

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2026	
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT COFFEE CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 4/23/26. This visit included a PSR to the Investigation of Intake 468088 completed on 4/23/26. Intake 468088 - Corrected Survey date: July 16, 2026 Facility number: 014469 Residential Census: 105 These State Residential Findings are cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality review completed on 7/20/26.	R 0000					
R 0036	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(k)(1-2) (k) The facility must immediately	R 0036	This was corrected with the IDOH during the re-visit on 7/16/26.			07/16/2026	

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	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.			
R 0045	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(r)(6-9) (6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following: (A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for	R 0045	Residents 2 and 3 did not experience negative outcomes associated with this finding.EMS personnel wereprovided witha discharge packet before the residents left the facility and the nursing staff gave report to the ER. At the time of the survey, the transfer forms could not be produced. All Resident Services staff have been re-in-serviced onproviding a copy of thetransfer/discharge formto the resident and/or representativeat the time of dischargeandmaking a copy for theresident'sfile. The specific nursing staff that were not in compliance with this deficiency at the time of Resident 2 and 3 discharges were re-educated individually and disciplined accordingly. As an additional change, the	08/15/2026

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involuntary relocations or discharges only). (v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. (vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F). (B) Record the reasons in the resident ' s clinical record. (C) Include in the notice the items described in subdivision (9). (7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged. (8) Notice may be made as soon as practicable before transfer or discharge when: (A) the safety of individuals in the facility would be endangered; (B) the health of individuals in the facility would be endangered; (C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge;	Director of Resident services is currently and will continue to keep a daily log of residents that were transferred or discharged from the facility. This log is being used to audit the resident charts 5 days a week to ensure that a transfer or discharge form was completed and scanned into the resident's chart. The Resident Servicesstaff will provide EMS personnel with the transfer/discharge form at the time of discharge and make a copy of the transfer/discharge formfor the resident's chart. Within a few weeks, the facility will undergo an upgrade to our Medical Records System. This upgrade will include the transfer and discharge form to be electronically filled out and automatically integrated into the system. The form will then be printed and given to EMS personnel at the time of discharge or faxed into the ER. Once this new upgrade is complete, scanning into the resident's chart will stop because it will be electronically stored and contained. The Resident Services Director will audit the resident charts 5 days a week or until 100% compliance is achieved and report the audit results to the quality assurance committee. These systematic changes will	
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be put into place by August 15, 2026.

(D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or

(E) a resident has not resided in the facility for thirty (30) days.

(9) For health facilities, the written notice specified in subdivision (7) must include the following:

(A) The reason for transfer or discharge.

(B) The effective date of transfer or discharge.

(C) The location to which the resident is transferred or discharged.

(D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state

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	department of health at the number listed below. " . (E) The name of the director and the address, telephone number, and hours of operation of the division. (F) A hearing request form prescribed by the department. (G) The name, address, and telephone number of the state and local long term care ombudsman. (H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission. Based on record review and interview, the facility failed to ensure discharge/transfer papers were completed and provided to the resident or resident's authorized representative when transferred to the hospital for 2 of 3 residents reviewed for hospitalizations. (Residents 2 and 3) Findings include: 1. The record for Resident 2 was reviewed on 7/16/26 at 1:00 p.m. Diagnoses included, but were not limited to urinary tract infection. A Nurse's Note, dated 6/7/26 at 11:19 a.m., indicated during			
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breakfast the resident was assessed by staff visibly choking on eggs. Upon assessment the resident begun to experience cyanosis, and then proceeded to cough. He continued with normal respirations, his vital signs were checked, and his lung sounds were clear bilaterally. The resident continued to cough up eggs, but was able to breathe and speak. The resident was sent to the emergency room.

A Nurse's Note, dated 6/7/26 at 9:47 p.m., indicated staff spoke to the spouse and she indicated the resident was admitted with the diagnoses of urinary tract infection.

There was no state transfer/discharge form available for review.

During an interview on 7/16/26 at 2:00 p.m., the Director of Nursing indicated a transfer form was not completed for the resident prior to his hospitalization.

2. The record for Resident 3 was reviewed on 7/16/26 at 1:15 p.m. Diagnoses included, but were not limited to, osteoarthritis, high blood pressure, and visual disturbance.

A Nurse's Note, dated 7/10/26 and 3:49 p.m., indicated the

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	resident fell in the courtyard during an activity. The Activity Aide came in and called for help. The resident was lethargic but responded and had a laceration on his head and arm. Emergency Medical System was called and the resident was sent to the hospital. There was no state transfer/discharge form available for review. During an interview on 7/16/26 at 2:00 p.m., the Director of Nursing indicated a transfer form was not completed for the resident prior to his hospitalization.			
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.	R 0052	This was corrected with the IDOH during the re-visit on 7/16/26.	07/16/2026

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R 0092	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(i)(1-2) (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.	R 0092	This was corrected with the IDOH during the re-visit on 7/16/26.	07/16/2026
R 0154	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(k)	R 0154	This was corrected with the IDOH during the re-visit on 7/16/26.	07/16/2026

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	(k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, record review, and interview, the facility failed to ensure food was prepared under sanitary conditions related to repeated use of gloves and touching food, and dirty food prep equipment for 1 of 1 kitchen area. (The Main Kitchen) Findings include: 1. During the kitchen sanitation tour with the Dietary Food Manager on 7/16/26 at 9:45 a.m., the following was observed: a. The sides of the convection oven had a large accumulation of dried grease.	R 0273	No residents experienced negative outcomes associated with this finding. Before the revisit, the entire kitchen underwent thorough deep cleaning. The survey team did a kitchen walk-through at approximately 11:00am. At this time, breakfast and lunch meals were prepared. It was explained to the surveyors that some spillage could have occurred during those meals. All affected areas of the kitchen that were noted during the follow-up visit will be re-cleaned. All kitchen staff have been re-instructed on kitchen sanitation and proper glove wearing. All new dining service employees are trained on how to properly wear gloves as a part of their orientation.	08/15/2026

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b. The deep fryer had a heavy accumulation of dried grease spillage on the sides, on the front and back.

c. The grill grates had a large amount of burned food observed under them and on top. The front had a large amount dried grease.

d. The backsplash of the stove, grill and griddle was dirty.

e. Inside the microwave was dirty with dried food spillage.

f. There was a large amount of food and debris and the floor was dirty behind the cooking equipment.

g. The sides of the griddle were dirty with dried grease.

During an interview at that time, the Dietary Food Manager indicated the equipment was deep cleaned one time a week and it was supposed to be cleaned and/or wiped down after use.

2. During an observation on 7/16/26 at 11:07 a.m., Dietary Cook 1 was observed wearing clean gloves to both hands. At that time, he picked up a plastic container full of uncooked pasta and with his gloved hands he removed the pasta and placed it in the boiling water. He then picked up a pan and other

The Executive Chef or designee will complete 5 day a week audits and observe the dining services staff to ensure they are properly wearing gloves for 60 days or until 100% compliance is achieved.

In addition, the Executive Chef has updated the cleaning schedule for the kitchen staff and will audit 5 days a week to ensure the kitchen is sanitary. The closing cook's cleaning checklist will be turned into the Executive Chef for review in the morning for 60 days or until 100% compliance is achieved.

These audits will be routinely reviewed by the quality assurance committee.

These systematic changes will be put into place by August 15, 2026.

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	utensils with the same gloved hands. At 11:09 a.m., he removed more uncooked pasta from the container with the same gloved hands and placed it into the boiling water. He then removed a smaller pan and scooped the sausage and vegetables and shrimp into a large pan. He took the ladle and added the cream sauce and then added the cooked pasta, all with the same gloved hands. After it was all in the large pan, he stirred it together and placed the pan on the steam table. He then put the same gloved hands into a bag of Parmesan cheese and sprinkled the cheese over the mixture. He did not remove the gloves after he touched the uncooked pasta and other utensils. 3. During an observation on 7/16/26 at 11:19 a.m., Dietary Cook 2 was observed scraping off the griddle with gloved hands. After he removed the food from the griddle, he placed 4 slices of bread onto the griddle with the same gloved hands, He buttered all 4 pieces of bread and walked over to the counter where a package of ham was laying on a cutting board. He took a knife and opened the ham and removed three pieces of ham with the same gloved hands and placed it on the griddle. He took a spatula and stirred the ham and			
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	then removed 3 pieces of cheese from a package with the same gloved hands and placed it on top of the bread. He took a spatula and flipped the ham and bread and made a grilled ham and cheese sandwich with the same gloved hands. At 11:29 a.m., he removed a hamburger bun from a package, still with the same gloves on his hands. At that time, he was asked if he was aware he was supposed to change out his gloves every time he touched the food and then other items like utensils and/or other items. The cook had no response. During an interview 7/16/26 at 11:37 a.m., the Dietary Food Manager indicated she was aware staff needed to change their gloves after they touched food. She has had an inservice and her staff had been informed about changing gloves.			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.	R 0274	This was corrected with the IDOH during the re-visit on 7/16/26.	07/16/2026

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- (1) The supervisor must be one (1) of the following:
- (A) A dietitian.
- (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.
- (C) A graduate of a dietetic technician program approved by the American Dietetic Association.
- (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.
- (E) An individual with training and experience in food service supervision and management.
- (2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.
- (3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.

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R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4) (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: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.	R 0349	This was corrected with the IDOH during the re-visit on 7/16/26.	07/16/2026
R 0356	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(i)(1-8) (i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following: (1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth. (2) The resident ' s hospital preference. (3) The name and phone number of any legally authorized representative. (4) The name and phone number of the resident ' s physician of record.	R 0356	This was corrected with the IDOH during the re-visit on 7/16/26.	07/16/2026

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	(5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death. (6) Information on any known allergies. (7) A photograph (for identification of the resident). (8) Copy of advance directives, if available.			
R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents 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 within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have	R 0410	This was corrected with the IDOH during the re-visit on 7/16/26.	07/16/2026

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FORM APPROVED

OMB NO. 0938-0391

	a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.			
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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 SIGNATUREKaitlynn Redmon	TITLEExecutive Director	(X6) DATE08/07/2026
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