

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/14/2026	
NAME OF PROVIDER OR SUPPLIER DEMAREE CROSSING ASSISTED LIVING AND MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 470537. Intake 470537 - State deficiencies related to the allegations are cited at R118. Survey date: August 14, 2026 Facility number: 014079 Residential Census: 103 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed August 20, 2026.	R 0000	This Plan of Correction (POC) is submitted in accordance with applicable regulatory requirements for long-term care providers. The preparation, submission, and execution of this plan do not constitute an admission of guilt, liability, or agreement with the findings detailed in the Statement of Deficiencies. The facility submits this Plan of Correction solely as evidence of its ongoing commitment to regulatory compliance and quality care.				
R 0118	Personnel - Deficiency 410 IAC 16.2-5-1.4(c) (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home	R 0118	This Plan of Correction (POC) is submitted in accordance with applicable regulatory requirements for long-term care providers. The preparation, submission, and execution of this plan do not constitute an admission of guilt, liability, or agreement with the findings detailed in the Statement		08/20/2026		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide.

Based on interview and record review, the facility failed to ensure a staff member working as a Certified Nursing Aide (CNA) had a valid and active CNA certification for 1 of 26 staff reviewed for CNA certifications. (CNA 3)

Finding includes:

During an interview on 8/14/26 at 10:40 a.m., the Administrator indicated that "Care Partners" listed on the current employee sheet were CNA's or certified Home Health Aides (HHA).

On 8/14/26 at 11:25 a.m., the Administrator provided the certifications for all of the CNA's currently employed at the facility. CNA 3's certification was reviewed. CNA 3's certification had expired on 7/27/25. The document indicated CNA 3's certification status was "Expired Non-Renewable" and the reason was "Terminated/Expired Too Long".

During an interview on 8/14/26 at 12:08 p.m., the Administrator

of Deficiencies. The facility submits this Plan of Correction solely as evidence of its ongoing commitment to regulatory compliance and quality care.

R118 - Personnel Certification
Deficiency

Deficiency:

The facility failed to ensure that one employee functioning as a Certified Nursing Aide (CNA 3) had a current and active CNA certification.

1. Corrective Action for the
Affected Employee

On 8/14/26, upon identification of the expired certification, CNA 3 was immediately removed from direct-care duties at the community which CNA/Home Health Aide credentials

CNA 3 reinstated license to current on 8/20/2026

2. Identification of Other
Employees Potentially Affected

The community's Executive Director conducted an audit on 8/14/2026 of credentials for current community direct-care Team Members, including CNA and Home Health Aide certifications.

There were no other current community direct-care Team Members observed with expired certifications.

3. Systemic Changes to Prevent
Recurrence

The Community implemented a credential verification process for the community's direct-care Team Members. This verification process includes a certification tracking log to monitor expiration dates of CNA and HHA credentials.

•The community's Executive Director, or their designee, shall

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

indicated CNA 3 had been on a leave of absence from 7/10/25 through 7/5/26. The Administrator indicated CNA 3 should have had an active and valid CNA certification or equivalent licensure for all shifts since returning and working a regular schedule from 7/5/26 through 8/13/26.

On 8/14/26 at 12:10 p.m., the Administrator provided a copy of CNA 3's "as worked schedule" from 7/5/26 to 8/14/26. A review of the document indicated between 7/5/26 and 8/14/26, CNA 3 had worked at least a partial shifts on 24 days.

review the tracking log monthly and provide notification to direct-care Team Members at regular intervals prior to certification expiration, when applicable.

4. Monitoring

- The community's Executive Director, or their designee, shall audit credentials of current community direct-care Team Members via the tracking log and team member files monthly for three months to ensure compliance.

- Any identified concerns shall result in immediate corrective action.

5. Completion Date: 8/20/2026

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
SIGNATURE Rhiannon Study

TITLE Executive Director

(X6) DATE 08/31/2026