STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1019 BELLE'S PLACE OF WABASH	3037 W DIVISION RD, WABASH, , 46992

(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 State Residential Licensure Survey. Survey dates: July 14 and 15, 2025 Facility number: 003466 Residential Census: 20 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 21, 2025.	R 0000	The creation and submission of this Plan of Correction does not constitute an admission of any conclusion set forth in the statement of deficiencies, or of any violation of regulations. This provider respectfully requests that this 2567 Plan of Correction be considered the Creditable Allegation of compliance effective 7/30/2025	
R 0151	Sanitation & Safety Standards -Noncompliance 410 IAC 16.2-5-1.5(h) (h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations. Based on record review and interview, the facility failed to ensure a pet residing within the	R 0151	No residents were affected. All 1 of 1 resident had the potential to be affected. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. No residents were affected.	07/30/2025

facility had received the required vaccinations for 1 of 1 pet reviewed for vaccinations.

Findings include:

A provider note, on 5/14/24, indicated Resident 9 was seen in her room, and she was able to bring her pet with her. She appeared happy talking about her pet.

Resident 9's pet's clinical health record from the veterinarian, provided on 7/15/25 at 9:10 a.m. by the Administrator, indicated the pet had an examination on 3/12/25. The vaccinations were undetermined.

During an interview, on 7/15/25 at 2:52 p.m., the Regional Nurse Consultant indicated the facility checked with the veterinarian's office and was told the pet was too old to receive vaccinations.

On 7/15/25 at 3:15 p.m., the Regional Nurse Consultant indicated the Administrator was responsible for ensuring residents' pets had the required vaccinations upon admission.

On 7/15/25 at 3:26 p.m., the DON indicated the Administrator was responsible for ensuring residents' pets had the required vaccinations upon admission. Resident 9 originally moved in with her husband but had moved out when her husband

What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur.

Shot records were obtained.

How the corrective actions will be taken to ensure the deficient practice will not recur.

Shot records will be obtained at time of admission for all pets. Shot records will be checked by the administrator, or designee at quarterly service plan reviews.

By what date the systemic changes will be completed.

July 30, 2025

	became ill. She moved back in after her husband passed and brought the pet with her. The move in date with her pet was 3/20/24. A current facility policy, titled "Pet Policy- nonservice animals", provided by the Administrator, on 7/14/25 at 10:49 a.m., indicated the following: "2. Pet vaccinations must be kept current and regular veterinary care is expected. 3. Vaccination records for each pet must be kept by the resident and available to the Assisted Living Director if requested ...." Based on record review and interview, the facility failed to ensure a pet residing within the facility had received the required vaccinations for 1 of 1 pet reviewed for vaccinations. Findings include: A provider note, on 5/14/24, indicated Resident 9 was seen in her room, and she was able to bring her pet with her. She appeared happy talking about her pet.			

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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 SIGNATURE	TITLE	(X6) DATE