STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE VILLAGE OF COLUMBUS	2564 FOX POINTE DR, COLUMBUS, , 47203

(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. This visit included the Investigation of Intake IN00464572. Intake IN00464572 - State deficiencies related to the allegations are cited at R0241, Survey dates: October 06 and 07, 2025. Facility number: 010680 Residential Census: 33 These State Residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 15, 2025.	R 0000	This plan of correction is submitted as required under State and Federal Law. The submission of this Plan of Correction does not constitute an admission on the part of Keepsake Village of Columbus as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measure that consent is employed in Rule 407 of the Federal Rules of Evidence and any corresponding	

			state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intervention that it be inadmissible by any third party in any civil or criminal action against the Community or any employees, agent, officer, director, attorney, or shareholder of the community.	
R 0150	Sanitation & Safety Standards -Noncompliance 410 IAC 16.2-5-1.5(g) (g) Each facility shall have a policy concerning pets. Based on observation and interview, the facility failed to provide a sanitary environment related to pet odors and personal care items for 8 of 8 facility observations. Findings include:	R 0150	*All staff have been coached on the pet policy and procedures. *The community reviewed each residents living area to determine which residents if any could be affected by the deficient practice. *The Charge Nurse and Executive Director has reviewed and determined all individuals live in a sanitary environment. The pets living in room 127 have been removed. *The ESD or designee will audit the rooms for proper sanitary living standards on a weekly basis for eight weeks, monthly for four months,	10/31/2025

	During an observation, on 10/06/2025 at 9:41 A.M., Certified Nurse Aide (CNA) 2 was in resident Room 127 wearing a mask and cleaning the residents' room. The room smelled strongly of ammonia (described as cat urine). During an observation and interview, on 10/06/2025 at 10:30 A.M., there was a strong odor of cat urine in the hallway outside of Room 127. Resident E was inside Room 127 and indicated a female resident had come into the room that morning, sat down on their bed, and urinated. The staff had come in and cleaned the bed, but a CNA had told him the odor in the room wasn't human urine, it was cat urine. During an observation, on 10/07/2025 at 8:55 A.M., there was a strong odor of cat urine down the hallway and outside Room 127.		and as needed thereafter as part of a QA process. *Compliance will be met by October 31, 2025.	

	During an observation, on 10/07/2025 at 9:30 A.M., the hallways in the facility from Room 116 through Room 138 smelled strongly of human and cat urine. A crumpled incontinence brief, that appeared wet, was laying under a chair in the hallway near Room 116. A folded incontinence brief was lying on a nearby table next to a package of wet wipes. During an observation, on 10/07/2025 at 9:45 A.M., no incontinence briefs were observed near Room 116. Urine odors were still strong in the hallway from Room 116 through Room 138. During an observation, on 10/07/2025 at 11:17 A.M., a strong cat urine odor was noted in the hallway from Rooms 116 through Room 138. During an interview and observation, on 10/07/2025 at 11:25 A.M., the Maintenance Director indicated the odors in the hallway were coming from Room 127. The residents in the room had two large cats and the residents were supposed to manage the litter box themselves. The facility staff were having to go in the room almost daily regarding the cats. The odor was very strong in the hallway. They had spoken with the resident's family member			

about the cats. The staff had been assisting the residents for about three weeks with cleaning the room and changing the litter box. The odors had been really strong this week.

During an interview, on 10/07/25 at 11:58 A.M., CNA 2 indicated the staff had recently started cleaning the residents' room as there were cat feces on the floor. The residents were supposed to take care of their own litter box. Someone had urinated on the resident's bed yesterday and someone had cleaned it for the resident.

During an observation, on 10/07/2025 at 2:24 P.M., a strong cat urine odor was present in the hallway between Room 116 through Room 138.

An "Indiana Health and Service Evaluation Results" record, dated 05/13/2025, was provided by the Charge Nurse on 10/07/2025 at 2:43 P.M. The record indicated the resident required no staff supervision for pet care.

The current undated "Pet Policy" was provided by the Charge Nurse on 10/07/2025 at 2:47 P.M. The policy indicated, " ...Residents may keep pets as long as the resident can care for the pet responsibly and maintain the apartment and the pet's environment in a clean and

	sanitary condition ...If a problem occurs involving the pet (including [sic] but not limited to ...odor ...the following procedures will be followed ...Executive Director will discuss the problem with the resident ...the issue must be resolved within 24 hours ...If ...unresolved after 24 hours ...the pet will be removed from the community to the designated party named in the agreement or taken to the local no-kill animal shelter if the designated party is unavailable ..." No designated party was specified in the "Pet Assessment & Caregiver Capabilities" agreement. The current "STATEMENT OF RESIDENT RIGHTS" policy, dated 06//04/2025, was provided by the Charge Nurse on 10/07/2025 at 2:43 P.M. The policy indicated, "...Each resident shall have the right to...a dignified existence..." This citation relates to intake IN00464572. Based on observation and interview, the facility failed to provide a sanitary environment related to pet odors and personal care items for 8 of 8 facility observations. Findings include: During an observation, on 10/06/2025 at 9:41 A.M., Certified Nurse Aide (CNA) 2			

	was in resident Room 127 wearing a mask and cleaning the residents' room. The room smelled strongly of ammonia (described as cat urine). During an observation and interview, on 10/06/2025 at 10:30 A.M., there was a strong odor of cat urine in the hallway outside of Room 127. Resident E was inside Room 127 and indicated a female resident had come into the room that morning, sat down on their bed, and urinated. The staff had come in and cleaned the bed, but a CNA had told him the odor in the room wasn't human urine, it was cat urine. During an observation, on 10/07/2025 at 8:55 A.M., there was a strong odor of cat urine down the hallway and outside Room 127. During an observation, on 10/07/2025 at 9:30 A.M., the hallways in the facility from Room 116 through Room 138 smelled strongly of human and cat urine. A crumpled incontinence brief, that appeared wet, was laying under a chair in the hallway near Room 116. A folded incontinence brief was lying on a nearby table next to a package of wet wipes. During an observation, on 10/07/2025 at 9:45 A.M., no			

	incontinence briefs were observed near Room 116. Urine odors were still strong in the hallway from Room 116 through Room 138. During an observation, on 10/07/2025 at 11:17 A.M., a strong cat urine odor was noted in the hallway from Rooms 116 through Room 138. During an interview and observation, on 10/07/2025 at 11:25 A.M., the Maintenance Director indicated the odors in the hallway were coming from Room 127. The residents in the room had two large cats and the residents were supposed to manage the litter box themselves. The facility staff were having to go in the room almost daily regarding the cats. The odor was very strong in the hallway. They had spoken with the resident's family member about the cats. The staff had been assisting the residents for about three weeks with cleaning the room and changing the litter box. The odors had been really strong this week. During an interview, on 10/07/25 at 11:58 A.M., CNA 2 indicated the staff had recently started cleaning the residents' room as there were cat feces on the floor. The residents were supposed to take care of their own litter box. Someone had urinated on the resident's bed			

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	specified in the "Pet Assessment & Caregiver Capabilities" agreement. The current "STATEMENT OF RESIDENT RIGHTS" policy, dated 06//04/2025, was provided by the Charge Nurse on 10/07/2025 at 2:43 P.M. The policy indicated, "...Each resident shall have the right to...a dignified existence..." This citation relates to intake IN00464572.			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on observation, record review, and interview, the facility failed to follow physicians orders related to medication administration for 1 of 5 residents observed for medication administration. (Resident H)	R 0241	* Resident H is receiving all medications in accordance with their physican orders. Physican orders were reviewed *The community reviewed each residents record to determine which residents if any could be affected by the deficient practice. *The Charge Nurse and/or designee will ensure that physician orders are followed properly, including, but not limited to, proper administration times. Any clinical staff member out of compliance with facility’s policies and protocols will receive progressive corrective action, including	10/31/2025

	Findings include: During a medication pass on 10/06/2025 at 11:06 A.M., Charge Nurse 4 sanitized her hands, prepared a medication cup, opened a locked medication cart, retrieved Resident H's Buspirone (a antianxiety medication) blister pack medication card, and put a pill into the cup. She indicated the resident got Buspirone 5 milligrams (mg), three times a day. She never opened the Medication Administration Record (MAR). The medication was administered to the resident. The clinical record for Resident H was reviewed on 10/06/2025 at 1:30 P.M. The resident's diagnoses included, but were not limited to, dementia and depression. The MAR was reviewed and included the following physician's order: -Buspirone 5 mg, three times a day, at 8:00 A.M., 1:00 P.M., and 5:00 P.M. During an interview, on 10/06/2025 at 1:53 P.M., Charge Nurse 4 indicated medications could be given one hour before and one hour after the scheduled administration time. She should not have given the resident the Buspirone medication at 11:00 A.M. The		termination. The Charge Nurse or designee will educate all newly hired clinical staff, including any agency staff, on policies and protocols during employee job-specific orientation moving forward. * This process will be reviewed by ED/Charge Nurse or designee on a weekly basis for 8 weeks, monthly for four months and as needed thereafter as part of the QA process. *Compliance will be met by October 31, 2025	

	medication was scheduled to be administered at 1:00 P.M. The current facility policy titled, "Medication Management, Administration, & Storage", dated 01/2024, was provided by the Assistant Executive Director on 10/07/2025 at 8:38 A.M. The policy indicated, "...to ensure that resident safety is maintained when managing, preparing, administering, and storing all medications while complying with state and federal guidelines...Medication Administration: Medication administration will be administered as ordered by the resident's provider...Rights of Medication Administration: All medication will be administered by licensed nursing personnel...The rights of medication administration will be adhered to at all times and includes: right resident, right medication, right dose, right route, right time, right response, and right documentation..." This citation relateds to intake IN00464572. Based on observation, record review, and interview, the facility failed to follow physicians orders related to medication administration for 1 of 5 residents observed for medication administration. (Resident H)			

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During a medication pass on 10/06/2025 at 11:06 A.M., Charge Nurse 4 sanitized her hands, prepared a medication cup, opened a locked medication cart, retrieved Resident H's Buspirone (a antianxiety medication) blister pack medication card, and put a pill into the cup. She indicated the resident got Buspirone 5 milligrams (mg), three times a day. She never opened the Medication Administration Record (MAR). The medication was administered to the resident.

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-Buspirone 5 mg, three times a day, at 8:00 A.M., 1:00 P.M., and 5:00 P.M.

During an interview, on 10/06/2025 at 1:53 P.M., Charge Nurse 4 indicated medications could be given one hour before and one hour after the scheduled administration time. She should not have given the resident the Buspirone medication at 11:00 A.M. The

	medication was scheduled to be administered at 1:00 P.M. The current facility policy titled, "Medication Management, Administration, & Storage", dated 01/2024, was provided by the Assistant Executive Director on 10/07/2025 at 8:38 A.M. The policy indicated, "...to ensure that resident safety is maintained when managing, preparing, administering, and storing all medications while complying with state and federal guidelines...Medication Administration: Medication administration will be administered as ordered by the resident's provider...Rights of Medication Administration: All medication will be administered by licensed nursing personnel...The rights of medication administration will be adhered to at all times and includes: right resident, right medication, right dose, right route, right time, right response, and right documentation..." This citation relateds to intake IN00464572.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local	R 0273	All dietary staff have been coached on sanitation and infection control in the dietary department. *The Environmental Service Director reviewed each shift and dietary employee to	10/31/2025

	sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation and interview, the facility failed to ensure the dishwasher ran appropriately for 2 of 2 kitchen observations. This deficient practice had the potential to effect 33 of 33 residents that reside in the facility. Findings include: 1. The facility dishwashing machine was observed with Cook 3 on 10/07/2025 at 11:55 A.M., with a wash cycle temperature of 158 degrees Fahrenheit (F) and a rinse cycle temperature of 178 degrees F. The information plate on the dishwasher indicated the minimum wash cycle temperature was 160 degrees F and the minimum final rinse cycle temperature was 180 degrees F. Cook 3 indicated the machine did not get up to the appropriate temperature and she would run it again after lunch. 2. The facility dishwashing machine was observed with the Kitchen Manager (KM) on 10/07/2025 at 1:45 P.M. The lunch dishes had already been ran through the dishwasher and put away. Despite running the machine through two cycles, the wash and rinse cycles did not meet the minimum required		determine if any residents could be affected by the alleged deficient practice. *The ESD has reviewed and confirmed each dietary department employee is aware of the sanitaion and infection control policy. In addition the dishmachine has been serviced. *The ESD or designee will audit the dish machine on a weekly basis for eight weeks, monthly for four months and as needed there after as part of QA process. *Compliance will be met by October 31, 2025	

temperatures. The Maintenance Director entered the kitchen and ran the dishwasher through multiple cycles. The wash temperature only got up to 158 degrees F and the rinse temperature was between 175 and 178 degrees F.

During an interview, on 10/07/2025 at 2:44 P.M., Charge Nurse 4 indicated there were no instances of food borne illness in the facility.

Based on observation and interview, the facility failed to ensure the dishwasher ran appropriately for 2 of 2 kitchen observations. This deficient practice had the potential to effect 33 of 33 residents that reside in the facility.

Findings include:

1. The facility dishwashing machine was observed with Cook 3 on 10/07/2025 at 11:55 A.M., with a wash cycle temperature of 158 degrees Fahrenheit (F) and a rinse cycle temperature of 178 degrees F. The information plate on the dishwasher indicated the minimum wash cycle temperature was 160 degrees F and the minimum final rinse cycle temperature was 180 degrees F. Cook 3 indicated the machine did not get up to the appropriate temperature and she would run it again after

	lunch. 2. The facility dishwashing machine was observed with the Kitchen Manager (KM) on 10/07/2025 at 1:45 P.M. The lunch dishes had already been ran through the dishwasher and put away. Despite running the machine through two cycles, the wash and rinse cycles did not meet the minimum required temperatures. The Maintenance Director entered the kitchen and ran the dishwasher through multiple cycles. The wash temperature only got up to 158 degrees F and the rinse temperature was between 175 and 178 degrees F. During an interview, on 10/07/2025 at 2:44 P.M., Charge Nurse 4 indicated there were no instances of food borne illness in the facility.			

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 SIGNATUREHeather	TITLEAngel	(X6) DATE10/22/2025