STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS OF COLUMBUS	4300 WEST GOELLER BLVD, COLUMBUS, , 47201

(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 470243 and 470248. Intake 470243 - State deficiencies related to the allegations are cited at R0029, R0052, R0053, and R0090. Intake 470248 - State deficiencies related to the allegations are cited at R0029, R0052, R0053, and R0090. Survey date: June 16, 2026 Facility number: 015179 Residential Census: 112 These deficiencies reflect State Findings cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-3.1. Quality review completed on June 25, 2026.	R 0000		

R 0029	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(d) (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality. Based on interview, observation, and record review, the facility failed to ensure staff treated a resident with respect and dignity related to forcing care and not allowing the resident to calm down prior to forced care for 1 of 3 residents reviewed for resident rights. (Resident B) Findings include: During an observation, on 06/16/2026 at 9:22 A.M., Resident B was observed sitting in his wheelchair in the dining room of the memory care unit. The resident was wearing a hat and had a small bandage on his left elbow. During an observation, on 06/16/2026 at 9:26 A.M., Activity Aid 7 approached Resident B. The resident continued to look forward and did not engage with the staff member. The staff member walked away and gave the resident space. The resident had no negative behaviors observed at that time.	R 0029	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review. **In response to R 029 410 IAC 16.2-5-1.2(d) Residents' Rights- Deficiency** **(d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.** **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then terminated. -Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and**	07/14/2026

	The clinical record for Resident B was reviewed on 06/16/2026 at 9:47 A.M. The resident's diagnoses included, but were not limited to, moderate dementia (loss of memory, language, problem-solving, and other thinking abilities) with agitation, and adjustment disorder with anxiety (stress-related condition that occurs when you struggle to cope with a significant life change or stressful event). A Nurse's Note, dated 06/13/2026 at 6:15 P.M., indicated staff members were attempting to assist Resident B with incontinence care when he became agitated and resisted the care. Staff continued to clean and change the resident with difficulty due to the resident's combative behavior. During an interview on 06/16/2026 at 12:43 P.M., Qualified Medical Assistant (QMA) 6 indicated Resident B was their fighter. He normally would refuse any kind of care by kicking, hitting, and yelling at staff. The staff tried to talk to him and calm him down, but usually he refused. Even though he gets aggressive we still complete the task. He usually calms down after we leave him alone. During an interview on		**what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on resident rights as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be	

	06/16/2026 at 1:15 P.M., Licensed Practical Nurse (LPN) 4 indicated she was called by Certified Nurse Assistant (CNA) 3 to help with Resident B. When LPN 4 walked into Resident B's room CNA 2 and CNA 3 were trying to provide care and CNA 2 was being very loud and her tone was inappropriate with the resident. LPN 4 informed the CNA 2 that she was on a dementia unit, and she needed to calm down. During care Resident B continued to be combative and tried to bite LPN 4's elbow. LPN 4 and CNA 3 finished providing care for the Resident after CNA 2 ran out of the room and indicated the resident hurt her. After the resident's care was completed the staff left the resident's room. The LPN indicated the resident's behaviors began to calm down after staff completed care. The current facility policy titled, "Resident Rights" indicated, "... Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality ..."		provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** ED or Business Office Manager will audit new employee files for resident right training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing **In response to R 052 410 IAC 16.2-5-1.2(v) (1-6) Residents' Rights-Offense**	

			(V) Residents have the right to be free from: **(1) Sexual Abuse** **(2) Physical Abuse** **(3) Mental Abuse** **(4) Corporal Punishment** **(5) Neglect** **(6) Involuntary Seclusion** **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then terminated. The incident was reported to ISDH and the AG office. -Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and	

			Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be	

			conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** ED or Business Office Manager will audit new employee files for Abuse/ Reporting training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing **In response to R 053 410 IAC 16.2-5-1.2(w) Residents' Rights- Deficiency** (W) Residents have the right to be free from verbal abuse **What corrective actions will**	

			be accomplished for those residents found to have been affected by the deficient practice: The employee in question was immediately suspended pending investigation and then terminated. The incident was reported to ISDH and the AG office. -Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic**	

			changes will the facility make to ensure that the deficient practice does not recur. We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** ED or Business Office Manager will audit new employee files for Abuse/ Reporting training	

			weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing **In response to R 090 410 IAC 16.2-5-1.3(g) (1-6) Administrative and Management - Deficiency** (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 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 24-hour time period. **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The administrator in question was interviewed and subsequently terminated. -Completed 6/30/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office.	

			-Completed 6/17/26, 6/22/26, 6/23/26 and ongoing All department managers were in-serviced on abuse and reporting. • Completed 6/30/26 **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:**	

			Regional VP of Operations to audit state reportables for the community weekly x4 weeks, monthly x4 months and PRN thereafter. -Completed 6/30/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing	
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. Based on interview, observation and record review, the facility failed to ensure a resident was free from abuse when a staff member grabbed the resident's shirt under his arms to move him from the wheelchair to bed, used her body weight to push	R 0052	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review. **In response to R 029 410 IAC 16.2-5-1.2(d) Residents' Rights- Deficiency** **(d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.**	07/14/2026

	and hold the resident's legs down, and shoved the resident's head back in bed resulting in the resident's head hitting the wall for 1 of 3 residents reviewed for physical abuse. (Resident B) Findings include: The Indiana Department of Health, Long Term Care Division, on 6/14/26, received an anonymous intake concern related to a staff member abusing a resident that resided on the memory care unit on June 13, 2026. During an observation and interview, on 06/16/2026 at 9:22 A.M., Resident B was observed sitting in his wheelchair in the dining room of the memory care unit. The resident had a small bandage on his left elbow. Resident B indicated he did not want to speak in a private location. During an observation, on 06/16/2026 at 9:26 A.M., Activity Aid 7 approached Resident B. The resident continued to look forward and did not engage with the staff member. The staff member walked away and gave the resident space. The resident had no negative behaviors observed at that time. The clinical record for Resident		**What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then terminated. -Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make**	

	B was reviewed on 06/16/2026 at 9:47 A.M. The resident's diagnoses included, but were not limited to, moderate dementia (loss of memory, language, problem-solving, and other thinking abilities) with agitation, and adjustment disorder with anxiety. A nursing Observation Note, dated 06/08/2026 at 5:26 P.M., indicated Resident B had fallen in the dining room. The resident had a laceration on the back of his scalp and skin tear to left elbow assessed, and cleansed. A Nurse's Note, dated 06/13/2026 at 6:15 P.M., indicated staff members were attempting to assist Resident B with incontinence care when he became agitated and resisted the care. Staff cleaned and changed the resident with difficulty due to the resident's combative behavior. Staff reported the resident may have hit his head on the wall during the incident, but the resident was assessed and no injury was found. A Memory Care Assessment, undated and reviewed on 06/16/2026 at 4:17 P.M., indicated Resident B exhibited signs of agitation, anxiety, and fluctuated emotionally. He wandered intrusively and became disruptive and		**to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on resident rights as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** ED or Business Office Manager will audit new employee files for resident right training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office.	

	aggressive upon redirection. He required safety checks 12 times a day. The resident's behavior interventions included, but were not limited to, resident required reminders, redirection, and/or orientation daily.		-Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing **In response to R 052 410 IAC 16.2-5-1.2(v) (1-6) Residents' Rights-Offense** **(V) Residents have the right to be free from:** **(1) Sexual Abuse** **(2) Physical Abuse** **(3) Mental Abuse** **(4) Corporal Punishment** **(5) Neglect** **(6) Involuntary Seclusion** **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then	

	During an interview on 06/16/2026 at 1:26 P.M., Certified Nursing Assistant (CNA) 3 indicated she was caring for Resident B on 06/13/2026 with CNA 2. While pushing the resident to his room to provide care CNA 2 began to get frustrated with the resident for putting his feet onto the ground to try to stop the wheelchair. Once in his room CNA 2 grabbed Resident B by his shirt under both armpits and threw him into the bed without allowing assistance from CNA 3. Resident B normally required two staff members assistance with transfers. Once in bed CNA 2 grabbed the resident's forehead and shoved the resident's head down. When CNA 2 shoved the resident's head down the resident's head hit the wall. CNA 3 called a nurse for help and CNA 2 continued to change Resident B by herself. When the nurse arrived at the resident's room the LPN attempted to calm CNA 2 down unsuccessfully. CNA 2 ended up leaving the room and CNA 3 and LPN 4 finished caring for Resident B. During an interview on 06/16/2026 at 1:15 P.M., Licensed Practical Nurse (LPN) 4 indicated she was called by CNA 3 to help with Resident B while she was on the opposite side of the building with other		terminated. The incident was reported to ISDH and the AG office. -Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.**	

	residents. When LPN 4 walked into Resident B's room CNA 2 was being very loud. LPN 4 informed CNA 2 that she was on a dementia unit and she needed to calm down. Resident B was being combative. Then CNA 2 began using her body weight to push Resident B's legs down. LPN 4 informed CNA 2 not to do that. CNA 2 and LPN 4 then pulled the resident up in bed, and CNA 2 screamed out like the Resident had hurt her and then she left the room. LPN 4 and CNA 3 finished providing care for the Resident and then told CNA 2 to leave the unit. Management was notified. During an interview on 06/16/2026 at 1:59 P.M., the Memory Care Director indicated that Resident B was advanced in dementia and did get agitated and combative at times. The interventions for Resident B included, but were not limited to, staff to provide care in pairs, two-hour checks, music, approaching the resident in the front, and to hold his hands and talk slowly. The current undated facility policy titled, "Resident Neglect, Abuse, and Misappropriation of Property Policy", was provided by the Administrator on 06/16/2026 at 3:50 P.M. The policy indicated, " ...Residents will be free from any...physical		We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:**	

	and mental abuse..." This citation relates to Intakes 470248 and 470243.		ED or Business Office Manager will audit new employee files for Abuse/ Reporting training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing **In response to R 053 410 IAC 16.2-5-1.2(w) Residents' Rights- Deficiency** (W) Residents have the right to be free from verbal abuse **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then terminated. The incident was reported to ISDH and the AG office.	

			-Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly	

			New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** ED or Business Office Manager will audit new employee files for Abuse/ Reporting training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and	

ongoing monthly

What date the systemic changes will be completed:

7/14/26 and ongoing

In response to R 090 410 IAC 16.2-5-1.3(g) (1-6) Administrative and Management - Deficiency

(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 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 24-hour time period.

What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:

The administrator in question

			was interviewed and subsequently terminated. -Completed 6/30/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing All department managers were in-serviced on abuse and reporting. • Completed 6/30/26 **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient**	

			practice does not recur. New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** Regional VP of Operations to audit state reportables for the community weekly x4 weeks, monthly x4 months and PRN thereafter. -Completed 6/30/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing	
R 0053	Residents' Rights - Deficiency	R 0053	The creation and submission of this Plan of Correction does not	07/14/2026

	410 IAC 16.2-5-1.2(w) (w) Residents have the right to be free from verbal abuse. Based on interview, observation and record review, the facility failed to ensure a resident was free of verbal abuse resulting in a staff member yelling and cussing at a resident during incontinence care for 1 of 3 residents reviewed for Resident Rights. (Resident B) Findings include: During an interview on 06/16/2026 at 1:26 P.M., Certified Nursing Assistant (CNA) 3 indicated she was caring for Resident B on 06/13/2026. She found Resident B in another resident's room and requested assistance from CNA 2. Together they transferred Resident B into his wheelchair. While pushing the resident to his room CNA 2 got frustrated with the resident for putting his feet onto the ground to try to stop the wheelchair. Once in his room CNA 2 was screaming and cussing at the resident in his face saying, "This is f**king ridiculous, and he shouldn't be here". Resident B kept saying, "I'm scared" repeatedly. When the nurse got there, she attempted to calm CNA 2 down unsuccessfully. CNA 2 ended up leaving the		constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review. **In response to R 029 410 IAC 16.2-5-1.2(d) Residents' Rights- Deficiency** **(d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.** **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then terminated. -Completed 6/16/26	

	room and CNA 3 and LPN 4 finished caring for Resident B. During an interview on 06/16/2026 at 1:15 P.M., Licensed Practical Nurse (LPN) 4 indicated she was called by CNA 3 to help with Resident B while she was on the opposite side of the building with other residents. When LPN 4 walked into Resident B's room CNA 2 was being very loud. LPN 4 informed her that she was on a dementia unit and she needed to calm down. Resident B was being combative, and CNA 2 continued yelling at the resident, "This is ridiculous I shouldn't have to do this." During an Observation and Interview, on 06/16/2026 at 9:22 A.M., Resident B was observed sitting in his wheelchair in the dining room of the memory care unit. Resident B indicated he did not want to speak in a private location. During the interview Resident B stopped responding and the interview was stopped. The resident remained sitting in the dining room with no negative behaviors. During an observation, on 06/16/2026 at 9:26 A.M., Activity Aid 7 approached Resident B. The resident continued to look forward and did not engage with the staff member. The staff member		**How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on resident rights as	

	walked away and gave the resident space. The resident had no negative behaviors observed at that time. The current undated facility policy titled, "Resident Neglect, Abuse, and Misappropriation of Property Policy", was provided by the Administrator on 06/16/2026 at 3:50 P.M. The policy indicated, " ...Residents will be free from any...verbal...mental abuse...Verbal abuse: defined as the use of oral, written, or gestured language that willfully incudes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability, to comprehend, or disability..." This citation relates to Intakes 470248 and 470243.		part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** ED or Business Office Manager will audit new employee files for resident right training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **What date the systemic changes will be completed:**	

			7/14/26 and ongoing **In response to R 052 410 IAC 16.2-5-1.2(v) (1-6) Residents' Rights-Offense** **(V) Residents have the right to be free from:** **(1) Sexual Abuse** **(2) Physical Abuse** **(3) Mental Abuse** **(4) Corporal Punishment** **(5) Neglect** **(6) Involuntary Seclusion** **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then terminated. The incident was reported to ISDH and the AG office. -Completed 6/16/26	

			How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on Abuse and	

			Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** ED or Business Office Manager will audit new employee files for Abuse/ Reporting training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly	

			What date the systemic changes will be completed: 7/14/26 and ongoing **In response to R 053 410 IAC 16.2-5-1.2(w) Residents' Rights- Deficiency** (W) Residents have the right to be free from verbal abuse **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then terminated. The incident was reported to ISDH and the AG office. -Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist.	

			Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing	

			Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** ED or Business Office Manager will audit new employee files for Abuse/ Reporting training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing **In response to R 090 410 IAC 16.2-5-1.3(g) (1-6) Administrative and Management - Deficiency** (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 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 24-hour time period. **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The administrator in question was interviewed and subsequently terminated. -Completed 6/30/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely	

			affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing All department managers were in-serviced on abuse and reporting. • Completed 6/30/26 **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and	

			ongoing **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** Regional VP of Operations to audit state reportables for the community weekly x4 weeks, monthly x4 months and PRN thereafter. -Completed 6/30/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing	
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (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.	R 0090	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review.	07/14/2026

	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, 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		**In response to R 029 410 IAC 16.2-5-1.2(d) Residents' Rights- Deficiency** **(d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.** **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:** The employee in question was immediately suspended pending investigation and then terminated. -Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if	

	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 an allegation of staff to resident abuse within 24 hours to the Indiana Department of Health for 1 of 3 residents reviewed for management of occurrences directly affecting the welfare and safety of a resident. (Resident B) Findings include: During an interview on 06/16/2026 at 3:18 P.M., the Administrator indicated she was notified of the incident occurring on 06/13/2026. CNA 3 called her and informed her of concerns she had of CNA 2 interacting with Resident B. CNA 3 was worried about the interaction and concerned the Resident might have hit his head. The immediate intervention was to move CNA 2 to work on the other side of the		they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on resident rights as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice**	

facility. Later that night CNA 2 was sent home. The following day CNA 2 worked again. Staff have been concerned with CNA 2 managing resistance in an inappropriate way. We started our investigation into this on 06/15/2026. CNA 2 was suspended on 06/16/2026 and was being terminated from the facility.

A Nurse's Note dated 06/13/2026 at 6:15 P.M., indicated care staff members were attempting to assist Resident B with incontinence care when he became agitated and resisted the care. Staff cleaned and changed the resident with difficulty due to combative behavior. Staff reported the resident may have hit his head on the wall during the incident, but no new injury was found. Memory Care Director and Administrator notified.

During an interview on 06/16/2026 at 1:59 P.M., the Memory Care Director indicated she was notified of the incident on 06/13/2026. CNA 3 called her and informed her that CNA 2 was aggressive with Resident B and may have hit his head off the wall. CNA 2 was moved off the memory care unit to work on the other side of the building. The following day CNA 2 worked a double but not on the

will not recur; what quality assurance program will be put into place:

ED or Business Office Manager will audit new employee files for resident right training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office.

-Completed 7/14/26 and ongoing

Monthly resident review will be conducted during QA Meeting.

-Completed 7/14/26 and ongoing monthly

What date the systemic changes will be completed:

7/14/26 and ongoing

In response to R 052 410 IAC 16.2-5-1.2(v) (1-6) Residents' Rights-Offense

(V) Residents have the right to be free from:

(1) Sexual Abuse

(2) Physical Abuse

(3) Mental Abuse

(4) Corporal Punishment

(5) Neglect

(6) Involuntary Seclusion

memory care unit. They began investigating the incident on 06/15/2026, and the goal was to terminate CNA 2, but they were searching for coverage for her June shifts.

The clinical record for Resident B was reviewed on 06/16/2026 at 9:47 A.M. The resident's diagnoses included, but were not limited to, moderate dementia (loss of memory, language, problem-solving, and other thinking abilities) with agitation, and adjustment disorder with anxiety (stress-related condition that occurs when you struggle to cope with a significant life change or stressful event).

A Memory Care Assessment, undated and reviewed on 06/16/2026 at 4:17 P.M., indicated Resident B exhibited signs of agitation, anxiety, and fluctuated emotionally. He wandered intrusively and became disruptive and aggressive upon redirection. He required safety checks 12 times a day. The resident's behavior interventions included, but were not limited to, resident required reminders, redirection, and/or orientation daily.

The current undated facility policy titled, "Resident Neglect, Abuse, and Misappropriation of Property Policy", was provided by the Administrator on

What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:

The employee in question was immediately suspended pending investigation and then terminated. The incident was reported to ISDH and the AG office.

-Completed 6/16/26

How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

No residents were adversely affected though the potential for adverse outcome did exist.

Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder

Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office.

	06/16/2026 at 3:50 P.M. The policy indicated, " ...Residents will be free from any...verbal...mental abuse...Verbal abuse: defined as the use of oral, written, or gestured language that willfully incudes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability, to comprehend, or disability..." This citation relates to Intakes 470248 and 470243.		-Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a background check and licensure verification on all new employees. -Completed 6/17/26 and ongoing monthly New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be**	

			put into place: ED or Business Office Manager will audit new employee files for Abuse/ Reporting training weekly x4 weeks, monthly x4 weeks and PRN thereafter. Documentation of this to be kept in ED office. -Completed 7/14/26 and ongoing Monthly resident review will be conducted during QA Meeting. -Completed 7/14/26 and ongoing monthly **What date the systemic changes will be completed:** 7/14/26 and ongoing **In response to R 053 410 IAC 16.2-5-1.2(w) Residents' Rights- Deficiency** (W) Residents have the right to be free from verbal abuse **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:**	

			The employee in question was immediately suspended pending investigation and then terminated. The incident was reported to ISDH and the AG office. -Completed 6/16/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** We will continue to perform a	

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-Completed 7/14/26 and ongoing

Monthly resident review will be conducted during QA Meeting.

-Completed 7/14/26 and ongoing monthly

What date the systemic changes will be completed:

7/14/26 and ongoing

In response to R 090 410 IAC 16.2-5-1.3(g) (1-6) Administrative and Management - Deficiency

(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 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 24-hour time period.

			What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: The administrator in question was interviewed and subsequently terminated. -Completed 6/30/26 **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** No residents were adversely affected though the potential for adverse outcome did exist. Resident Rights, Abuse and Reporting education was provided to staff with documentation kept in the ED office/ Inservice Binder Employees were interviewed during investigation and asked if they have any concerns or have witnessed any residents being mistreated. Interview notes kept in ED office. -Completed 6/17/26, 6/22/26, 6/23/26 and ongoing All department managers were in-serviced on abuse and reporting.	

			• Completed 6/30/26 **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.** New employees will be educated on Abuse and Reporting as part of their new hire process, with documentation kept in the employee file, as well as ongoing education will be provided during monthly in-services. -Completed 6/17/26 and ongoing **How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** Regional VP of Operations to audit state reportables for the community weekly x4 weeks, monthly x4 months and PRN thereafter. -Completed 6/30/26 and ongoing monthly **What date the systemic changes will be completed:**	

			7/14/26 and ongoing	

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 SIGNATUREStacey Gallardo	TITLEExecutive Director	(X6) DATE07/10/2026