

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/22/2026	
NAME OF PROVIDER OR SUPPLIER BENNETT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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			
R 0000	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 5/15/26. This visit was in conjunction with the Investigation of Intakes 470159 and 470784. Intake 470159 - State deficiency related to the allegation is cited at R0240. Intake 470784 - State deficiencies related to the allegations are cited at R0240 and R0406. Survey date: July 21 and 22, 2026 Facility number: 004442 Residential Census: 34 This State Residential Finding is cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5.	R 0000	Submission of this Plan of Correction does not constitute an admission of the alleged deficiency or agreement with the findings. The Plan of Correction is submitted to comply with regulatory requirements and outlines the actions the community will take to ensure compliance.				

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	Quality review completed on August 2, 2026.			
R 0092	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(i)(1-2) (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: (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. (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.	R 0092	There is no statement listed in the SOD for R-0092	08/04/2026

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R 0116	Personnel - Noncompliance 410 IAC 16.2-5-1.4(a) (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. 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.	R 0116	There is no statement listed on the SOD for R-0116	08/04/2026
R 0120	Personnel - Noncompliance 410 IAC 16.2-5-1.4(e)(1-3) (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: (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.	R 0120	Out of 34 residents, no specific residents were identified as affected by this. All residents residing in the facility had the potential to be affected. An audit was conducted immediately to identify any employees missing the required dementia training. ED, DHW or designee will conduct in-service training for the topics of Dementia and Residents Rights for any current staff members missing annual Dementia and Residents Rights training on 8/31/26. To ensure compliance going forward, ED or designee will complete employee file audits utilizing state form 53877. All new employees will complete Dementia and Resident Rights training upon hire and annually after. These audits will be conducted weekly for 30 days beginning on 8-11-26 and	08/04/2026

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(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.

(3) Inservice records shall be maintained and shall indicate the following:

(A) The time, date, and location.

(B) The name of the instructor.

(C) The title of the instructor.

(D) The names of the participants.

(E) The program content of inservice.

The employee will acknowledge attendance by written signature.

Based on record review and interview, the facility failed to ensure staff received Annual Resident Rights and Dementia training for 5 of 6 personnel files reviewed.

Findings include:

Review of the facility's Plan of Correction (POC) on 7/21/26 at 11:30 a.m., for Annual Dementia or Resident Rights

ending on 9-1-26. Then, monthly employee file audits will be conducted every 30 days beginning 9-8-26. All current staff members with past due training will have completed in-service training by 8-31-2026.

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	documentation, the facility indicated the following action was going to be provided in order to correct the deficiency: "Before 6-20-26, the facility will audit all employee records utilizing the criteria on 'State Form 53877 - Residential Care Employee Record' as a guideline. The facility will use this 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." During a review of 6 personnel files for the staff members who had been employed in the facility one year or longer, the following was identified: 1. Employee 1 was hired into the Activities Department on 2/14/24. The employee record lacked documentation of Annual Dementia training since date of hire. 2. Employee 2 was hired into the Sales Department on 12/9/24. The employee file lacked documentation of Annual Dementia training since date of hire. 3. Employee 3 was hired into the Dietary Department on 8/5/25. The employee file lacked			
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	documentation of Annual Dementia training since date of hire. 4. Employee 5 was hired into the Nursing Department on 8/26/25. The employee file lacked documentation of Annual Dementia training since date of hire. 5. Employee 6 was hired into the Nursing Department on 10/8/24. The employee file lacked documentation of Annual Resident Rights and Dementia training since date of hire. During an interview with the Administrator on 7/21/26 at 12:20 p.m., he indicated the nurse who helped him review the files had put a checkmark instead of the due date for annual Dementia training, and he misunderstood the checkmark as he thought it meant the inservices were done. He still needed to get staff to come in to do their inservices. Employee 6 only worked 1 to 2 days a month.			
R 0245	Health Services - Offense 410 IAC 16.2-5-4(e)(5) (5) Injectable medications shall be given only by licensed personnel.	R 0245	There is no statement listed on the SOD for R-0245	08/04/2026

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R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (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	There is no statement listed on the SOD for R-0297	08/04/2026
R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (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.	R 0406	There is no statement listed on the SOD for R-0406	08/04/2026
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 SIGNATUREAllison Catron		TITLERDRC		(X6) DATE08/12/2026