STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT HARRISON ALF OPERATIONS	8025 DOUBLEDAY DRIVE, INDIANAPOLIS, , 46216

(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: March 31, April 1 and 2, 2026 Facility Number: 014109 Residential Census: 50 These State Residential Findings are cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality review completed on April 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. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive	R 0121	During an interview, on 4/2/2025 at 12:05 PM, the Executive Director verified the second step Mantoux were not completed for aforementioned staff, the business office manager and nursing were responsible for coordinating completion of staff tuberculosis testing, and these Mantoux were not completed	04/20/2026

	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		timely because the previous business office manager took a new position and things got " ...mixed up in the transition ... **Immediate Correction:** • Conduct an audit of all current residents to identify those who require a second TB test. • Schedule and complete all overdue second TB tests promptly. • Provide training to all relevant staff on TB testing requirements, timelines, and documentation expectations. • Emphasize the importance of timely follow-up and compliance. • Conduct weekly or monthly audits of the TB tracking log to ensure compliance. • Address any missed or	

	loss) shall not be permitted to work until tuberculosis is ruled out. Based on interview and record review, the facility failed to ensure staff had their second step Mantoux test on hire for 3 of 5 employee records reviewed. (Server 2, QMA 3, and QMA 4) Findings include: Employee records were reviewed on 4/2/2026 at 11:15 a.m. Server 2 was hired on 7/6/2025. The first step Mantoux test was completed at the time of hire, but the second step was not completed. QMA 3 was hired on 8/29/2025. The first step Mantoux test was completed at the time of hire, but the second step was not completed. QMA 4 was hired on 7/10/2025. The first step Mantoux test was completed at the time of hire, but the second step was not completed until 4/2/2026. During an interview, on 4/2/2025 at 12:05 PM, the Executive Director verified the second step Mantoux were not completed for aforementioned staff, the business office manager and nursing were responsible for coordinating completion of staff		upcoming tests proactively. • Conduct weekly or monthly audits of the TB tracking log to ensure compliance. • Address any missed or upcoming tests proactively.	

	tuberculosis testing, and these Mantoux were not completed timely because the previous business office manager took a new position and things got " ...mixed up in the transition ..." A policy, entitled "Tuberculosis Exposure Control Plan Policy-Associates", was provided by the Executive Director. on 4/2/2026 at 1:00 PM. The policy indicated the initial screening for employees was expected to be completed prior to initial assignment, which consisted of a two-step Mantoux skin test and a medication history.			
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, interview, and record review, the facility failed to provide a homelike environment by keeping the first to second floors stairwell free from debris and crumbs and hallways floors were kept from being deep dirt stained.	R 0144	The facility failed to ensure thorough and routine deep cleaning of resident rooms and common areas, resulting in accumulation of dust, debris, and unsanitary conditions. • Implemented a**written deep cleaning schedule**: • Daily, weekly, and monthly task assignments • Rotational deep cleaning for all resident rooms	04/20/2026

	Findings include:
	
	During an observation of the facility on 3/31/26 at 11:37 a.m., the stairwell leading from the first to the second floor was covered with food crumbs, wrappers, and debris. The carpeting throughout each common area, on all three floors, and down all the hallways had multiple dark stains throughout.
	
	During an observation on 4/1/26 at 11:00 a.m., the stairwell leading from the first to the second floor continued to be covered with food crumbs, wrappers, and debris. The carpeting throughout the facility continued to have deep dirt stains on them.
	
	During an interview with Resident 3 on 3/31/26 at 1:56 p.m., the resident indicated they thought the facility needed to do a deep cleaning of the carpets on the second floor. Resident 3 noticed debris and crumbs on the stairs and second floor. The facility needed to vacuum the stairwell and floors more often.
	
	A service plan, dated 5/19/25, indicated Resident 3 was independently verbal, communicating needs, wants and wishes independently.
	
	During an interview with Resident 6 on 4/1/26 at 10:09
			• Developed standardized **cleaning checklists** for each area
			• Assigned clear responsibilities to housekeeping staff
			• Introduced **color-coded cleaning tools** to prevent cross-contamination
			• Ensured adequate staffing levels to support both routine and deep cleaning
			• All housekeeping staff received retraining on:
			  • Infection control practices
			  • Proper use of cleaning agents and disinfectants
			  • Deep cleaning procedures and expectations
			• New hires will receive this training during orientation
			• Supervisors will conduct:
			  •	

	a.m., the resident indicated the carpets needed to be deep cleaned all throughout the facility because they were stained and looked dirty. Resident 6 observed crumbs on the floors all throughout the facility and the need for it to be vacuumed more often. A service plan for Resident 6, dated 5/20/25, indicated they were independently verbal, communicating needs, wants, and wishes independently. An interview was conducted with the Administrator on 4/2/26 at 10:30 a.m. The Administrator indicated housekeeping was supposed to vacuum the stairs and hallways daily, and as needed. The carpets were deep cleaned quarterly, the last time being on 11/4/25. A Housekeeping/Deep Cleaning Guide was provided by the Administrator on 4/2/26 at 11:55 a.m. It indicated " ...Common area must be cleaned daily including: ...Vacuum entry way ...Stairway ...Sweep and mop flooring ...Vacuum hallways side 1 ...Vacuum hallways side 2 ..."		Daily spot checks • Weekly formal inspections using audit tools • Environmental rounds will be completed by management weekly • Any deficiencies will be corrected immediately and trended for patterns • Housekeeping Supervisor: Oversight of cleaning schedules and staff performance	

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 SIGNATUREDametria Marshall	TITLEExecutive Director	(X6) DATE04/22/2026