STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DEMAREE CROSSING ASSISTED LIVING AND MEMORY CARE	1255 DEMAREE ROAD GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
R 0000 Bldg. 00	This visit was for a State Residential Licensure. Survey dates: June 19 and 20, 2024 Facility number: 014079 Residential Census: 63 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed June 24, 2024.	R 0000		
R 0121 Bldg. 00	410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers 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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dana Klingelhoefer	RN	07/15/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

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	first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.			
	Based on interview and record review, the facility failed to provide documentation of a second-step tuberculosis (TB) skin test for 4 of 5 new employees reviewed. (QMA 3, CNA 4, RN 5, LPN 6). Findings include: On 6/19/24 at 11:30 a.m., the Director of Nursing (DON) provided a list of current employees with date of hire and positions. On 6/20/24 at 8:45 a.m., the following was indicated during a review of employee records: - QMA 3 was hired on 4/23/24. QMA 3 had a TB skin test or a Mantoux Purified Protein Derivative (PPD) skin test (a test required for healthcare workers to assess for the presence of tuberculosis, a contagious and potentially serious bacterial disease that mainly affects the lungs)	R 0121	The community's Business Office Manager, or their designee, shall review personnel files for employees who have been hired since 7/1/2023 and appropriate completion of a two-step TB test at the time of hire. This review shall be completed by 7/15/2024. During this review, employees who do not have documented proof of completion of a two-step TB test and have had a negative tuberculin skin test result during the preceding twelve months shall receive an additional one-step TB test placed prior to 7/30/2024, with results being completed no later than 8/2/2024. Documentation of such testing shall be retained within the employee's personnel file. Annual screening for	08/01/2024

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	administered on 4/17/24 at 3:40 p.m. and it was read as negative on 4/19/24 at 3:55 p.m. The records lacked documentation of a second TB skin test being administered or read. - CNA 4 was hired on 1/17/24. CNA 4 had a TB skin test administered on 1/11/24 at 5:15 p.m. and it was read as negative on 1/13/24 at 7:14 p.m. The records lacked documentation of a second TB skin test being administered or read. - RN 5 was hired on 1/2/24. RN 5 had a TB skin test administered on 12/29/23 at 8:45 a.m., and it was read as negative on 12/31/23 at 7:16 p.m. The records lacked documentation of a second TB skin test being administered or read. - LPN 6 was hired on 10/31/23. LPN 6 had a TB skin test administered on 10/16/23 at 1:01 p.m., and it was read as negative on 10/18/23 at 1:01 p.m. The records lacked documentation of a second TB skin test being administered or read. During an interview on 6/20/24 at 10:00 a.m., the Business Office Manager indicated that all employees should have both a first and a second-step TB test administered and read as negative as part of the hiring process. On 6/20/24 at 10:00 a.m., the Business Office Manager provided a copy of the Human Resources Staff Screening Policy, dated as revised on 9/28/23, and indicated it was the current policy in use by the facility. A review of the policy indicated, "If a two-step TB test is administered, the second step TB must be placed within 7 to 21 days of the first step being read."		employees shall resume for affected employees as of this most recent updated TB test date. Going forward, the community's Business Office Manager, or their designee, shall retain oversight of appropriately completed new hire TB testing, in accordance with state regulation. The community's Business Office Manager, or their designee, shall audit personnel files for newly-hired employees once monthly for six months, beginning August, 2024. The community's Business Office Manager, or their designee, shall report results of personnel file audits to the community's Executive Director, or their designee, for confirmation of appropriate completion of TB testing. Regularly occurring personnel file audits shall be recommended as a best practice after February, 2025.	
R 0275	410 IAC 16.2-5-5.1(h) Food and Nutritional Services - Deficiency			

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Bldg. 00	(h) Diet orders shall be reviewed and revised by the physician as the resident ' s condition requires. Based on interview and record review, the facility failed to ensure a physician's diet order was obtained at the time of admission for 1 of 7 residents reviewed for diet orders. (Resident 74) Finding includes: Resident 74's clinical record was reviewed on 6/19/24 at 11:00 a.m. The clinical record indicated Resident 74 was admitted on 5/13/24 and a physician's diet order was not obtained until 6/20/24. On 6/20/24 at 9:50 a.m., the Director of Nursing (DON) provided a copy of the Physician's Order Summary Report dated 6/20/24. A review of the document indicated Resident 74 was prescribed a "...regular diet, regular texture, regular/thin fluids consistency for supplementation..." The record indicated, on 6/20/24 the physician verbally ordered Resident 74's specific diet order. The start date was identified as 6/20/24 with no end date noted. During an interview on 6/20/24 at 9:55 a.m., the DON indicated Resident 74's clinical record lacked a physician's diet order until 6/20/24. A diet order should have been obtained in May when she was admitted to the facility. On 6/20/24 at 10:00 a.m., the DON provided a copy of the Admission Policy, dated 1/23/23, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...communities will follow the procedure listed below when admitting new residents. All state	R 0275	The community's Director of Health and Wellness or designee will review current residents to ensure residents have diet orders. The review was completed on 7/ 8/24. No other residents were missing diet orders. Going forward the community will use the appropriate ESL move in doctor's orders and ensure The Director of Health and Wellness or designee will audit Residents who move in for diet orders for 6 months beginning August 2024. The Director of Health and Wellness or designee will report results to the community's Executive Director or their designee for confirmation of appropriate diet orders.	07/08/2024

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	specific regulations apply. The results of the Provider's examination must be documented on state-specific forms...must document at least the following information...a statement of whether the resident is on a regular or special diet..."			
R 0409 Bldg. 00	410 IAC 16.2-5-12(d) Infection Control - Noncompliance (d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter. Based on interview and record review, the facility failed to ensure a physician's health statement was obtained at the time of admission for 1 of 7 residents reviewed for communicable diseases. (Resident 16) Finding includes: Resident 16's clinical record was reviewed on 6/19/24 at 11:30 a.m. The clinical record lacked an admission health statement indicating Resident 16 was free from any communicable diseases (an infectious or transmissible disease; an illness that can be passed from person to person or from an animal to a person). On 6/20/24 at 10:00 a.m., the Director of Nursing (DON) provided a copy of the Physician's Order Summary Report dated 6/20/24. A review of the document indicated Resident 16 was "medically stable...order date 5/25/24..." with no end date noted.	R 0409	The community's Director of Health and Wellness or designee will review current residents to ensure there isa physician's health statement obtained at the time of admission The review was completed on 7/ 8/24. No other residents were missing the physician's health statement. Going forward the community will use the appropriate ESL move in doctor's orders and ensure physicians health statement has been addressed. The Director of Health and Wellness or designee will audit new Residents who move in for the physician health statement for 6 months beginning August 2024. The Director of Health and Wellness or designee will report results to the community's Executive Director or their designee for confirmation of the physician's health statement.	07/08/2024

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	During an interview on 6/20/24 at 9:50 a.m., the DON indicated Resident 16's clinical record lacked a physician's health statement that indicated the resident was free of any communicable diseases. The health statement should have been obtained in May when he was admitted to the facility. On 6/20/24 at 10:00 a.m., the DON provided a copy of the Admission Policy, dated 1/23/23, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...communities will follow the procedure listed below when admitting new residents. All state specific regulations apply. The results of the Provider's examination must be documented on state-specific forms...must be document at least the following information...a statement that the resident is free of communicable disease..."			