STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/08/2025

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 the Investigation of Complaints IN00447270 and IN00447566. Complaint IN00447270- State deficiencies related to the allegations are cited at R0088. Complaint IN00447566- State deficiencies related to the allegations are cited at R0274 and R0326. Survey date: January 8, 2025 Facility number: 003466 Residential Census: 17 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed January 14, 2025.	R 0000	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 of violation of any regulations. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance effective 1/24/2025.	
R 0088	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2)	R 0088	No residents were affected. All 17 residents had the potential to be affected.	01/24/2025

	c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator Based on interview and record review, the facility failed to employ a licensed administrator to manage day to day operations. This deficient practice had the potential to affect 17 of 17 residents residing in the facility. Findings include: During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated she was not a licensed administrator. The owner had her Health Facility Administrator (HFA)		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; The residents were not effected. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; 1019 has employed a licensed administrator. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; With the hiring of a licensed Administrator, we are now in compliance. By what date the systemic changes will be completed. 01/24/2025	

	license and was physically present in the facility three times a week. During an interview, on 1/8/25 at 10:38 a.m., the Owner indicated she came into the facility a couple times a week. The acting Administrator was scheduled to take her HFA test the following week. During an interview, on 1/8/25 at 12:51 p.m., the Owner indicated the acting Administrator was in touch with her by phone as needed. The Owner had been able to manage the facility and provide any support needed. During record review, on 1/8/25 at 1:00 p.m., the Owner indicated the acting Administrator completed her Administrator course on 10/11/24. She started the process to test for her administrator license through the Indiana Professional Licensing Agency on 11/13/24. Her background check was held up due to a problem with her last name. She was able to have her fingerprinting completed on 12/13/24. She was scheduled to take her Administrator test on 1/14/25. During an interview, on 1/8/25 at 1:24 p.m., the Owner indicated they did not have a policy regarding the Administrator, only a job description.			

This citation relates to Complaint IN00447270.

Based on interview and record review, the facility failed to employ a licensed administrator to manage day to day operations. This deficient practice had the potential to affect 17 of 17 residents residing in the facility.

Findings include:

During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated she was not a licensed administrator. The owner had her Health Facility Administrator (HFA) license and was physically present in the facility three times a week.

During an interview, on 1/8/25 at 10:38 a.m., the Owner indicated she came into the facility a couple times a week. The acting Administrator was scheduled to take her HFA test the following week.

During an interview, on 1/8/25 at 12:51 p.m., the Owner indicated the acting Administrator was in touch with her by phone as needed. The Owner had been able to manage the facility and provide any support needed.

During record review, on 1/8/25 at 1:00 p.m., the Owner indicated the acting Administrator completed her

	Administrator course on 10/11/24. She started the process to test for her administrator license through the Indiana Professional Licensing Agency on 11/13/24. Her background check was held up due to a problem with her last name. She was able to have her fingerprinting completed on 12/13/24. She was scheduled to take her Administrator test on 1/14/25. During an interview, on 1/8/25 at 1:24 p.m., the Owner indicated they did not have a policy regarding the Administrator, only a job description. This citation relates to Complaint IN00447270.			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved,	R 0274	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1019 has hired a Dietary Manager with a Servsafe. 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;	01/24/2025

	minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management. (E) An individual with training and experience in food service supervision and management. (2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis. (3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.		No residents have been affected, all 17 could have been but were not. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; With the hiring of a Dietary Manager with Servsafe, we are now in compliance. By what date the systemic changes will be completed. 01/24/2025	

Based on interview and record review, the facility failed to employ a qualified Dietary Manager. This deficient practice had the potential to affect 17 of 17 residents who received meals from the kitchen.

Findings include:

During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated the Activity Director had been working as the cook for the past month. The facility had not had a staff member who was Servsafe certified or had other dietary management qualifications since the prior Dietary Manager resigned shortly after the annual survey in August 2024. Dietary Staff 5 was not currently qualified, but was scheduled to take a Servsafe certification class. The facility's registered dietician came to the facility once every three months.

During an interview, on 1/8/25 at 10:00 a.m., Dietary Staff 5 indicated she was not Servsafe certified.

During an interview, on 1/8/25 at 10:26 a.m., the acting Administrator indicated the facility did not have qualified dietary staff since the previous dietary manager left, but they had hired a new qualified dietary manager who started today.

	During an interview, on 1/8/25 at 11:27 a.m., the Activity Director indicated she had been working in the kitchen since October 2024. She was not Servsafe certified. On 1/8/25 at 1:24 p.m., the Owner indicated the facility did not have a policy regarding a dietary manager. This citation relates to Complaint IN00447566. Based on interview and record review, the facility failed to employ a qualified Dietary Manager. This deficient practice had the potential to affect 17 of 17 residents who received meals from the kitchen. Findings include:			

	During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated the Activity Director had been working as the cook for the past month. The facility had not had a staff member who was Servsafe certified or had other dietary management qualifications since the prior Dietary Manager resigned shortly after the annual survey in August 2024. Dietary Staff 5 was not currently qualified, but was scheduled to take a Servsafe certification class. The facility's registered dietician came to the facility once every three months. During an interview, on 1/8/25 at 10:00 a.m., Dietary Staff 5 indicated she was not Servsafe certified. During an interview, on 1/8/25 at 10:26 a.m., the acting Administrator indicated the facility did not have qualified dietary staff since the previous dietary manager left, but they had hired a new qualified dietary manager who started today. During an interview, on 1/8/25 at 11:27 a.m., the Activity Director indicated she had been working in the kitchen since October 2024. She was not Servsafe certified. On 1/8/25 at 1:24 p.m., the Owner indicated the facility did			

	not have a policy regarding a dietary manager. This citation relates to Complaint IN00447566.			
R 0326	Activities Programs - Deficiency 410 IAC 16.2-5-7.1(a) (a) The facility shall provide activities programs appropriate to the abilities and interests of the residents being served. Based on interview and record review, the facility failed to develop and implement ongoing activities programming for 17 of 17 residents who lived in the facility. Findings include: During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated the prior owners took away the facility's activities platform when the facility switched ownership in October 2024. When the new owners took over the facility in October 2024, they offered a current staff member the Activity Director position. The new Activity Director had been working in the kitchen as a cook since the facility did not have a Dietary Manager. During an interview, on 1/8/25 at 9:30 a.m., QMA 3 indicated the facility did not have an Activity	R 0326	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents were affected, 17 residents could have been but were not. 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; 1019 employed an Activity Director. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; 1019 will have scheduled activities daily.	01/24/2025

	Director. Staff were unable to provide residents with activities. During an interview, on 1/8/25 at 9:37 a.m., CNA 4 indicated residents were not provided with any activities. During an interview, on 1/8/25 at 9:44 a.m., Resident C indicated the facility had not provided any activities in a long time. During an interview, on 1/8/25 at 9:57 a.m., Resident B indicated it had been a while since the facility had offered activities. During an interview, on 1/8/25 at 10:00 a.m., Dietary Staff 5 indicated it has been a while since the facility had provided activities for the residents. The last big activity she could recall was the Christmas party. During an interview, on 1/8/25 at 10:08 a.m., CNA 6 indicated it had been about a month since residents had participated in any activities. During an interview, on 1/8/25 at 10:38 a.m., the Administrator indicated they were unable to provide a facility activities calendar. During an interview, on 1/8/25 at 11:27 a.m., the Activity Director indicated when the new owners took over the facility in October 2024, they offered her the Activity Director position. She		How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and 1019 will have a calendar of scheduled activities available to the residents each month. By what date the systemic changes will be completed. 1/24/2025	

had been working in the kitchen as a cook since October 2024. Activities were provided, but not consistently.

A current facility policy, titled "Activity Programming," provided by the Owner on 1/8/25 at 11:17 a.m., indicated the following: "...On a regular basis, 1019 Senior Living will provide a wide range of activities and social recreation for its residents. This programming will provide opportunities for residents and staff engagement. A monthly activity calendar will be created and available to all residents ...."

This citation relates to Complaint IN00447566.

Based on interview and record review, the facility failed to develop and implement ongoing activities programming for 17 of 17 residents who lived in the facility.

Findings include:

During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated the prior owners took away the facility's activities platform when the facility switched ownership in October 2024. When the new owners took over the facility in October 2024, they offered a current staff member the Activity Director position. The new Activity Director had been

working in the kitchen as a cook since the facility did not have a Dietary Manager.

During an interview, on 1/8/25 at 9:30 a.m., QMA 3 indicated the facility did not have an Activity Director. Staff were unable to provide residents with activities.

During an interview, on 1/8/25 at 9:37 a.m., CNA 4 indicated residents were not provided with any activities.

During an interview, on 1/8/25 at 9:44 a.m., Resident C indicated the facility had not provided any activities in a long time.

During an interview, on 1/8/25 at 9:57 a.m., Resident B indicated it had been a while since the facility had offered activities.

During an interview, on 1/8/25 at 10:00 a.m., Dietary Staff 5 indicated it has been a while since the facility had provided activities for the residents. The last big activity she could recall was the Christmas party.

During an interview, on 1/8/25 at 10:08 a.m., CNA 6 indicated it had been about a month since residents had participated in any activities.

	During an interview, on 1/8/25 at 10:38 a.m., the Administrator indicated they were unable to provide a facility activities calendar. During an interview, on 1/8/25 at 11:27 a.m., the Activity Director indicated when the new owners took over the facility in October 2024, they offered her the Activity Director position. She had been working in the kitchen as a cook since October 2024. Activities were provided, but not consistently. A current facility policy, titled "Activity Programming," provided by the Owner on 1/8/25 at 11:17 a.m., indicated the following: "...On a regular basis, 1019 Senior Living will provide a wide range of activities and social recreation for its residents. This programming will provide opportunities for residents and staff engagement. A monthly activity calendar will be created and available to all residents ...." This citation relates to Complaint IN00447566.				

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