/20/22. This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the PSR to the Investigation of Complaints IN00377550, IN00379284, IN00381495, and IN00384290 completed on 7/27/22.			

	This visit was in conjunction with the Investigation of Complaints IN00389230, IN00390925, and IN00391642. Complaint IN00377550 - Corrected. Complaint IN00379284 - Corrected. Complaint IN00381495 - Corrected. Complaint IN00384290 - Corrected. Complaint IN00389230 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00390925 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00391642 - Substantiated. State deficiencies related to the allegations are cited at R0041 and R0053. Survey dates: October 17 and 18, 2022 Facility number: 002392 Residential Census: 225 Towne Centre Assisted Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the			

	State Residential Licensure Survey and the PSR to the Investigation of Complaints IN00377550, IN00379284, IN00381495, and IN00384290. Quality review completed on 10/20/22.			
R 0002	Scope of Residential Care - Offense 410 IAC 16.2-5-0.5(b) (b) A residential care facility may not provide comprehensive nursing care except to the extent allowed under this rule.	R 0002		
R 0036	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(k)(1-2) (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.	R 0036		
R 0059	Residents' Rights - Noncompliance	R 0059		

	410 IAC 16.2-5-1.2(cc) (cc) Residents have the right to choose with whom they associate. The facility shall provide reasonable visiting hours, which should include at least twelve (12) hours a day, and the hours shall be made available to each resident. Policies shall also provide for emergency visitation at other hours. The facility shall not restrict visits from the resident ' s legal representative or spiritual advisor, except at the request of the resident.			
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks;	R 0090		

	(B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years			

	and making the reports available for inspection to any member of the public upon request			
R 0091	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(h)(1-4) (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request.	R 0091		
R 0118	Personnel - Deficiency 410 IAC 16.2-5-1.4(c) (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are	R 0118		

	either a certified nurse aide or a home health aide.			
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility.	R 0216		
R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d) (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.	R 0240		

R 0243	Health Services - Deficiency 410 IAC 16.2-5-4(e)(3) (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment.	R 0243		
R 0275	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(h) (h) Diet orders shall be reviewed and revised by the physician as the resident ' s condition requires.	R 0275		
R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4) (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete.	R 0349		

	(2) Accurately documented. (3) Readily accessible. (4) Systematically organized.			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.	R 0407		

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 SIGNATURE	TITLE	(X6) DATE