		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING 00 COMPL		ETED			
		155072	B. Wl	NG		01/22/	01/22/2025	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2002 ALBANY ST BEECH GROVE, IN 46107				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG DEFICIENCY)			DATE		
F 0000								
Bldg. 00	Licensure Survey. Investigation of Con IN00451300. This Residential Licensur Complaint IN00449 the allegations are of Complaint IN00451 the allegations are of Survey dates: Januar Facility number: 00 Provider number: 1 AIM number: 1002 Census Bed Type: SNF/NF: 84 SNF: 9 Residential: 7 Total: 100 Census Payor Type Medicare: 4 Medicaid: 70 Other: 19 Total: 93 These deficiencies accordance with 41 Quality review complex control of the cont	2983 - No deficiencies related to cited. 1300 - No deficiencies related to cited. 13100 - No deficiencies related to cited.	F 00	000	To Whom It May Concern: Beech Grove Meadows received a recertification survey, to occurred January 15, 16, 17, and 22 2025. Our plan of correction is attached. We arrequesting paper compliance our deficiencies. Please let me kilf you need any additional documentation. Thank you, Jeremiah Johnson	hat 21, e for		
F 0644 SS=D	483.20(e)(1)(2) Coordination of P	ASARR and Assessments						

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

TITLE (X6) DATE

Jeremiah Johnson Executive Director 02/04/2025

Any defiency statement 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: HPMK11 Facility ID: 000029 If continuation sheet Page 1 of 8

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU		URVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED		
		155072	B. WING 01/22/2025					
		<u> </u>		STREET	ADDRESS, CITY, STATE, ZIP COD			
NAME OF F	PROVIDER OR SUPPLIER	L			LBANY ST			
BEECH (GROVE MEADOWS	3		BEECH GROVE, IN 46107				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
Bldg. 00								
		view and interview, the facility	F 00	544	How will corrective action be		01/24/2025	
		sident was referred to the			accomplished for those reside	I		
	_	thority contractor for a Level			found to have been affected b	-		
		eening and Resident Review			deficient practice?A New accu			
	1 '	n for a new mental illness			PASRR has been submitted a			
	diagnosis for 1 of 1 resident reviewed for PASRR. (Resident 65)				approved by ascend for Resid	ent#		
	(resident 05)				How will the facility identify oth	ner		
	Finding includes:				residents having the potential			
	i manig merades.				be affected by the same defici			
	On 1/16/25 at 10:40 a.m., Resident 65's clinical				practice?All Residents have the	I		
	record was reviewed. The diagnosis included, but				potential to be affected. A full			
	was not limited to, delusional disorder.			facility audit of current PASRR		29		
	was not infined to, defusional disorder.				and Resident Diagnosis will be			
	Resident 65 was admitted to facility on 12/15/23				completed to ensure accuracy			
		el I completed. On 10/15/24, a			PASRR Screening.			
		elusional disorder was added			What measures will be put into	,		
	_	l II PASRR evaluation.		place or systematic changes				
					made to ensure that the defici	ent		
	A Quarterly Minim	um Data Set (MDS)			practice will not recur?Facility			
		0/28/24, indicated Resident 65			Management (IDT) will be			
	was severely cognit				in-serviced by the Regional So	ocial		
		7 1			Wellness & Enrichment			
	During an interview	on 1/16/25 at 11:19 a.m., the			Support related to the PASSR			
		ated that a PASRR Level II			process, including the addition			
		completed for the new			diagnoses by DATE. Addition	I		
		onal disorder for Resident 65.			Diagnosis Change will be review			
					daily during Administrative			
	On 1/16/25 at 1:27	p.m., the Administrator			Meeting. Psychiatric specific			
		an American Senior			documentation will be reviewed			
	1 ^ ^	na PASRR Policy, undated, and			and discussed daily during Cli	nical		
		s the current policy being			Meeting			
		ility. The policy indicated a			How will the facility monitor its			
	· ·	pleted to identify residents			corrective actions to ensure th	I		
	who had mental illn	-			the deficient practice will not			
					recur?Executive Director design	gnee		
	3.1-16(d)(1)(A)				will			
	3.1-16(d)(1)(B)				complete the PASRR Accura	cy		
	5.1 10(d)(1)(D)				OAPI	•		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155072		A. BUILDING <u>00</u> COMPLETED		(X3) DATE SURVEY COMPLETED 01/22/2025				
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 2002 ALBANY ST BEECH GROVE, IN 46107					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
F 0814	483.60(i)(4)			tool weekly for one month, bi-weekly for two months, and then monthly for six months. results of these audits will be reviewed by the QAPI commit overseen by the ED. If the threshold of 95% is not achie an action plan will be develop to ensure compliance. Deficie in this practice will result in disciplinary action up to and including termination of the responsible employee.	The ittee ved ped			
SS=C Bldg. 00	Based on observation review, the facility of the trash dumpster of rubbish for 2 of 2 of Findings include: 1. During the initian Manager (DM), on a.m., the dumpster, facility parking lot of building, was observed at the dumination of the ground next to the design of the ground next to the ground	I facility tour with the Dietary 1/14/25 from 9:25 a.m. to 9:30 located at the end of the on the west side of the wed. The following was apster container site: bags were observed laying on the dumpster. The untied trash the soiled briefs and other section of the dietarchical site of the soiled briefs and other section of the ground next to the	F 0814	How will corrective action be accomplished for those reside found to have been affected by deficient practice? No Resider were found to have been affected by this practice. All Debris Removed from dumpster area How will the facility identify other residents having the potential be affected by the same defic practice? All residents have the potential to be affected. The Dietary Manager/designee will complete observation roundaily to ensure dumpster area clean and free of debris and the ED/designee on ensuring dumpster area is fee of debric clean by Friday 01/24/2025 What measures will be put into	ny the state of th			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

 $HPMK11 \quad \ \ {\rm Facility\ ID:} \quad \ 000029$

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X1) PROVIDER/SUPPLIER/CLIA				` ′) DATE SURVEY	
		IDENTIFICATION NUMBER		UILDING	00	COMPLETED		
		155072	B. WING 01/22/2025					
	PROVIDER OR SUPPLIER			2002 Al	ADDRESS, CITY, STATE, ZIP COD LBANY ST I GROVE, IN 46107	•		
(X4) ID) ID SUMMARY STATEMENT OF DEFICIENCIE			ID			(X5)	
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION	
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	ILE	DATE	
IAU	- Two large partiall laying on the grounbags were partially - No staff were visit During an interview all trash bags were the dumpster container. During an interview Assistant Director of indicated all trash binto the dumpster cowasto be kept free dumpster area was of plastic gloves and of the ground near and No staff were visibl During an interview Director indicated at the dumpster and the debris. On 1/16/25 at 3:45 provided a copy of dated April 2018, and policy in use by the document indicated container outsidein clean it up or alert your layers.	ly filled clear trash bags were d near the dumpster. The trash covered with snow. The trash time, the DM indicated to be tied and placed into the area at that time. The ground surrounding the was to be kept free of debris. To n 1/14/25 at 9:35 a.m., the of Nursing Services (ADNS) ags were to be tied and placed ontainer. The dumpster area of any debris. The properties of the tied and placed ontainer. The dumpster area of any debris. The properties of the debris were observed on a round the dumpster area. The maintainer area at that time. The maintainer area at that time. The dampster area area that time. The maintainer area area that time. The maintainer area area area that time. The maintainer area area area was to be placed inside the area was to be kept free of the area was to be kept free of the area is getting unsightly, wour supervisor"		IAU	place or systematic changes made to ensure that the deficipractice will not recur? All staff be in-serviced by the ED/designee on ensuring dumpster area is fee of debris clean by Friday 01/24/2025. Dumpster area will be checked daily for debris by Culinary states using the Culinary Manager DAM Checklist How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? The Dumpster Area Monitoring Tool will be compleweekly x 4 weeks, monthly x 3 months and quarterly until the QAPI committee determines the substantial compliance has be accomplished. If 95% compliates not achieved, then an action plan will be implemented."	the and d aff aily eted 3 hat een ance	DATE	
	IAC 7-24, effective	November 13, 2004, indicated.						

PRINTED: 02/07/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		ILDING	00	COMPLETED	
		155072	B. WING 01/22/2025			/2025	
	PROVIDER OR SUPPLIE		•	2002 A	ADDRESS, CITY, STATE, ZIP COD LBANY ST I GROVE, IN 46107	•	
(X4) ID	ID SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE.	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	refuse, recyclables covered with tight- outsideaccumulat	ve cleaning is facilitated					
R 0000							
Bldg. 00							
Š	Survey. This visit i State Licensure Sur Complaints IN0044	State Residential Licensure neluded a Recertification and rvey and the Investigation of 49983 and IN00451300. 9983 - No deficiencies related to cited.	R 00	000	To Whom It May Concern: Beech Grove Meadows recer had a recertification survey, tl occurred January 15, 16, 17, and 22 2025. Our plan of correction is attached. We are requesting paper compliance our	hat 21, e	
	Complaint IN0045 the allegations are	1300 - No deficiencies related to cited.			deficiencies. Please let me kr if	now	
	Survey dates: Janua	ary 15, 16, 17, 21 and 22, 2025			you need any additional documentation. Thank you,		
	Facility number: 0	00029			Jeremiah Johnson		
	Residential Census	: 7					
	This State Resident accordance with 41	tial Finding is cited in 0 IAC 16.2-5.					
R 0155	410 IAC 16.2-5-1 Sanitation and Sa	.5(I) afety Standards - Deficiency					
Bldg. 00	review, the facility	on, interview, and record failed to ensure the dumpster's were kept closed when not in	R 01	155	How will corrective action be accomplished for those reside found to have been affected b deficient practice?No Residen	y the	01/24/2025

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUP		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE	X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED		
	155072		B. W	B. WING			01/22/2025	
				CTREET	ADDRESS, CITY, STATE, ZIP COD	<u> </u>		
NAME OF I	PROVIDER OR SUPPLIEF	₹						
DEECH CDOVE MEADOWC					LBANY ST			
BEECH GROVE MEADOWS				DEECH	I GROVE, IN 46107			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	use for 8 of 9 obser	vations.			were found to have been affect	ted		
					by this practice. All Debris			
	Findings include:				Removed from dumpster area			
					How will the facility identify oth			
	1. On 1/14/25 at 8:2	20 a.m., the facility's dumpster			residents having the potential			
	container, located o	on the east side of the facility			be affected by the same defici			
		ce door to the residential unit			practice?All residents have the			
	was observed. The dumpster was observed to				potential to be affected. The			
	have side sliding doors on the left and right sides				Dietary Manager/designee			
	of the container. The dumpster's left side sliding				will complete observation rou	nds		
	door was observed not to be closed. Multiple				daily to ensure dumpster area			
	filled trash bags were observed inside the				are clean and free of debris ar			
	container. No staff were visible in the area at that				the lids are closed			
	time.				·All staff will be in-serviced by	V		
	unic.				the ED/designee on ensuring			
	2. On 1/14/25 at 2:00 p.m., the same dumpster				dumpster area is fee of debris			
		rved. The side sliding door,			clean by Friday 01/24/2025			
		he dumpster, was observed not			What measures will be put into)		
		ple filled trash bags were			place or systematic changes			
		container. No staff were			made to ensure that the deficie	ent		
	visible in the area a				practice will not recur?All staff			
					be in-serviced by			
	3. On 1/16/25 at 8:	20 a.m., the same dumpster			the ED/designee on ensuring	the		
		rved. The side sliding door,			dumpster area is fee of debris			
		he dumpster, was observed not			clean by Friday 01/24/2025.			
		ple filled trash bags were			Dumpster area will be checked	d		
		container. No staff were			daily for debris by Culinary sta			
	visible in the area a	t that time.		using the Culinary Manager Daily				
					AM Checklist	,		
	4. On 1/16/25 at 4:	20 p.m., the same dumpster			How will the facility monitor its			
		rved. The side sliding door,			corrective actions to ensure th			
		he dumpster, was observed not		the deficient practice will not				
		ple filled trash bags were			recur?The Dumpster Area			
		container. No staff were			Monitoring Tool will be comple	eted		
	visible in the area a				weekly x 4 weeks, monthly x 3			
					months and quarterly until the	•		
	5. On 1/17/25 at 8:	15 a.m., the same dumpster			QAPI committee determines the	nat		
		rved. The side sliding door,			substantial compliance has be			
		he dumpster, was observed not			accomplished. If 95% complia			
		-			is not achieved, then an action			
	to be closed. Multiple filled trash bags were				is not dome vod, then an action	•		

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NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION observed inside the container. No staff were visible in the area at that time. 6. On 1/17/25 at 3:00 p.m., the same dumpster container was observed. The side sliding doors, on the right and left sides of the dumpster, were observed not to be closed. Multiple filled trash	AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155072	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION observed inside the container. No staff were visible in the area at that time. 6. On 1/17/25 at 3:00 p.m., the same dumpster container was observed. The side sliding doors, on the right and left sides of the dumpster, were observed not to be closed. Multiple filled trash PREFIX TAG PREFIX PREFIX TAG PREFIX TAG		
visible in the area at that time. 6. On 1/17/25 at 3:00 p.m., the same dumpster container was observed. The side sliding doors, on the right and left sides of the dumpster, were observed not to be closed. Multiple filled trash	IX (EACH DEFICIENCY MUST BE I G REGULATORY OR LSC IDENTIF	PREFIX
bags were observed inside the container. No staff were visible in the area at that time. 7. On 1/21/25 at 8:15 a.m., the same dumpster container was observed. The side sliding doors, on the right and left sides of the dumpster, were observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time. 8. During a facility tour with Culinary Aide 3, on 1/21/25 at 12:40 p.m., the same dumpster container area was observed. The side sliding doors, on the right and left side of the dumpster, were observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time. During an interview at that time. Culinary Aide 3 indicated the dumpster's side sliding doors were to be kept closed. During an interview on 1/21/25 at 12:45 p.m., the Dietary Manager indicated the dumpster side sliding doors were to be kept closed when not in use. On 1/22/25 at 9:04 a.m., the Administrator provided a copy of the Food Safety policy, dated June 2023, and indicated it was the current policy in use by the facility. A review of the document indicated, "receptacles and waste handling units for refuse, recyclables, and returnables shall be kept coveredwith tight-fitting lids or doors if	observed inside the container. No visible in the area at that time. 6. On 1/17/25 at 3:00 p.m., the scontainer was observed. The side on the right and left sides of the observed not to be closed. Multibags were observed inside the cowere visible in the area at that time. 7. On 1/21/25 at 8:15 a.m., the scontainer was observed. The side on the right and left sides of the observed not to be closed. Multibags were observed inside the cowere visible in the area at that time. 8. During a facility tour with Cult/21/25 at 12:40 p.m., the same of area was observed. The side slice right and left side of the dumpster not to be closed. Multiple filled observed inside the container. No visible in the area at that time. In interview at that time, Culinary with the dumpster's side sliding doors closed. During an interview on 1/21/25 at Dietary Manager indicated the diding doors were to be kept clouse. On 1/22/25 at 9:04 a.m., the Adriprovided a copy of the Food Saff June 2023, and indicated it was to in use by the facility. A review of indicated, "receptacles and was for refuse, recyclables, and returning the side of the container. The side sliding doors was for refuse, recyclables, and returning the container. The side sliding doors was for refuse, recyclables, and returning the container. The side sliding doors was for refuse, and returning the container of the side of the container. The side sliding doors was the side of the container of the container of the side of the con	TAG

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING <u>00</u> COM			(X3) DATE COMPL 01/22 /	LETED	
NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP COD 2002 ALBANY ST BEECH GROVE, IN 46107				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Establishment Sanit IAC 7-24, effective "receptacles and v refuse, recyclables a	p.m., a review of the Retail Food ation Requirements Title 410 November 13, 2004, indicated, waste handling units for and returnables shall be kept itting lids or doors if kept					

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