STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE ESTATES SENIOR LIVING	1601 N MORRISON RD, MUNCIE, , 47304

(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: February 2 and 3, 2026 Facility number: 010886 Residential Census: 64 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed February 9, 2026.	R 0000	***ROOO*** This Plan of Correction is not to be interpreted as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies dated 2/3/26. It is a submission of our ongoing efforts to comply with regulatory requirements. We remain committed to the delivery of quality health care services and will continue to make changes and improvements in line with that objective.	
R 0121	Personnel - Noncompliance 410 IAC 16.2-5-1.4(f)(1-4) (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in	R 0121	***R121*** ***410 IAC 16.2-5-1.4(f)(1-4) Personnel-Noncompliance*** It is the policy of Muncie Estates Senior Living to comply with state and industry regulations regarding medical testing to be completed prior to employment. Please accept this Plan of Correction as credible	02/06/2026

	millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.		allegations of compliance as follows: • The business office manager completed an audit of all associate medical files.Completed 2/6/26 • There were no Two-step non-compliant associates identified • Muncie Estates created a new form for TB documentation to include time given and time read. • All Baseline tuberculin skin testing will be administered and documented on TB documentation health record including time given and time read for all newly hired associates. • The second step will be completed within 7 to 14 days of 1st step and time given and read as well as date, dosage and results. • The Business Office Manager will monitor all newly hired associates by utilizing a calendar internet reminder. • The Business Office Manager/Designee will monitor on a monthly basis for accuracy and review monthly during monthly Continuous Quality Improvement	

	Based on record review and interview, the facility failed to accurately document the administration and results of mandatory tuberculin skin tests (TST) performed on 5 of 5 new employee records reviewed. (CNA 3, CNA 4, LPN 5, QMA 6, and LPN 7) Findings include: Employee records, provided by the Business Office Manager on 2/3/26 at 11:02 a.m., were reviewed on 2/3/26 at 11:13 a.m. and indicated the following: A "TB Test Documentation Form" for CNA 3 indicated a first step TST was performed on 6/19/25 and read on 6/21/25. A second step TST was performed on 6/26/25 and read on 6/28/25. The tests administered did not include the times administered or read. A "TB Test Documentation Form" for CNA 4 indicated a first step TST was performed on 8/5/25 and read on 8/7/25. A second step TST was performed on 8/14/25 and read on 8/16/25. The tests administered did not include the times administered or read. A "TB Test Documentation Form" for LPN 5 indicated a first step TST was performed on		(CQI)and Clinical Quality Measures (CQM) meeting for the next 3 months.	

	8/13/25 and read on 8/15/25. A second step TST was performed on 8/25/25 and read on 8/27/25. The tests administered did not include the times administered or read. A "TB Test Documentation Form" for QMA 6 indicated a second step TST was performed on 10/23/25 and read on 10/25/25. The test administered did not include the times administered or read. A "TB Test Documentation Form" for LPN 7 indicated a first step TST was performed on 12/12/25 and read on 12/15/25. A second step TST was performed on 12/24/25 and read on 12/26/25. The tests administered did not include the times administered or read. During an interview, on 2/3/26 at 12:15 p.m., the DON indicated when a TST was given, the type of TST solution, the amount given, the date given, the time given, and the nurse's signature were documented. When the TST was read, which should be in 48 to 72 hours, the date, the time, the size of the induration, and if the test was positive or negative should be documented along with the nurse's signature. The times administered and read were not included for the above-mentioned employees, except for QMA 6's first step			

	TST, in which the DON had utilized the American Lung Association TST form. During an interview, on 2/3/26 at 12:20 p.m., the DON indicated the facility had begun utilizing new forms recently. A review of the facility's most current TST documentation forms indicated the form lacked a specific place to document the times the TSTs were administered and given. During an interview, on 2/3/26 at 12:30 p.m., the Administrator indicated she could not remember the TST documentation form ever having a time listed. The facility told the employee to return in a couple days after the specific time the TST was administered to have it checked. The Mantoux Tuberculin Skin Testing Fact Sheet from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf, accessed on 2/3/26 at 2:46 p.m., indicated the following: "...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results ..." A current facility policy, revised 4/29/22, titled "Tuberculosis			

	Screening," provided by the Administrator on 2/3/26 at 12:54 p.m., indicated "The Administrator/Executive Director shall ensure that the community complies with tuberculosis screening as required by Indiana regulations for employees, volunteers, and residents ...." Based on record review and interview, the facility failed to accurately document the administration and results of mandatory tuberculin skin tests (TST) performed on 5 of 5 new employee records reviewed. (CNA 3, CNA 4, LPN 5, QMA 6, and LPN 7) Findings include: Employee records, provided by the Business Office Manager on 2/3/26 at 11:02 a.m., were reviewed on 2/3/26 at 11:13 a.m. and indicated the following: A "TB Test Documentation Form" for CNA 3 indicated a first step TST was performed on 6/19/25 and read on 6/21/25. A second step TST was performed on 6/26/25 and read on 6/28/25. The tests administered did not include the times administered or read. A "TB Test Documentation Form" for CNA 4 indicated a first step TST was performed on 8/5/25 and read on 8/7/25. A			

	second step TST was performed on 8/14/25 and read on 8/16/25. The tests administered did not include the times administered or read. A "TB Test Documentation Form" for LPN 5 indicated a first step TST was performed on 8/13/25 and read on 8/15/25. A second step TST was performed on 8/25/25 and read on 8/27/25. The tests administered did not include the times administered or read. A "TB Test Documentation Form" for QMA 6 indicated a second step TST was performed on 10/23/25 and read on 10/25/25. The test administered did not include the times administered or read. A "TB Test Documentation Form" for LPN 7 indicated a first step TST was performed on 12/12/25 and read on 12/15/25. A second step TST was performed on 12/24/25 and read on 12/26/25. The tests administered did not include the times administered or read. During an interview, on 2/3/26 at 12:15 p.m., the DON indicated when a TST was given, the type of TST solution, the amount given, the date given, the time given, and the nurse's signature were documented. When the TST was read, which should be in 48 to 72 hours, the date, the			

	time, the size of the induration, and if the test was positive or negative should be documented along with the nurse's signature. The times administered and read were not included for the above-mentioned employees, except for QMA 6's first step TST, in which the DON had utilized the American Lung Association TST form. During an interview, on 2/3/26 at 12:20 p.m., the DON indicated the facility had begun utilizing new forms recently. A review of the facility's most current TST documentation forms indicated the form lacked a specific place to document the times the TSTs were administered and given. During an interview, on 2/3/26 at 12:30 p.m., the Administrator indicated she could not remember the TST documentation form ever having a time listed. The facility told the employee to return in a couple days after the specific time the TST was administered to have it checked. The Mantoux Tuberculin Skin Testing Fact Sheet from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf, accessed on 2/3/26 at 2:46			

	p.m., indicated the following: "...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results ..." A current facility policy, revised 4/29/22, titled "Tuberculosis Screening," provided by the Administrator on 2/3/26 at 12:54 p.m., indicated "The Administrator/Executive Director shall ensure that the community complies with tuberculosis screening as required by Indiana regulations for employees, volunteers, and residents ...."			
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 sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure the low-temperature dishwasher functioned at a level to maintain proper sanitization requirements. This deficient practice had the potential to impact 28 of 28 residents who received meals from the	R 0273	***R273*** ***410 IAC 16.2-5-5.1(f) Food and Nutritional Services – Deficiency*** It is the policy of Muncie Estates Senior Living to comply with state sanitation guidelines by recording temperatures on dish machines and action for corrective steps if temperatures are not in proper range. • 28 of 28 residents were not affected. • The low temperature dish machine is rental equipment, and company , Ecolab was immediately	02/06/2026

	facility's Memory Care kitchen. Finding includes: During a kitchen observation, on 2/3/25 at 10:30 a.m., Dietary Cook 10 removed washed plates from a wash rack and placed them on a steam table. Dietary Cook 10 washed a rack of coffee mugs and cups and immediately following the rinse cycle, tested the low-temperature dishwasher for the sanitizer concentration. The test strip registered zero sanitizing agent. Dietary Cook 10 indicated she was unsure if she was using the test strips properly. Dietary Cook 10 checked the sanitizer concentration three times, all of which registered zero. The strips used were identified as chlorine strips with an expiration date of 2/1/26. Dietary Cook 10 notified the Dietary Manager. Dietary Cook 10 indicated the three-compartment sink was not used, other than to rinse off food particles, prior to dishes placed in the dishwasher. The sanitation compartment of the sink was not used. Upon the Dietary Manager's arrival to the kitchen, she indicated a buildup of lime may have caused the machine not to work properly. The Dietary Manager primed the low-temperature dishwasher and ran two cycles. Using the expired chlorine test strips, the		notified for repair/service on 2/3/26. • The Culinary Services Director re-educated all culinary associates on utilization of 3-compartment sinks with proper sanitizing solution, testing and recording if dish machine is not operating correctly.**Completed 2/6/26** • The Culinary Services Director re-educated culinary associates to appropriate sanitation and safety standards to remain in accordance with state and local sanitation standards including 410 IAC 7-24.**Completed 2/6/26** • For the next 3 months random weekly kitchen sanitation and safety standards will be reviewed by the Culinary Service Director/Designee to ensure continued compliance. • The results on these audits will be reported in the monthly CQM/CQI meeting to the QAPI committee.	

	Dietary Manager, checked the low-temperature dishwasher sanitizer concentration two times. The strips read zero after each attempt. The Dietary Manager indicated the dishwasher needed serviced. During a kitchen observation, on 2/3/25 at 11:40 a.m., Dietary Cook 10 rinsed a blender canister, blades, and canister lid in the sanitation bin of the three-compartment sink. The items were rinsed off briefly with free-flowing water and sanitizer via a hose. Dietary Cook 10 set the blender up and pureed salmon patties. She indicated she had not checked the sanitizer's concentration for the three-compartment sink, but felt like it was a lot due to her hands being irritated by the concentration. During a continuous kitchen observation, on 2/3/25 at 11:50 a.m., the Dietary Manager filled the sanitation bin of the three-compartment sink. The sanitizer concentration was checked using the chlorine strips. The test strip read zero. The Dietary Manager indicated she did not feel the dishwasher and sanitizer were chlorine based and indicated she would try different test strips. The Dietary Manager departed from the Memory Care kitchen. Upon the Dietary Manager's return			

	she indicated she obtained QAC (Quaternary [quat] Ammonium Compound) (a sanitizer solution) test strip papers with an expiration date of 10/1/26 from the main Assisted Living kitchen. The sanitizer concentration in the three-compartment sink was tested and the strip read 200. A sign hung on the wall above the three-compartment sink and indicated "Multi Quat Sanitizer" and the desired range was 150-400. The Dietary Manager attempted to check the low-temperature dishwasher with the QAC test strip papers two times. Each strip indicated zero sanitizing agent. The Dietary Manager indicated she had placed a call to the servicing and chemical company and was awaiting their return call. Dietary Cook 10 was preparing lunch and utilizing the tableware and cookware that was ran through the dishwasher earlier in the day. The Dietary Manager indicated all the items that were washed earlier in the day were probably not properly sanitized and it was a concern as it was being used for lunch service. Dietary Cook 10 had just finished pouring drinks into the previously washed cups and the nursing staff took the cart of drinks to pass out to the residents. During an interview, on 2/3/25 at			

	2:32 p.m., the Dietary Manager indicated she researched and the low-temperature dishwasher used chlorine-based sanitizer. She ordered new test strips and new chlorine sanitizer. The Dietary Manager indicated the three-compartment sink was to be used moving forward to ensure proper sanitation. During an interview, on 2/3/26 at 4:11 p.m., the Administrator indicated the low-temperature dishwasher was leased and had broken down previously. The machine was to be serviced and facility staff were to take measures to ensure kitchen items were sanitized. A current facility policy, undated, titled "Dish Machine Temp Log Low DS-02", provided by the Dietary Manager on 2/3/26 at 1:57 p.m., indicated the following: " ...Sanitizer Concentration: The final rinse must have a chlorine concentration of 50 PPM to 100 PPM (or up to 200 PPM depending on the manufacturer) to properly sanitize ...Corrective Action: If the temperature is low or the chemical concentration is insufficient, the machine should not be used ...." Based on observation, interview, and record review, the facility failed to ensure the low-temperature dishwasher			

	functioned at a level to maintain proper sanitization requirements. This deficient practice had the potential to impact 28 of 28 residents who received meals from the facility's Memory Care kitchen. Finding includes: During a kitchen observation, on 2/3/25 at 10:30 a.m., Dietary Cook 10 removed washed plates from a wash rack and placed them on a steam table. Dietary Cook 10 washed a rack of coffee mugs and cups and immediately following the rinse cycle, tested the low-temperature dishwasher for the sanitizer concentration. The test strip registered zero sanitizing agent. Dietary Cook 10 indicated she was unsure if she was using the test strips properly. Dietary Cook 10 checked the sanitizer concentration three times, all of which registered zero. The strips used were identified as chlorine strips with an expiration date of 2/1/26. Dietary Cook 10 notified the Dietary Manager. Dietary Cook 10 indicated the three-compartment sink was not used, other than to rinse off food particles, prior to dishes placed in the dishwasher. The sanitation compartment of the sink was not used. Upon the Dietary Manager's arrival to the kitchen, she indicated a buildup			

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	not be used ...."			
R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. Based on record review and interview, the facility failed to ensure a tuberculin skin test (TST) was completed on or prior to admission for 3 of 7 residents (Resident 23, Resident 60, and Resident 66) reviewed for TST administration and was	R 0410	***R 410*** ***410 IAC 16.2-5-12 (e)(f)(g) Infection Control – Non compliance*** It is the policy of Muncie Estates Senior Living to comply with state and industry regulations regarding infection control regarding tuberculin skin testing (TB). • The Health Service Director (HSD)/Designee will complete review of all resident records to identify non-compliance by 2/28/26. All residents were admitted with current chest x-rays. • Identified residents will receive a tuberculin skin test (TB) who did not have tuberculin test completed within 3 months prior to admission. • A 2-step TB test will be administered to identify residents who did not have a documented negative TB test in preceding 12 months. • All residents will be documented in residents clinical record including date given, date read,	03/06/2026

	completed with documented times on or prior to admission for 1 of 7 residents reviewed for TST administration. (Resident 65) Findings include: 1. Resident 66's clinical record was reviewed on 2/2/26 at 2:59 p.m. The record lacked documentation that a TST had been administered on or prior to her admission. The resident was admitted to the facility on 5/30/25. 2. Resident 60's clinical record was reviewed on 2/3/26 at 11:28 a.m. The record lacked documentation that a TST had been administered on or prior to her admission. The resident was admitted to the facility on 4/24/25. During an interview, on 2/3/26 at 4:56 p.m., the DON indicated the residents who received negative chest x-rays prior to admission did not require TSTs upon admission. During an interview, on 2/3/26 at 4:59 p.m., the Administrator indicated the residents should receive the two-step tuberculin testing upon admission regardless of a negative chest x-ray. The TST documentation was kept by the Business Office Manager.		time given, time read and induration in millimeters. • HSD/Designee will complete in-service with licensed nurses and Qma's on 1-step and 2-step requirements prior to and upon admission on 3/6/26 The HSD/Designee will track all TB's in EMAR system upon admission, and annually for all residents. The HSD/Designee will audit for TB compliance on admission for the next 3 months. Results of this audit will be reported to the QAPI team at monthly CQM/CQI meeting for the next 3 months. Completion Date: 3/6/26	

During an interview, on 2/3/26 at 5:16 p.m., the Administrator indicated the facility did not have documentation of TSTs being given to Resident 60 and Resident 66.

3. Resident 23's clinical record was reviewed on 2/3/26 at 2:00 p.m. She was admitted to the facility on 10/10/25. The record lacked documentation of TB administration.

During an interview, on 2/3/25 5:28 p.m., the DON indicated she was unable to locate Resident 23's chest x-ray and TB information and Resident 23's record lacked TB administration documentation.

4. Resident 65's clinical record was reviewed on 2/3/26 at 9:30 a.m. The record lacked documentation of the times the resident's second step TB skin test had been read. The first step TB was administered and read prior to Resident 65's admission to the facility.

During an interview, on 2/3/25 at 5:15 p.m., the Administrator confirmed Resident 65's TB record lacked documented times.

A current facility policy, revised 4/29/22, titled "Tuberculosis Screening," provided by the Administrator on 2/3/26 at 12:54 p.m., indicated the following:

"...The Administrator/Executive Director shall ensure that the community complies with tuberculosis screening as required by Indiana regulations for employees, volunteers, and residents ... 4. Tuberculosis Infection Control Program A. The community shall establish, document and implement a tuberculosis infection control program that complies with Guidelines for Prevention the Transmission of Mycobacterium tuberculosis in Health-care settings, which includes: a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing ... b. Maintaining documentation of any ...ii. Tuberculosis screening test of an individual who is employed by the community, provides volunteer services for the community, or is admitted to the community ...."

Based on record review and interview, the facility failed to ensure a tuberculin skin test (TST) was completed on or prior to admission for 3 of 7 residents (Resident 23, Resident 60, and Resident 66) reviewed for TST administration and was completed with documented times on or prior to admission for 1 of 7 residents reviewed for TST administration. (Resident 65)

Findings include:

1. Resident 66's clinical record was reviewed on 2/2/26 at 2:59 p.m. The record lacked documentation that a TST had been administered on or prior to her admission. The resident was admitted to the facility on 5/30/25.

2. Resident 60's clinical record was reviewed on 2/3/26 at 11:28 a.m. The record lacked documentation that a TST had been administered on or prior to her admission. The resident was admitted to the facility on 4/24/25.

During an interview, on 2/3/26 at 4:56 p.m., the DON indicated the residents who received negative chest x-rays prior to admission did not require TSTs upon admission.

During an interview, on 2/3/26 at 4:59 p.m., the Administrator indicated the residents should receive the two-step tuberculin testing upon admission regardless of a negative chest x-ray. The TST documentation was kept by the Business Office Manager.

During an interview, on 2/3/26 at 5:16 p.m., the Administrator indicated the facility did not have documentation of TSTs being given to Resident 60 and Resident 66.

3. Resident 23's clinical record

was reviewed on 2/3/26 at 2:00 p.m. She was admitted to the facility on 10/10/25. The record lacked documentation of TB administration.

During an interview, on 2/3/25 5:28 p.m., the DON indicated she was unable to locate Resident 23's chest x-ray and TB information and Resident 23's record lacked TB administration documentation.

4. Resident 65's clinical record was reviewed on 2/3/26 at 9:30 a.m. The record lacked documentation of the times the resident's second step TB skin test had been read. The first step TB was administered and read prior to Resident 65's admission to the facility.

During an interview, on 2/3/25 at 5:15 p.m., the Administrator confirmed Resident 65's TB record lacked documented times.

A current facility policy, revised 4/29/22, titled "Tuberculosis Screening," provided by the Administrator on 2/3/26 at 12:54 p.m., indicated the following: "...The Administrator/Executive Director shall ensure that the community complies with tuberculosis screening as required by Indiana regulations for employees, volunteers, and residents ... 4. Tuberculosis Infection Control Program A.

	The community shall establish, document and implement a tuberculosis infection control program that complies with Guidelines for Prevention the Transmission of Mycobacterium tuberculosis in Health-care settings, which includes: a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing ... b. Maintaining documentation of any ...ii. Tuberculosis screening test of an individual who is employed by the community, provides volunteer services for the community, or is admitted to the community ...."			

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 SIGNATUREDawn Beeman	TITLEHealth Facility Administrator	(X6) DATE02/20/2026