STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1019 BELLE'S PLACE OF CRAWFORDSVILLE	100 BICKFORD LN, CRAWFORDSVILLE, , 47933

(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 6 and 7, 2026 Facility number: 00367 Residential Census:25 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on July 22,2026.	R 0000		
R 0247	Health Services - Deficiency 410 IAC 16.2-5-4(e)(7) (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident.	R 0247		07/23/2026

	Based on observation, record review, and interview, the facility failed to ensure medication was administered appropriately for 1 of 5 residents observed for medication administration (Resident 017). Findings include: During a medication administration observation, on 7/6/26 at 11:48 a.m., Qualified Medication Aide (QMA) 5 was observed to crush a capsule of Potassium Chloride, place it into chocolate pudding, and administered the medication to Resident 017. Resident 017's record was reviewed on 7/6/26 at 1:48 p.m. A physician's order, dated 10/6/25, indicated to administer one 20 meq (milliequivalent) tablet of Potassium Chloride ER (a mineral supplement used to prevent or treat low levels of potassium in the blood. "ER" stands for extended release, meaning the pill or capsule slowly releases potassium into your body over several hours to protect your stomach from irritation) three times daily. May dissolve in 4 ounces of water. During an interview, on 7/6/26 at 12 :02 p.m., the Director of Nursing (DON) indicated the potassium chloride should not have been crushed.			

	During an interview, on 7/7/26 at 12:40 p.m., QMA 5 indicated she understood that potassium chloride should not be crushed. She did not know why she crushed the medication prior to giving it to the resident. On 7/6/26 at 1:23 p.m., the DON provided a document, with a revision date of 11/1/24, titled, "Medications & Treatments," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: ...Oral medications must be administered according to the prescriber orders...." On 7/7/26 at 1:04 p.m., the DON provided and undated document, titled, "Medications Not To Be Crushed," and indicated it was the policy currently being used by the facility. The policy indicated "...Potassium Chloride...capsule...Reason...2. Time release formulation...5. Capsule may be opened and contents removed for administration without crushing, chewing, or dissolving...."			
R 0414	Infection Control - Deficiency 410 IAC 16.2-5-12(k) (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	R 0414		07/23/2026

professional practice.

Based on observation and interview the facility failed to ensure handwashing was completed in a manner to prevent the spread of germs for 1 of 3 observations during meal service.

Findings include:

On 7/6/26 at 11:50 a.m., during initial meal service observation observed Certified Nurse Aide (CNA) 3 wash her hands. The CNA turned on the water rinsed her hands applied soap and washed for 10 seconds then rinsed and dried her hands.

On 7/6/26 at 12:00 p.m., during an interview, the Activities Director indicated hands should be washed for a minimum of 30 seconds.

On 7/7/26 at 1:29 p.m., the Director of Nursing provided a document, titled, "Infection Control ," dated 11/1/23, and indicated it was the policy currently being used by the facility. The policy indicated, "...Proper handwashing techniques should be used to protect the spread of infection ...Procedure 3. Wet hands and wrists 4. Apply soap over hands and wrists ... 5. Use friction and scrub vigorously for at least 20 seconds (long enough to sing

	"Happy Birthday" twice)...."			

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