STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ASSISTED LIVING OF YORKTOWN	1400 S PATRIOT DRIVE, YORKTOWN, , 47396

(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 Intakes IN00463457 and IN00463638. Intake IN00463457 - State deficiencies related to the allegations are cited at R0036. Intake IN00463638 - State deficiencies related to the allegations are cited at R0036. Survey dates: September 9 and 10, 2025 Facility number: 014281 Residential Census: 28 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed September 22, 2025.	R 0000	This Plan of Correction is submitted in response to the Statement of Deficiencies issued following the recent survey of Heritage Assisted Living of Yorktown. This Plan of Correction outlines the measures that will be implemented to address the cited deficiencies and ensure ongoing compliance with all applicable regulations. *Note: The submission of this Plan of Correction does not constitute an admission or agreement by Heritage Assisted Living of Yorktown, with the facts alleged or the conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and submitted solely to meet the requirements of state and federal law.*	

R 0036	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(k)(1-2) (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment. Based on interview and record review, the facility failed to ensure a resident's physician was promptly notified of a change in condition requiring the need to alter treatment for 1 of 4 residents reviewed for quality of care (Resident D). Findings include: Resident D's clinical record was reviewed on 9/9/25 at 1:13 p.m. Current diagnoses included diabetes mellitus and bipolar disorder. A current, 1/24/24, Service Plan indicated the resident need facility support on "medication management." An objective to this need indicated the facility would, "storing and receiving my medication in a safe and timely	R 0036	R 036 * All residents had the potential to be affected by this alleged deficient practice * An audit of all other resident events in the last 30 days was performed, with no other concerns noted. No other residents were affected by this alleged deficient practice. * Nursing staff educated regarding regulatory policy on physician notification as well as response tracking for labs and orders. DON has implemented a system for all labs and follow-up regarding results and orders. Nursing staff educated on same * DON or designee, will audit EHR, week-daily for alerts for physician notifications for 4 weeks, then weekly for 1 month, then monthly for 3 months. In addition, DON or designee will audit, week-daily for 4 weeks, then weekly for 1 month, then monthly for 3 months, for lab results and resulting orders.	10/15/2025

manner."

Resident observation notes regarding a urinary tract infection included the following:

8/7/25 at 12:23 p.m.- Urine was obtained for a urinalysis and culture and sensitivity (UA, C&S laboratory test).

8/14/25 at 10:02 a.m.(7 days following the collection of urine)- An antibiotic medication was started this morning for a Urinary Track Infection (UTI).

An, 8/10/14, UA, C&S laboratory test report indicated the following:

Urine had been collected on 8/6/25.

The sample was received in the laboratory on 8/9/25.

The urine had the pathogen, "Proteus mirabulis, vulgaris" (a bacteria commonly found in the gastrointestinal tract that can cause infections particularly urinary tract infections).

The report was received by the facility on (Sunday) 8/10/25 at 9:46 a.m.

The resident's medication administration record indicated she received her first dosage of the antibiotic ciprofloxacin (antibiotic) on 8/14/25 at 7:15 a.m.

The clinical record lacked documentation regarding when the resident's physician was notified of the laboratory results. The antibiotics for the treatment of said urinary tract infection was not started until 8/14/25. (Four days after the facility received the laboratory results).

During an interview on 9/10/25 at 12:19 p.m., the Administrator indicated the facility did not have a written policy regarding physician's notification regarding a change of condition. The facility followed the regulatory requirements. Although there was not documentation the facility sent the laboratory results Monday 8/11/25. The nurse who sent the results was no longer an employee. It might be advised if an order or response for no order was not received following a positive result for bacteria in a UA C&S to contact the doctor again.

This citation relates to Intakes IN00463638 and IN00463457.

Based on interview and record review, the facility failed to ensure a resident's physician

was promptly notified of a change in condition requiring the need to alter treatment for 1 of 4 residents reviewed for quality of care (Resident D).

Findings include:

Resident D's clinical record was reviewed on 9/9/25 at 1:13 p.m. Current diagnoses included diabetes mellitus and bipolar disorder.

A current, 1/24/24, Service Plan indicated the resident need facility support on "medication management." An objective to this need indicated the facility would, "storing and receiving my medication in a safe and timely manner."

Resident observation notes regarding a urinary tract infection included the following:

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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 SIGNATUREDaphne New	TITLEAdministrator	(X6) DATE10/07/2025