STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANSION ON MAIN, THE	1420 EAST MAIN STREET, 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 a State Residential Licensure Survey. Survey dates: May 19 and 20, 2026 Facility number: 013994 Residential Census: 94 This State Residential Finding is cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality review completed on May 26, 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. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive	R 0121	Please accept this submission of our Plan of Correction for R 121. It is prepared and submitted because of requirement under state and federal law. **What corrective action(s) will be accomplished**	06/08/2026

	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 signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight		**for those residents found to have been affected by the deficient practice.** All new employees will have a physical health screening prior to working their first shift. An Employee Physical Health Questionnaire form has been initiated. All current employees will have the physical health questionnaire completed by DON or designee by September 1, 2026. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.** All residents have the potential to be affected. All new employees will participate in a physical health screen prior to working their first shift. Director of Nursing or Designee will assure this takes place prior to employee working their first shift and that it is in employee's personnel file upon	

loss) shall not be permitted to work until tuberculosis is ruled out.

Based on record review and interview, the facility failed to ensure a health screening questionair was completed for 5 of 5 staff reviewed for pre-employment. (QMA 2, LPN 3, CNA 4, CNA5, and Housekeeper 6)

Findings include:

On 5/19/26, 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.

On 5/19/26 at 11:35 a.m., the employee record of Qualified Medication Aide (QMA) 2 was reviewed. The record indicated that QMA 2 was hired on 2/12/26. The employee record lacked documentation for a pre-employment health screening.

On 5/19/26 at 11:40 a.m., the employee record of Licensed Practical Nurse (LPN) 3 was reviewed. The record indicated that LPN 3 was hired on 1/15/26. The employee record lacked documentation for a pre-employment health screening.

On 5/19/26 at 11:45 a.m., the employee record of Certified Nursing Aide (CNA) 4 was

completion.
All current staff who do not already have the physical health questionnaire
in their personnel file will have that completed by DON or designee by September
1, 2026.

What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur.

DON/ Designee will assure all staff have participated
in the physical health screen prior to working their first shift.
Completion of
an employee physical health screen document will be initiated upon first date
of new hire orientation.

**How the corrective action(s) will be monitored
to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.**

DON/Designee will review five random employee
personnel files weekly for 8

	reviewed. The record indicated that CNA 4 was hired on 3/13/ 26. The employee record lacked documentation for a pre-employment health screening. On 5/19/26 at 11:55 a.m., the employee record of CNA 5 was reviewed. The record indicated that CNA 5 was hired on 3/20/26. The employee record lacked documentation for a pre-employment health screening. On 5/19/26 at 12:05 p.m., the employee record of Housekeeper 6 was reviewed. The record indicated that Housekeeper 6 was hired on 3/5/26. The employee record lacked documentation for a pre-employment health screening. During an interview, 5/20/26 at 10:10 a.m., the ED indicated that he used State standards which included the health screening/physical exam. The faciliy was requiring employee health screening/physicals as part of the hiring process prior to the Covid pandemic. During the Covid pandemic the facility had stopped requiring employee health screening/physicals and they were not completed for the listed staff. The staff had tuberculosis testing only. During an interview, 5/20/26 at		weeks beginning on June 8, 2026, then Biweekly for four weeks and then monthly for three months. A review of findings will be discussed with the administrator weekly for 8 weeks beginning June 1, 2026, then biweekly for one month and then monthly for three months. As part of the Quality Assurance Program, a Quality Assurance meeting will be held weekly to discuss, review, and audit effectiveness of the plan of correction put into place for this deficiency. The duration of the Quality Assurance biweekly meeting will be three months. Criteria to determine whether further monitoring is necessary or if the monitoring can be stopped will include: active personnel file audits at random (2) each meeting; any/all new hire personnel files brought to meeting and included for audit as well. If facility maintains compliance through the duration of the Quality Assurance program and meetings, monitoring can be stopped. If facility is out of compliance for this deficiency at any point throughout the	

	10:45 a.m., the ED indicated that there was no facility policy on the hiring process, but he indicated that he would follow State standards.		3-month duration,the Quality Assurance program and meeting will be extended by an additional 2 weeks and re-evaluated for compliance and/or continuation at each additional Quality Assurance meeting until facility reaches 100% compliance. Quality Assurance Committee responsible for monitoring, conducting at each meeting, with review and approval by Executive Director or designee. **By what date the systemic changes will be completed.** June 8, 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 SIGNATUREPeter Hastings	TITLEExecutive Director	(X6) DATE06/11/2026