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

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| 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 |
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| R 0000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Intake IN00463596.<br><br>Intake IN00463596 - State deficiencies related to the allegations are cited at R0036 and R0349.<br><br>Survey date: September 9, 2025<br><br>Facility number: 014469<br><br>Residential Census: 102<br><br>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.<br><br>Quality review completed on 9/15/25. | 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 | |

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| | | | or any other entity;<br>or (2) serve, in any way, to facilitate or promote action by any third party<br>against the Provider. Any changes to<br>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<br>should be inadmissible in any proceeding on that basis. | |
| R 0036 | Residents' Rights- Deficiency<br><br>410 IAC 16.2-5-1.2(k)(1-2)<br><br>(k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed:<br><br>(1) a significant decline in the resident ' s physical, mental, or psychosocial status; or<br><br>(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. | R 0036 | Resident B did not experience any negative outcomes associated with this finding.<br><br>An in-service was completed for all nurses on notifying<br>a resident’s POA of lab results. All existing lab test results have been<br>reported to residents’ POAs.<br><br>An audit will be completed by the Director of Resident Services or designee of all resident’s labs and nursing notes daily for 60 days<br>or until 100% compliance is achieved to ensure the resident’s POA’s are<br>notified of lab results. | 09/26/2025 |

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| | Based on record review and interview, the facility failed to ensure a resident's family/Responsible Party were notified of urinalysis results for 1 of 3 residents reviewed for family notification. (Resident B)<br><br>Finding includes:<br><br>Resident B's record was reviewed on 9/9/25 at 9:24 a.m. The diagnoses included, but were not limited to, dementia, pneumonia, and shortness of breath.<br><br>A Physician's Order, dated 2/26/25, indicated for a urinalysis and culture and sensitivity be obtained monthly.<br><br>An Interdisciplinary Note, dated 2/25/25, indicated a new order was obtained for a monthly urinalysis per family request.<br><br>There was no documentation that the resident's family/Responsible Party had been notified of May or June 2025 urinalysis results.<br><br>During an interview on 9/9/25 at 3:40 p.m., the Executive Director indicated they could not find documentation that the responsible party was notified of the urinalysis results for May and June 2025 .<br><br>During an interview on 9/9/25 at 3:52 p.m., the Director of Nursing indicated she could not | | These audits will be reviewed routinely by the quality assurance committee.<br><br>These systematic changes will be in place September 26, 2025. | |

find any urinalysis documentation for may and June 2025. She did not believe the urinalysis was completed for those months.

This citation relates to Intake IN00463596.

Based on record review and interview, the facility failed to ensure a resident's family/Responsible Party were notified of urinalysis results for 1 of 3 residents reviewed for family notification. (Resident B)

Finding includes:

Resident B's record was reviewed on 9/9/25 at 9:24 a.m. The diagnoses included, but were not limited to, dementia, pneumonia, and shortness of breath.

A Physician's Order, dated 2/26/25, indicated for a urinalysis and culture and sensitivity be obtained monthly.

An Interdisciplinary Note, dated 2/25/25, indicated a new order was obtained for a monthly urinalysis per family request.

There was no documentation that the resident's family/Responsible Party had been notified of May or June 2025 urinalysis results.

During an interview on 9/9/25 at 3:40 p.m., the Executive

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| | Director indicated they could not find documentation that the responsible party was notified of the urinalysis results for May and June 2025 .<br><br>During an interview on 9/9/25 at 3:52 p.m., the Director of Nursing indicated she could not find any urinalysis documentation for may and June 2025. She did not believe the urinalysis was completed for those months.<br><br>This citation relates to Intake IN00463596. | | | |
| R 0349 | Clinical Records - Noncompliance<br><br>410 IAC 16.2-5-8.1(a)(1-4)<br><br>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:<br><br>(1) Complete.<br><br>(2) Accurately documented.<br><br>(3) Readily accessible.<br><br>(4) Systematically organized.<br><br>Based on record review and interview, the facility failed to ensure clinical records were complete and accurately documented related to showers for 1 of 3 residents reviewed for | R 0349 | Resident C did not experience any negative outcomes associated with this finding.<br><br>The nursing supervisor was unavailable during the survey. However shortly after the survey was completed, the shower sheets for Resident C were located along with all other shower sheets of other residents. Resident C received showers on 8/14/25, 8/19/25, 8/22/25, 8/25/25, 8/29/25, 9/1/25, and 9/5/25, verifying that Resident C did receive showers as scheduled.<br><br>The resident shower sheets are currently being | 09/10/2025 |

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| | Activities of Daily Living. (Resident C)<br><br>Finding includes:<br><br>Resident C's record was reviewed on 9/9/25 at 1:50 p.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance, depression, anxiety, and Alzheimer's disease.<br><br>A Service Plan, dated 8/14/25, indicated the resident had a cognition problem and required supervision with hygiene and dressing. The resident needed assistance with toileting and required redirection, cues and encouragement.<br><br>Shower Sheets were reviewed and a shower/bath was documented as given on 8/28/25. No other showers were documented for the month of August 2025.<br><br>During an interview on 9/9/25 at 3:45 p.m., the Executive Director indicated the resident was showered twice a week since admission on 8/14/25. However, she understood the showers should have been documented.<br><br>This citation relates to Intake IN00463596.<br><br>Based on record review and interview, the facility failed to ensure clinical records were | | monitored daily by the care staff. These audits will continue until further<br>notice and reviewed by the Quality Assurance committee.<br><br>These systematic changes will be in place September<br>10, 2025.<br><br>IDR:After the survey was completed, the shower sheets were located. The facility explained during the survey that the showers were completed and this was explained to the surveyor by an employee that completed<br>the showers for the residents on a weekly basis. The facility is currently keeping track of<br>the shower sheets. The completed shower<br>sheets are attached as evidence that they were actually completed. | |

complete and accurately documented related to showers for 1 of 3 residents reviewed for Activities of Daily Living. (Resident C)

Finding includes:

Resident C's record was reviewed on 9/9/25 at 1:50 p.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance, depression, anxiety, and Alzheimer's disease.

A Service Plan, dated 8/14/25, indicated the resident had a cognition problem and required supervision with hygiene and dressing. The resident needed assistance with toileting and required redirection, cues and encouragement.

Shower Sheets were reviewed and a shower/bath was documented as given on 8/28/25. No other showers were documented for the month of August 2025.

During an interview on 9/9/25 at 3:45 p.m., the Executive Director indicated the resident was showered twice a week since admission on 8/14/25. However, she understood the showers should have been documented.

This citation relates to Intake IN00463596.

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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 SIGNATURE | TITLE | (X6) DATE |
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