STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR RESIDENCES OF NOBLESVILLE	7235 RIVERWALK WAY N, NOBLESVILLE, , 46062

(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 IN00464774. Intake IN00464774 - State deficiencies related to the allegations are cited at R0217. Survey dates: October 2 and 3, 2025 Facility number: 004417 Residential Census: 82 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed October 7, 2025.	R 0000	The submission of this Plan of Correction does not constitute admission by this provider of any conclusion set forth in the statement of deficiencies of any violation of regulations. This provider respectfully requests that the 2567 Plan of Correction be approved for desk review in lieu of Post Survey Review.	
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and	R 0217	What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B's Service Plan has been reviewed and updated with	11/02/2025

	document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on record review and		appropriate fall interventions and signed by responsible party. Resident D no longer resides at the community therefore the Service Plan could not be reviewed and updated. 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: All Residents have the ability to affected by the alleged deficient practice therefore the facility will ensure that the deficient practice is corrected by conducting a resident audit of all service plans to ensure that compliance is met by ensuring the Service Plans are signed by the resident or the resident's responsible party. The facility will ensure that the service plans have reviewed and updated interventions for those residents that have been identified as a fall risk. The facility will ensure that all Service Plans have been reviewed, updated, and signed by the resident or the resident's responsible party. What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur: The facility will re-educate licensed clinical staff on the Facilities Fall	

	interview, the facility failed to ensure service plans were reviewed and updated with interventions to mitigate fall risk and further falls per facility policy for 2 of 3 residents reviewed for falls and accidents. (Residents B & D) Findings include: Resident B's clinical record was reviewed on 10/2/25 at 1:45 p.m. Diagnoses included hypertension, hypothyroidism, and age- related osteoporosis. A 6/18/25 event note indicated the resident was found sitting on the floor beside the sofa. The event note lacked an updated fall intervention mitigate the risk for further falls. A 6/18/25 post fall risk assessment was completed and indicated the resident was at high risk for falls. A 7/13/25 event note indicated the resident was seen coming out of her room and tripping. The resident was seen getting herself up off the floor. The event note lacked an updated fall intervention to mitigate the risk for further falls. A 7/13/25 post fall risk assessment was completed and indicated the resident was a high fall risk. A 7/13/25 service plan indicated		Management and Investigation Policy to ensure residents with falls receive a Service Plan review and update with new fall interventions and signature of the resident or the residents' responsible party. 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: The facilities IDT, Interdisciplinary Team, will review falls during the morning meeting and during the Thursday IDT meeting and discuss the Residents fall interventions to ensure updated fall interventions are implemented, and the Service Plan is reviewed, updated, and signed by the Resident or the Residents Responsible Party. The Director of Health and Wellness (DHW) and Assistant Director of Health and Wellness (ADHW) and/or designee, in the absence of the DHW and/or ADHW will be responsible for monitoring and correcting this deficient practice. They systematic changes will be completed by November 2, 2025.	

the resident was a fall risk. Interventions included to utilize a walker (3/27/24), provide with a safe environment (3/27/24 and 6/11/25), staff to monitor for falls more than once a day (3/27/24), remind to utilize call light for assistance (12/19/24), reminder to utilize assistive devices (4/14/25), anticipate and meet needs (3/27/24), and frequent visual checks (4/14/25).

A 8/7/25, event note indicated the resident was found sitting on the floor in the common bathroom. The event note lacked an updated fall intervention to mitigate the risk for further falls. .

A 8/7/25 post fall risk assessment was completed and indicated the resident was a high fall risk.

A 9/11/25 progress note indicated the resident was found on the floor. The resident was unable to recall what happened and bruising was noted to the right hand. The progress note lacked an updated fall intervention to mitigate the risk for further falls.

A 9/12/25 post fall risk assessment was completed and indicated the resident was a high fall risk.

A 9/18/25 event note indicated the resident was found sitting on

her recliner with an injury to the right side of her forehead. The resident was unable to state what happened. The resident was sent to the emergency room for evaluation. The event note lacked an updated fall intervention to mitigate the risk for further falls. .

A 9/18/25, post fall risk assessment was completed and indicated the resident was a high fall risk.

Resident D's clinical record was reviewed on 10/2/25 at 3:25 p.m. Diagnoses included senile degeneration of the brain, type 2 diabetes mellitus, and hearing loss.

A 6/2/25 service plan indicated Resident D was a fall risk. Intervention included exploration of non-pharmacological options to manage conditions (5/14/25), requires staff monitoring on a daily basis (5/13/24), requires staff monitoring more than once a day for falls (5/13/24), staff to anticipate and meet needs (2/23/24), provide a safe environment (2/23/24), night light in room (2/23/24), and staff to ensure appropriate fitting clothing and footwear, and mobilizing in wheelchair (2/12/25).

A 8/23/25 general note indicated the resident fell in her room. The resident indicated her

	back felt hot and was given pain medications. The general note lacked an updated fall intervention to mitigate the risk for further falls. A 8/24/25 general note indicated the resident was sent to the emergency room for evaluation from increased pain related to the fall on 8/23/25. The general note lacked an updated fall intervention to mitigate the risk for further falls. A 8/25/25 post fall risk assessment was completed and indicated the resident was a high fall risk. A 9/1/25 general note indicated the resident came out into the hallway without her walker and fell onto her face. The resident had a skin tear to the right side of her right eye. The resident was to be evaluated by hospice provider. The general note lacked an updated fall intervention to mitigate the risk for further falls. A 9/1/25 post fall risk assessment was completed and indicated the resident was a high fall risk.			

During an interview, on 10/2/25 at 12:46 p.m., LPN 4 indicated when a resident experienced a fall, the staff would assess the resident and try to get as much information about what happened.

On 10/3/25 at 11:11 a.m., the ADON indicated when a resident fell, the staff member present would assess the resident, contact the physician, the DON, and the resident's family. If the resident needed sent to the hospital, the staff would call 911 and print out the resident's face sheet and code status documents. The fall information was to be documented in the progress notes and in an incident note in the electronic medical record (eMar). The next day, the Interdisciplinary Team (IDT), would review the fall to determine the cause and what intervention needed added to the resident's service plan. The IDT also reviewed falls weekly and this documentation was on an Excel spreadsheet kept by the Assistant Administrator.

On 10/3/25 at 11:22 a.m., the DON indicated she was new to the position. The expectation going forward was for staff members who were notified of or witness a fall was for a quick response. The resident needed to be assessed immediately and the physician and family notified

as soon as possible. The staff would document the fall information in an incident report and a progress note in the eMar. The resident's service plan would be reviewed and updated with new interventions after every fall. The fall assessment was to be completed after every fall. Falls were discussed daily in morning meetings and during the weekly IDT meeting. The IDT documentation was on an Excel spreadsheet kept by the Assistant Administrator. The DON indicated the service plans for Residents B and D did not contain updated interventions for many of the recent falls.

Review of the IDT fall notes, provided by the Assistant Administrator, on 10/3/25 at 12: 19 p.m., indicated the following: Resident B had no new interventions related to falls on 6/18/25, 7/13/25, 8/7/25, 9/12/25, and 9/18/25. Resident D had no new interventions related to falls on 8/25/25, 8/29/25, and 9/1/25.

A current facility policy, effective 3/9/24 and titled, "Fall Management and Investigation", provided by the Administrator on 10/2/25 at 12:55 p.m., indicated the following: "Five Star utilizes all reasonable efforts to provide a system to review residents' potential risk for falls. A proactive program of

	supervision, assistive devices and interventions are used to manage and minimize falls and determine resident's continued needs...F. Fall interventions are documented in the resident's service plan...1. A service plan regarding Falls addressing potential risk factors and suggested interventions is developed within 24 hours of move-in and is updated with level of Care (LOC) and significant change in status, post-Fall, or otherwise if required by state law or regulation...6. The service plan is reviewed and revised with interventions with resident/family participation. Changes are communicated to the team members, the resident and family. 7. An event note is written to summarize the circumstances of the fall, response, and interventions post-Fall... D.1 Falls are investigated, reported, and documented, using root cause analysis concepts. The Executive Director or the Director of Resident Care is responsible for instituting/commencing the investigation process. 2. A careful review and analysis of the possible contributing factors to the Fall with or without injuries is completed...." This citation relates to Intake IN00464774.			

Based on record review and interview, the facility failed to ensure service plans were reviewed and updated with interventions to mitigate fall risk and further falls per facility policy for 2 of 3 residents reviewed for falls and accidents. (Residents B & D)

Findings include:

Resident B's clinical record was reviewed on 10/2/25 at 1:45 p.m. Diagnoses included hypertension, hypothyroidism, and age- related osteoporosis.

A 6/18/25 event note indicated the resident was found sitting on the floor beside the sofa. The event note lacked an updated fall intervention mitigate the risk for further falls.

A 6/18/25 post fall risk assessment was completed and indicated the resident was at high risk for falls.

A 7/13/25 event note indicated the resident was seen coming out of her room and tripping. The resident was seen getting herself up off the floor. The event note lacked an updated fall intervention to mitigate the risk for further falls.

A 7/13/25 post fall risk assessment was completed and indicated the resident was a high fall risk.

A 7/13/25 service plan indicated the resident was a fall risk. Interventions included to utilize a walker (3/27/24), provide with a safe environment (3/27/24 and 6/11/25), staff to monitor for falls more than once a day (3/27/24), remind to utilize call light for assistance (12/19/24), reminder to utilize assistive devices (4/14/25), anticipate and meet needs (3/27/24), and frequent visual checks (4/14/25).

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A 8/25/25 post fall risk assessment was completed and indicated the resident was a high fall risk.

A 9/1/25 general note indicated the resident came out into the hallway without her walker and fell onto her face. The resident had a skin tear to the right side of her right eye. The resident was to be evaluated by hospice provider. The general note lacked an updated fall intervention to mitigate the risk for further falls.

A 9/1/25 post fall risk assessment was completed and indicated the resident was a high fall risk.

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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 SIGNATUREDavid E. Pruett	TITLEExecutive Director	(X6) DATE10/17/2025