STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES AT COFFEE CREEK	2300 VILLAGE POINT, CHESTERTON, , 46304

(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 Complaint IN00366086. Complaint IN00366086 - Substantiated. State deficiency related to the allegations is cited at R0240. Survey date: November 15, 2021 Facility number: 014469 Residential Census: 66 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 11/17/21,	R 0000	Residences at Coffee Creek (the “Provider”) submits this Plan of Correction (“POC”) in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider herby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the state of Indiana or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of	

			Evidence and should be inadmissible in any proceeding on that basis. We are requesting paper compliance for the following citations.	
R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d) (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on record review and interview, the facility failed to ensure a resident received assistance with ADL's (activities of daily living) related to shaving and bathing for 1 of 3 residents reviewed for ADL's. (Resident B) Finding includes: Record review for Resident B was completed on 11/15/21 at 9:53 a.m. Diagnoses included, but were not limited to, dementia, hypertension, depression and anxiety. The resident was admitted to the facility on 9/3/21 and discharged to the hospital on 10/2/21. The Admission Service Plan, dated 9/3/21, indicated the	R 0240	Resident B did not experience any negative outcomes associated with this finding. After the survey the resident care sheets were audited by Director of Resident Services. An in-service was initiated on 11/23/21 on ensuring all information was filled out on resident care sheets and that a new sheet must be initiated with a new admission. No other resident care sheets were missing. Each resident care sheet will be audited nightly by Nurse on duty for completion on each residents ADLs. Weekly the Director of resident services will do a routine audit for the week to ensure all resident care sheets have been completed. The resident care sheets will be audited for 60 days using our double check system or until 100% compliance is achieved. These audits will be reviewed as part of the facilities quality assurance protocols. These systemic changes will be in place by November 23,2021.	11/23/2021

resident's level of care was supervision in the memory care unit. The resident was independent for hygiene.

The Resident Care Data sheet, dated October 2021, included Grooming days (bathing type) and Shave/facial hair. The resident "needed to be shaved every shower day" was written on the bottom of the sheet. The October 2021 sheet was blank for 10/1 and 10/2/21.

The record lacked a Resident Care Data sheet for the month of September 2021.

Interview with the Director of Resident Services on 11/15/21 at 2:22 p.m., indicated when the resident was admitted to the facility he was independent with his ADL's. He then had a decline and required more assistance from staff with bathing and grooming. She was unable to provide any documentation the resident had received any bathing and grooming for the month of September 2021.

This Residential tag relates to Complaint IN00366086.

Based on record review and interview, the facility failed to ensure a resident received assistance with ADL's (activities of daily living) related to shaving and bathing for 1 of 3 residents reviewed for ADL's. (Resident

B)

Finding includes:

Record review for Resident B was completed on 11/15/21 at 9:53 a.m. Diagnoses included, but were not limited to, dementia, hypertension, depression and anxiety.

The resident was admitted to the facility on 9/3/21 and discharged to the hospital on 10/2/21.

The Admission Service Plan, dated 9/3/21, indicated the resident's level of care was supervision in the memory care unit. The resident was independent for hygiene.

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	assistance from staff with bathing and grooming. She was unable to provide any documentation the resident had received any bathing and grooming for the month of September 2021. This Residential tag relates to Complaint IN00366086.			

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	TITLE	(X6) DATE