STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEMAREE CROSSING ASSISTED LIVING AND MEMORY CARE	1255 DEMAREE ROAD, GREENWOOD, , 46143

(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 467924. Intake 467924 - State deficiencies related to the allegations are cited at R90. Survey date: February 26, 2026 Facility number: 014079 Residential Census: 88 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed March 2, 2026.	R 0000	This Plan of Correction is submitted under regulations applicable to long term care providers. This Plan of Correction is not to be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. The preparation/ submission and/or execution of this Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are correctly applied. Submission of this Plan is evidence of compliance.	
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are	R 0090	**Tag: R090 – Administration and Management** Corrective Action: All falls involving injury will be immediately reported to the Executive Director. Any fall	03/06/2026

not limited to, the following:

(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:

(A) epidemic outbreaks;

(B)poisonings;

(C) fires; or

(D) major accidents.

If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.

(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.

(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.

(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:

resulting in injury will be reported to the Indiana Department of Health.

Identification of other residents who may have been affected:

Resident B and C were immediately evaluated by the Health and Wellness Director. The fall event was documented in the resident's file, and an incident report was completed. Both were assessed for injury and monitored for any change of condition. Families of residents B and C were contacted immediately.

Systematic Changes:

- Staff will receive in-services training on transfers by 3/31/2026.
- The DHW or designee will conduct daily rounds for 4 weeks- 5 days a week to ensure supervision and staff recognition on proper transfers.
- DHW or designee will notify ED immediately when a fall occurs with injury.
- ED will review all falls with DWH or designee in Morning Meetings Monday – Friday to identify if there have been any falls with injury, within the last 24 hours,

	(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request Based on interview and record review, the facility failed to inform the state health department when resident's had falls with major injuries for 2 of 3 residents reviewed for falls. (Resident B, Resident C) Findings include: During an interview on 2/26/26 at 9:38 a.m., the Administrator indicated the facility had not had any facility reportable incidents from 1/1/26 until 2/26/26. 1. During an interview on 2/26/26 at 11:26 a.m., Qualified Medication Aide (QMA) 1 indicated Resident B had a fall in the dining room. Resident B		monitoring will be ongoing. How they will be monitored: • Consistent tracking and deadlines on Monthly in-services. • DHW or designee will document findings per shift and notify ED of any changes resulting in injury, monitoring will be ongoing.	

was sent to the hospital and diagnosed with a subarachnoid hemorrhage. This should have been reported to the state health department.

The clinical record for Resident B was reviewed on 2/26/26 at 11:30 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, dementia, and history of falls.

A progress note, dated 1/28/26 at 4:58 p.m., indicated the writer observed Resident B trip on the wheel of her walker and landed on her right side. Resident B was observed to have an open area above her left eye and was sent to the hospital.

A Hospital Discharge Summary, dated 1/28/26 at 9:27 p.m., indicated Resident B presented with a laceration to the left side of her head due to a fall. CT (computed tomography) scan showed areas of subarachnoid hemorrhage.

2. During an interview on 2/26/26 at 11:26 a.m., QMA 1 indicated Resident C had fallen from his chair. Resident C's right hand was almost immediately bruised. After a couple days, Resident C stopped using his right hand, so an x-ray was ordered. The x-ray had been completed and the results showed a fractured right fifth finger. This should have

	been reported to the state health department. The clinical record for Resident C was reviewed on 2/26/26 at 12:00 p.m. The diagnosis included, but was not limited to, Parkinson's disease. A progress note, dated 11/19/25 at 1:39 p.m., indicated Resident C was observed trying to stand up and move away from dining room table when he tripped over the leg of the chair. Resident C landed on his right side and hit his right knee, right elbow, and right wrist on the floor. A progress note, dated 11/26/25 at 11:20 p.m., indicated x-ray results indicate fracture right fifth finger. Resident C's right fourth and fifth fingers secured. Resident C was resting. A Radiology report, dated 11/26/25, indicated right fifth finger fracture with mild displacement. Soft tissue appeared swollen.			

	On 2/26/26 at 10:16 a.m., the Administrator provided a copy of a facility policy, titled Incident Reporting, dated 9/25/24, and indicated this was the current policy used by the facility. A review of the policy indicated incidents considered state reportable shall be submitted in accordance with state regulations. This citation relates to Intake 467924.			

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 SIGNATURERhiannon Study	TITLEExecutive Director	(X6) DATE03/19/2026