STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY LIVING LEASING JASPER, LLC	1850 WEST STATE ROAD 56, JASPER, , 47546

(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 466559 and 466508. Intake 466559: State deficiencies related to the allegation(s) are cited at R0090. Intake 466508: State deficiencies related to the allegation(s) are cited at R0090. Survey dates: December 18 & 19, 2025 Facility number: 014383 Residential Census: 96 This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on December 23, 2025.	R 0000		
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6)	R 0090	This provider respectfully requests that the 2567 plan of correction be considered the	01/12/2026

	(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are 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,		letter of credible allegation and request desk review in lieu of a post survey visit. This facility did not report the infections to the state due to the start of symptoms of two residents being greater than 48 hours from the start of symptoms of the other two residents. The deficiency occurred due to the nurse not including time of symptoms during charting. This plan of correction reflects corrective actions taken to ensure time of day is included with each nurse entry. The corrective actions accomplished for the residents affected include an in-service for nursing staff with education on proper charting protocol, including a time with each entry. All residents have the potential to be affected by this deficiency. The in-service for nursing staff with education on proper charting protocol will be the measure put into place to ensure this deficient practice does not recur. Director of Nursing or designee will review 5 charts three times per week for the first 4 weeks, 2 times per week for the 2nd 4 weeks, and 1 time per week for the 3rd 4 weeks to ensure compliance.	

	on the premises, an accurate record of actual time worked that indicates the: (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 report a communicable disease outbreak on a locked dementia unit. Four (4) residents developed symptoms and tested positive for COVID-19 within a 48-hour period. (Resident B, Resident C, Resident D, Resident F) Finding includes: During an interview on 12/18/25 at 11:20 A.M., QMA 4 indicated resident B, Resident C, Resident D, and Resident F had recently tested positive for		The in-service for nursing staff will be complete by January 12, 2026.	

COVID-19 on the locked dementia unit.

During a review of Facility Reported Incidents (FRI) on 12/18/25 at 11:45 A.M., no incidents of communicable disease outbreaks were reported to the state agency during a 90-day review period.

A record review on 12/19/25 at 9:15 A.M., included Resident B's nurse's progress note dated, 12/3/25 at 2:36 P.M., - Resident tested positive for COVID-19 today. Resident tested due to increased signs and symptoms.

A record review on 12/19/25 at 9:25 A.M., included Resident C's nurse's progress note dated 12/3/25 at 12:37 P.M., - Resident tested positive for COVID-19.

A record review on 12/19/25 at 9:35 A.M., included Resident D's nurse's progress note dated 12/3/25 (un-timed), - Resident is COVID-19 positive this shift. Tested per physician's order due to upper respiratory symptoms.

A record review on 12/19/25 at 9:50 A.M., included Resident F's nurse's progress note dated 12/4/25 at 10:37 A.M., - Resident complained of headache, nasal congestion, body aches, and sore throat. Tested positive for COVID-19 .

During an interview on 12/19/25 at 10:45 A.M., the Facility Administrator indicated the facility did not have a policy on reporting communicable disease outbreaks, and that the facility reported outbreaks according to the state guidance.

Indiana Department of Health incident reporting guidelines dated 12/8/2023 included the following:

14. Unusual occurrence: An unusual occurrence includes, but is not limited to:

a. epidemic outbreaks

This citation relates to intakes 466559 and 466508.

Based on interview and record review, the facility failed to report a communicable disease outbreak on a locked dementia unit. Four (4) residents developed symptoms and tested positive for COVID-19 within a 48-hour period. (Resident B, Resident C, Resident D, Resident F)

Finding includes:

During an interview on 12/18/25 at 11:20 A.M., QMA 4 indicated resident B, Resident C, Resident D, and Resident F had recently tested positive for COVID-19 on the locked dementia unit.

During a review of Facility Reported Incidents (FRI) on 12/18/25 at 11:45 A.M., no incidents of communicable disease outbreaks were reported to the state agency during a 90-day review period.

A record review on 12/19/25 at 9:15 A.M., included Resident B's nurse's progress note dated, 12/3/25 at 2:36 P.M., - Resident tested positive for COVID-19 today. Resident tested due to increased signs and symptoms.

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During an interview on 12/19/25 at 10:45 A.M., the Facility Administrator indicated the

	facility did not have a policy on reporting communicable disease outbreaks, and that the facility reported outbreaks according to the state guidance. Indiana Department of Health incident reporting guidelines dated 12/8/2023 included the following: 14. Unusual occurrence: An unusual occurrence includes, but is not limited to: a. epidemic outbreaks This citation relates to intakes 466559 and 466508.			

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 SIGNATURETheresa Wolf	TITLEResidential Care Administrator	(X6) DATE12/30/2025