| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | A. BUILDING<br>B. WING | 05/15/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BENNETT PLACE | 3928 HORNE AVE, NEW ALBANY, , 47150 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES... | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION... | (X5) COMPLETION DATE |
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| R 0000 | INITIAL COMMENTS<br><br>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Intake 469576 and 469550.<br><br>Intake 469576 - No deficiencies related to the allegations are cited.<br><br>Intake 469550 - No deficiencies related to the allegations are cited.<br><br>Survey dates: May 14 and 15, 2026<br><br>Facility number: 004442<br><br>Residential Census: 32<br><br>These State Residential Findings are cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5.<br><br>Quality review completed on May 21, 2026. | R 0000 | | |

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| R 0092 | Administration and Management - Noncompliance<br><br>410 IAC 16.2-5-1.3(i)(1-2)<br><br>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:<br><br>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.<br><br>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.<br><br>Based on record review and interview, the facility failed to ensure fire drills were conducted monthly per policy on each shift. This deficient practice had the | R 0092 | The Executive Director and Facilities Director have implemented a calendar by which Monthly Fire Drills will be scheduled, starting with the May 2026 fire drill, which was conducted on 5/22/26. The facility will utilize a printable log indicating the time, duration, and other required documentation for each drill. The monthly logs will be printed and kept in an annual fire drill binder for reference. We will review the log monthly by the 25th of the month during our safety meeting. | 05/22/2026 |

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| | potential to affect 32 of 32 residents living in the facility.<br><br>Findings include:<br><br>The review on 5/14/26 at 10:05 a.m., of the monthly Fire Drill reports lacked documentation of any fire drills conducted in June, August, November, December 2025, and February 2026.<br><br>During an interview, on 5/14/26 at 11:53 a.m., the Executive Director indicated he could not locate any more of the monthly fire drills. He checked the facility policy and indicated the fire drills should be completed monthly.<br><br>The current Fire Drill policy and procedure included, but was not limited to, " ... Fire drills will be conducted monthly and will be randomly scheduled to ensure that staff are prepared for unexpected drills. The random scheduling helps prevent staff from anticipating drills, which ensures a more realistic response in case of an actual emergency ..." | | | |
| R 0116 | Personnel - Noncompliance<br><br>410 IAC 16.2-5-1.4(a)<br><br>(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. | R 0116 | Before 6-20-26, the facility will audit all employee records utilizing the criteria on “State Form 53877-Residential Care Employee Records” as a guideline. Going forward, the facility will utilize this form to | 06/20/2026 |

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| | Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.<br><br>Based on record review and interview, the facility failed to ensure employment references were checked for staff pre-employment history for 1 of 5 staff reviewed for employee references.<br><br>Findings include:<br><br>On 5/15/26, the Executive Director (ED) provided a list of the facility's employees with the job title and start dates listed for each of the employees.<br><br>On 5/15/26 at 10:35 a.m., the employee record of Registered Nurse (RN) 3 was reviewed. The record indicated that RN 3 was hired on 3/17/26. The employee record lacked documentation of a pre-employment reference check.<br><br>During an interview, 5/15/26 at 1:07 p.m., the ED indicated that there was no policy regarding employee records, but the facility followed state guidelines. | | audit 20 % of employee records monthly to ensure that no items in the employee file have expired. | |
| R 0120 | Personnel - Noncompliance<br><br>410 IAC 16.2-5-1.4(e)(1-3) | R 0120 | Before 6-20-26, the facility will audit all employee records | 06/20/2026 |

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| | (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:<br><br>(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.<br><br>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.<br><br>(3) Inservice records shall be maintained and shall indicate the following:<br><br>(A) The time, date, and location.<br><br>(B) The name of the instructor. | | utilizing the criteria on “State Form 53877-Residential Care Employee Records” as a guideline. The facility will use this state form to audit each employee file for the required annual training on Resident Rights and Dementia. Any employees who have not had re-training on these required topics in more than 12-months will receive documented in-service training by 7-15-26. | |

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| | (C) The title of the instructor.<br><br>(D) The names of the participants.<br><br>(E) The program content of inservice.<br><br>The employee will acknowledge attendance by written signature.<br><br>Based on record review and interview, the facility failed to ensure staff received annual dementia and resident rights training for 1 of 5 staff reviewed for annual training. (Executive Chef)<br><br>Findings include:<br><br>On 5/15/26 at 10:30 a.m., the employee record of the Executive Chef was reviewed. The record indicated that the Executive Chef was hired on 11/11/24.<br><br>The Executive Chef's annual training records were reviewed. The employee record lacked documentation of the annual resident rights education since it was completed on 11/5/24. The employee record lacked documentation of the annual dementia training since 1/10/25 when it was completed last.<br><br>During an interview, on 5/15/26 at 12:45 p.m., the Executive Director (ED) indicated that the resident rights and dementia | | | |

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| | education was due yearly.<br><br>During an interview, on 5/15/26 at 1:07 p.m., the ED indicated that there was no policy regarding employee records and the facility went by state guidelines regarding employee records. | | | |
| R 0245 | Health Services - Offense<br><br>410 IAC 16.2-5-4(e)(5)<br><br>(5) Injectable medications shall be given only by licensed personnel.<br><br>Based on observation and interview, the facility failed to ensure Qualified Medication Aides were certified in insulin administration prior to administering insulin for 2 of 3 residents observed for Health Services. (Residents 9 and 8)<br><br>Findings include:<br><br>The Qualified Medication Aides (QMA) licenses were reviewed on 5/15/26 at 1:15 p.m. The QMAs had no certification on their QMA licenses for insulin administration.<br><br>1. During an observation of one of two medication carts, on 5/15/26 at 11:14 a.m. QMA 4 presented the Lantus (insulin) flexpen for Resident 9.<br><br>During an interview, on 5/15/26 | R 0245 | Effective 5-28-26 insulin will only be administered by QMA with insulin certification or licensed nurse. Going forward, all QMA credentials will be reviewed for insulin certification prior to scheduling to ensure QMA operates within scope of practice. | 05/28/2026 |

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| | at 11:30 a.m., QMA 4 indicated for the administration of insulin she would contact the Corporate Registered Nurse (RN) to observe the insulin administration on her tablet.<br><br>The clinical record for Resident 9 was reviewed on 5/15/26 at 11:45 a.m., the residents diagnosis included, but was not limited to diabetes melitus (body resistance of insulin or lack of enough production of insulin).<br><br>2. During an observation, on 5/15/26 at 12:24 p.m., QMA 4 indicated she had an insulin administration order for Resident 8. She prepared the Lantus to 55 units and the lispro to 15 units. She indicated she would administer the insulin for the resident or let him do it. She would just have to bring her tablet for the nurse to watch her electronically.<br><br>During an interview, on 5/15/26 at 10:20 a.m., the Executive Director (ED) indicated QMAs were not certified to administer insulin. QMA 4 had taken the training but had not tested for her certification yet. QMA 4 would just contact a nurse who watched the QMA on screen administering the insulin.<br><br>During an interview, on 5/15/26 at 12:26 p.m., QMA 4 indicated Resident 8 could administer his own medication but sometimes | | | |

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| | the resident would let the nursing staff administer it. The QMA could administer the insulin but she would have to bring her tablet and contact a corporate nurse to observe her when she administered the insulin.<br><br>The clinical record for Resident 8 was reviewed on 5/15/26 at 11:46 a.m., the residents diagnosis included, but was not limited to diabetes melitus.<br><br>The Clinical Policy and Procedure Manual for "Qualified Medication Aides (QMA)", dated 6/10/24, included, but was not limited to, " ... 5. The following task are NOT permitted within the QMA Scope of Practice: a. Administer medication by the injection route, including the following ... iii. Subcutaneous route ..." | | | |
| R 0297 | Pharmaceutical Services - Noncompliance<br><br>410 IAC 16.2-5-6(c)(1)<br><br>(c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident:<br><br>(1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. | R 0297 | Re-training on administration of insulin via quick pen will be complete for all insulin certified QMA and licensed nurses, including priming off the pen, in conjunction with in-service on 7/15/26. | 07/15/2026 |

Based on observation, record review and interview, the facility failed to ensure proper use of the insulin kwikpens for 2 of 3 residents observed for pharmacy services. (Residents 8 and 9)

Findings include:

1. During an observation, on 5/14/26 at 12:05 p.m., Registered Nurse (RN) 3 obtained the blood sugar reading for Resident 8. The resident's blood sugar reading was 233 milligrams per deciliter (mg/dL). RN 3 failed to prime the needles prior to dialing the ordered dose of 15 units of lispro and 55 units of Lantus. She administered both insulins.

The record for Resident 8 was reviewed on 5/15/26 at 12:56 p.m. The diagnosis included, but was not limited to, type 2 diabetes mellitus (body resistance of insulin or lack of enough production of insulin) with unspecified complications.

The physician's order, dated 10/10/25, indicated to administer 15 units of lispro to the resident, three times daily with meals, subcutaneously.

The physician's order, dated 3/26/26, indicated to administer 55 units of Lantus to the

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| | resident daily, subcutaneously.<br><br>2. During an observation, on 5/14/26 at 9:14 a.m., RN 3 obtained the blood sugar reading for Resident 9. The blood sugar reading was 129 mg/dL. The RN failed to prime the needle prior to dialing 20 units of Lantus.<br><br>The record for Resident 9 was reviewed on 5/15/26 at 1:10 p.m. The diagnosis included, but was not limited to, type 2 diabetes mellitus with hyperglycemia (high blood glucose).<br><br>The physician's order, dated 7/7/25, indicated to administer 20 units of lantus to the resident every morning. If the resident's blood sugar was below 100 mg/dL, decrease the dose by 10 units.<br><br>During an interview, on 5/14/26 at 11:44 a.m., RN 3 indicated when she administered insulin, she would get the insulin kwikpen, put a needle on it, dial the dose per order, then swab the area she would inject, push the pen injector, pull the needle out, take the needle off of the pen and throw it away.<br><br>During an interview, on 5/14/26 at 12:11 p.m., RN 3 indicated she did not prime the needle on the kwikpen because the needle was so short, and it did not | | | |

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| | need it.<br><br>3. During an observation, on 5/15/26, at 12:24 p.m., QMA 4 prepared the Lantus and lispro for Resident 8 to administer. She primed the needle with 2 units of lispro and 3 units of Lantus of the kwikpens with the two caps in place. The insulin was not visible dripping from the tip of the needle.<br><br>During an interview, on 5/15/26 at 12:54 p.m., QMA 4 indicated she primed the needle to look for bubbling, which she indicated she didn't see.<br><br>During an interview, on 5/15/26 at 1:10 p.m., the Executive Director (ED) indicated he could not locate an insulin administration policy, which specified to prime the needle. He indicated he suggested following the needle manufacturer instructions for priming the needle.<br><br>The 2025 Embecta AutoShield Duo Safety Pen Needle with dual automatic protective shields manufacturer instructions, included but was not limited to, " ... 3. Remove the outer cover. 4. Dial 2 units for priming the pen. Hold the pen upright with the needle at eye level. 5. Dispense the 2 units. Check pen needle is open and working. You may flick the pen to remove the priming | | | |

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| | droplets. 6. Dial the prescribed dose ..." | | | |
| R 0406 | Infection Control - Offense<br><br>410 IAC 16.2-5-12(a)<br><br>(a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.<br><br>Based on observation and interview, the facility failed to ensure glucometers were cleaned per manufacturer guidelines for infection control when obtaining blood sugar readings for 2 of 2 residents observed. (Residents 9 and 13)<br><br>Findings include:<br><br>1. During an observation, on 5/14/26 at 9:14 a.m., Registered Nurse (RN) 3 obtained the glucometer (device use to measure the concentration of glucose in the blood) from the top drawer of the medication cart. She entered Resident 9's room and performed the accu check (blood glucose meter) on the resident. The blood sugar reading was 129 milligrams per deciliter (mg/dL). The shared glucometer was brought back to the medication cart and placed in the top drawer of the cart. | R 0406 | ED immediately procured Sani-cloth wipes to clean glucometer between use to prevent cross contamination. Physician orders were requested for individual resident glucometers to prevent cross contamination. Sani-cloth wipes will be used for routine cleaning of glucometers moving forward. | 05/22/2026 |

The RN did not clean the glucometer before placing it in the cart.

During an interview, on 5/14/26 at 11:44 a.m., RN 3 indicated for an accu check she would swab the resident's finger with alcohol, stick the finger with the pin, put the strip in the glucometer, then she would obtain a reading. She would then placed the glucometer back in the medication cart drawer. The RN did not indicate she would clean the glucometer.

2. During an observation, on 5/15/26 at 8:20 a.m., Qualified Medication Aide (QMA) 4 obtained the glucometer from the top drawer of the medication cart. She entered Resident 13's room and obtained the resident's blood sugar. She returned to the medication cart and placed the glucometer into the top drawer of the medication cart without cleaning it.

During an interview, on 5/15/26 at 8:44 a.m., QMA 4 indicated the glucometer in the medication cart that she used for Resident 13 was used by Resident 8 but he didn't need it anymore because he had a Dexcom. The QMA indicated she would place the glucometer in the top drawer of the medication cart and throw the lancet in the sharps container once she had completed the

accu check. She used the alcohol wipes to clean the glucometer sometimes because she didn't like to touch the SaniWipes. She pulled the alcohol wipe from the medication cart to demonstrate what she used. There were two 4 by 4 inch alcohol prep pads in the package.

During an interview, on 5/15/26 at 12:41 p.m., the Executive Director (ED) indicated he didn't know what was used to clean glucometers. He would check to see what should be used. He later indicated nursing used alcohol prep wipes to clean the glucometers.

The Glucometer Calibration and Cleaning policy, dated 6/10/24, included, but was not limited to, " ... 3. Glucometer Cleaning Procedure ... b. Clean the glucometer surface after each use ... ii. Never use alcohol on glucometers, it can damage the equipment ..."

The One Touch Ultra 2 - Caring For Your System instructions, dated 4/29/26, included, but was not limited to, "... Cleaning Your Meter: To clean your meter, wipe the outside with a soft cloth dampened with water and mild detergent..."

| instructions.) | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREJason Kirby | TITLEExecutive Director | (X6) DATE05/28/2026 |