

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

PRINTED: 06/03/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/24/2025	
NAME OF PROVIDER OR SUPPLIER HOOSIER HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00456802.</p> <p>Complaint IN00456802 - No deficiencies related to the allegations were cited.</p> <p>An unrelated deficiency was cited at F732.</p> <p>Survey dates: April 24, 2025.</p> <p>Facility number: 000277 Provider number: 155611 AIM number: 100290530</p> <p>Census Bed Type: SNF/NF: 76 SNF: 6 Total: 82</p> <p>Census Payor Type: Medicare: 4 Medicaid: 62 Other: 16 Total: 82</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 25, 2025.</p>			F 0000	<p>Please consider this plan of correction as Hoosier Health and Living's credible plan of correction. This plan of correction constitutes a written allegation of substantial compliance under Federal and Medicare requirements. Submission of this plan of correction is not an admission that a deficiency exists or that the community agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents solely as a requirement of provision of the Federal and State Law. Please accept this evidence in lieu of an onsite post survey re-visit for recertification and state licensure survey event ID 3VBQ11.</p>		
F 0732 SS=C Bldg. 00	<p>483.35(g)(1)-(4) Posted Nurse Staffing Information</p> <p>Based on observation and interview, the facility failed to post nurse staffing daily for 2 of 2 observations.</p>			F 0732	<p>Hoosier Health and Living does ensure nurse staffing is posted. On April 24, 2025, the DON posted daily nurse staffing in a</p>		05/05/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 06/03/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/24/2025	
NAME OF PROVIDER OR SUPPLIER HOOSIER HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Findings include:</p> <p>During an observation, on 04/24/25 at 11:12 A.M., a bulletin board by the Unit Manager's office on the 300 Hall had a daily nurse staff posting dated for 10/31/24. The bulletin board also held an Activity calendar for April.</p> <p>During an observation, on 04/24/25 at 1:12 P.M., a bulletin board by the Unit Manager's office on the 300 Hall had a daily nurse staff posting dated for 10/31/24. The bulletin board also held an Activity calendar for April.</p> <p>During an observation and interview, on 04/24/25 at 1:17 P.M., the Director of Nursing (DON) went to the bulletin board on the 300 Hall and indicated the nurse staff posting was posted there and should be changed daily by herself, the Assistant Director of Nursing, or the scheduler.</p> <p>During an interview, on 04/24/25 at 1:58 P.M., the DON indicated there was not a facility policy on nurse staff posting, they would just follow the regulation.</p>				<p>clear and readable format and in a prominent place readily accessible to residents and visitors. On April 24, 2025, the Administrator and DON met with medical records to ensure daily nurse staffing is posted. No residents were affected by this alleged deficient practice.</p> <p>On April 24, 2025, medical records and nursing were re-educated on posting daily nurse staffing in a clear and readable format and in a prominent place readily accessible to residents and visitors.</p> <p>Medical records will post daily nurse staffing, and the Administrator and/or the DON will post in the absence of the medical records associate. This will be brought to the daily morning meeting to ensure posting is placed, and for IDT and Administrator to review.</p> <p>Daily nurse staffing posting confirmation will be brought to daily morning meeting, ongoing. This will be checked off on daily morning meeting document. Any concerns will be brought to the quality assurance team for further review and recommendations.</p>		