STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND EMERALD PLACE	4010 S IRONWOOD DR, SOUTH BEND, , 46614

(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 467533. Intake 467533 - State deficiencies related to the allegation are cited at R0121 and R0148. Survey dates: January 28, 29, and 30, 2026. Facility number: 013555 Residential Census: 46 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on February 10, 2026.	R 0000		
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.	R 0121	**Plan of Correction Complaint Visit 1/30/2026** Submission of this response and Plan of Correction is NOT a legal admission that a deficiency	02/12/2026

	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 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		exists or that this Statement of Deficiency was correctly cited and is also NOT to be construed as an admission against interest by the facility, its employees, agents, or other individuals who drafted or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. The facility is requesting paper compliance. • **R121 Personnel** • The Facility has the potential to be affected by the alleged deficiency. All employee health files will be audited for tuberculosis screening documentation including first and second step Mantoux testing. • Employees identified without required Mantoux tuberculosis testing corrected. Required tuberculosis testing was completed or scheduled in accordance with facility policy. • A 100% audit of employee health files was completed by the Executive Director and Director of Nursing to ensure compliance with tuberculosis	

	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. Based on record review and interview, the facility failed to ensure newly hired employees received first and second step Mantoux Testing for tuberculosis (an infectious disease caused by bacteria that most often affects the lungs) for 11 of 34 employees whose records were reviewed. (LPN 2, Receptionist 3, Housekeeper 4, Cook 5, QMA 6, QMA 7, CNA 8, CNA 9, CNA 10, Driver 11, Housekeeper 12) Findings include: On 1/28/2026 at 11:40 A.M., the facility's personnel files were reviewed and there were no first and second step Mantoux (Tuberculsosis) testing documentation for the following employees, hired in the past year: LPN 2, Receptionist 3, Housekeeper 4, Cook 5, QMA 6, QMA 7, CNA 8, CNA 9, CNA 10, Driver 11 and Housekeeper 12. During an interview, on 1/28/2026 at 11:55 A.M., the Administrator indicated there were no other tuberculosis records for employees other than what was provided in the		screening requirements. • The Executive Director, Director of Nursing, and Administrative Assistant were re-educated on Mantoux tuberculosis test requirements and employee health file compliance by the Corporate Nurse on February 18, 2026. A tracking system has been implemented to ensure tuberculosis screening is completed prior to employee start date and monitored ongoing. • The Executive Director and/or designee will conduct audits of employee health files once weekly for three months, then twice monthly for three months, to ensure compliance. Audit findings will be reviewed in Quality Assurance (QA) meetings and corrective action taken as needed to maintain compliance. • Date of completion: March 15, 2026	

	personnel files. During an interview, on 1/28/2026 at 1:15 P.M., the Regional Corporate Nurse Consultant indicated the expectation was for a newly hired employee to have completed the first step tuberculosis test before beginning work unless the employee had provided documentation of a previous tuberculosis test. The Regional Corporate Nurse Consultant indicated the second step tuberculosis test was to have been completed within two to three weeks of the completion date of the first step Mantoux test. On 1/28/2026 at 1:43 P.M., the Regional Corporate Nurse Consultant provided a policy titled, "Mantoux Testing Policy, " dated 10/1/2021 and indicated the policy was the one currently used by the facility. The policy indicated " ...All new hires must have a two-step Mantoux tuberculin skin test (TST) administered and read by a nurse...prior to resident contact...." Based on record review and interview, the facility failed to ensure newly hired employees received first and second step Mantoux Testing for tuberculosis (an infectious			

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R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches,	R 0148	**Plan of Correction** **Complaint Visit 1/30/2026** Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also NOT to be construed as an admission against interest by the facility, its employees, agents, or other individuals who drafted or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or	02/12/2026

	alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected. Based on observation and interview, the facility failed to ensure the residential dining room ceiling was in good repair and failed to provide residents with hot water to bathing areas of resident apartments. (Residents B, D and E) Findings include: On 1/28/2026 at 9:54 A.M., the facility's dining room ceiling was observed with a square-shaped hole near the outside windows, approximately one foot by eighteen inches in size. The hole was open and insulation was observed. Directly below the ceiling hole, was a gray plastic garbage can without a lid that was approximately three and a half feet tall. The garbage can contained twelve inches of thick, brownish liquid with a gray center and 2 pieces of plastic trash. Directly next to the garbage can was a five-gallon bucket with approximately five		agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. The facility is requesting paper compliance. **R 148 – Dining Room Ceiling Repair** • The Facility has the potential to be affected by the alleged deficiency. Corrective action for all residents affected: Upon identification of the ceiling deficiency, the affected dining room area was immediately secured. A& M contractors were engaged to repair the damaged roof visits to correct deficiency on 02/4/2026, 02/5/2026, fully completed on 02/9/2026. The leak in ceiling restored to a safe and sanitary condition. Dry wall quote though Allied Construction Restoration Co obtained 1-29-2026, scheduled for repair on 03/03/2026. • A full inspection of all ceilings, common areas, and resident apartments was conducted by the Maintenance Director. Any deficiencies identified were immediately corrected.	

	inches of rust-colored water. A Restoration/Repair estimate, dated 1/7/2026, had been completed by A and M Home Services for the repair of a rotten roof sheathing in the east side of the building. A Resident Grievance/Complaint Report, dated 12/14/2025, indicated Resident D had "no hot water to take her showers." During an interview, on 1/28/2026 at 2:00 P.M., Resident D indicated she had had cold water for over a month. Resident D indicated she had taken a cold shower as recently as 1/27/2026. During an interview, on 1/29/2026 at 9:10 A.M., the Administrator indicated the plumbing company, A+ Plumbing had been contacted by the new Maintenance Director on his 2nd day of work, on 1/20/2026. The Administrator indicated she was unaware of any actions taken by the previous administration or the previous Maintenance Director. On 1/29/2026 at 9:12 A.M., an interview was conducted with the Maintenance Director (MD). He indicated when he was hired, he had replaced the facility's expansion tanks and the kitchen immediately noticed		• Weekly inspection of ceilings and structural components, routine roof inspections, and documentation of any potential deficiencies will be completed by Maintenance Director. • The Maintenance Director and environmental staff were re-educated on Maintenance Internal Environmental Services by the Executive Director on 02/18/2026, including but not limited to preventive maintenance program, repair or enhancements of structures, systems, and fixtures. • The Executive Director and/or designee will complete weekly environmental audit inspections for three months, followed by twice-monthly inspections for three months. Results will be reviewed in monthly Quality Assurance (QA) meetings. • Completion Date: March 15, 2026 **R 148 – Hot Water Plumbing Repair** • The Facility has the potential to be affected by the alleged deficiency. Hot water service was restored. The mixing valve was replaced by A+ Plumbing on 1/30/2026 and serviced on 2/18/2026. Hot water temperatures were verified following repair.	

	an improvement in the hot water but residents still had experienced cold showers. The MD indicated the mixing valve was broken and indicated A+ Plumbing was scheduled to make the final repairs in the afternoon of 1/29/2026. The Maintenance Director indicated all the residents' showers would be cold until the valve could be replaced. During a continuous tour of various rooms, on 1/29/2026 from 9:33 A.M. to 9:45, Maintenance Director obtained water temperatures from both resident showers and sinks. Resident D's shower reached a water temperature of 118.2 degrees Fahrenheit for only one second before rapidly dropping and was unable to hold this temperature. Resident B's shower reached a water temperature of 112.1 degrees Fahrenheit for one second before rapidly dropping in temperature (below 100 degress Fahrenheit) . Resident E's bathroom sink water temperature was tested and reached a temperature of 105.7 degrees prior to decreasing in temperature rapidly (below 100 degrees Fahrenheit). On 1/29/2026 at 10:45 A.M., an interview was conducted with the Maintenance Director. The MD indicated the drywall repair		• An audit of hot water temperatures in resident apartments and bathing areas were conducted by the Maintenance Director on 1/30/2026 on ongoing. The facility implemented additional weekly hot water temperature testing, monthly overview of inspections, and all documentation of preventative maintenance to be completed by theMaintenance Director • The Maintenance Director and/or designee will complete weekly environmental inspections for three months, followed by twice-monthly inspections for three months. Results will be reviewed in monthly Quality Assurance (QA) meetings. • The Executive Director or/designee will complete weekly audits of all water testing logs for three months, followed by twice-monthly inspections for three months. Results will be reviewed in monthly Quality Assurance (QA) meetings. • Completion Date: March 15, 2026	

company would be coming on 1/29/2026 to quote the facility on several drywall repairs which include the hole in the dining room ceiling. The Maintenance Director indicated the roof repair could not be completed until the weather was dry due to the chemical sensitivity of the roofing materials.

On 1/29/2026 at 10:07 A.M., the Administrator provided a policy titled, "Maintenance," dated 10/1/2021 and indicated the policy was the one currently used by the facility. The policy indicated " ...it is the job of all staff to identify areas of concern regarding the maintenance of the building ..."

Based on observation and interview, the facility failed to ensure the residential dining room ceiling was in good repair and failed to provide residents with hot water to bathing areas of resident apartments. (Residents B, D and E)

Findings include:

On 1/28/2026 at 9:54 A.M., the facility's dining room ceiling was observed with a square-shaped hole near the outside windows, approximately one foot by eighteen inches in size. The hole was open and insulation was observed. Directly below the ceiling hole, was a gray plastic garbage can without a lid

	that was approximately three and a half feet tall. The garbage can contained twelve inches of thick, brownish liquid with a gray center and 2 pieces of plastic trash. Directly next to the garbage can was a five-gallon bucket with approximately five inches of rust-colored water. A Restoration/Repair estimate, dated 1/7/2026, had been completed by A and M Home Services for the repair of a rotten roof sheathing in the east side of the building. A Resident Grievance/Complaint Report, dated 12/14/2025, indicated Resident D had "no hot water to take her showers." During an interview, on 1/28/2026 at 2:00 P.M., Resident D indicated she had had cold water for over a month. Resident D indicated she had taken a cold shower as recently as 1/27/2026.			

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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 SIGNATURELeslie Moore	TITLEExecutive Director	(X6) DATE02/20/2026