

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

PRINTED: 02/11/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/08/2025	
NAME OF PROVIDER OR SUPPLIER  1019 BELLE'S PLACE OF WABASH				STREET ADDRESS, CITY, STATE, ZIP COD 3037 W DIVISION RD WABASH, IN 46992			
(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	<p>This visit was for the Investigation of Complaints IN00447270 and IN00447566.</p> <p>Complaint IN00447270- State deficiencies related to the allegations are cited at R0088.</p> <p>Complaint IN00447566- State deficiencies related to the allegations are cited at R0274 and R0326.</p> <p>Survey date: January 8, 2025</p> <p>Facility number: 003466</p> <p>Residential Census: 17</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed January 14, 2025.</p>			R 0000	<p>Plan of Correction submitted 01/24/2025</p>		
R 0088  Bldg. 00	<p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance</p> <p>Based on interview and record review, the facility failed to employ a licensed administrator to manage day to day operations. This deficient practice had the potential to affect 17 of 17 residents residing in the facility.</p> <p>Findings include:</p> <p>During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated she was not a licensed administrator. The owner had her Health Facility Administrator (HFA) license and was physically present in the facility three times a week.</p>			R 0088	<p>="" p=""&gt;</p> <p>No residents were affected. All 17 residents had the potential to be affected but were not.</p> <p>="" p=""&gt;</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>="" p=""&gt;</p>		01/24/2025

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

TITLE

(X6) DATE

Melanie Glidewell

RN, RCA

01/28/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 30 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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	<p>During an interview, on 1/8/25 at 10:38 a.m., the Owner indicated she came into the facility a couple times a week. The acting Administrator was scheduled to take her HFA test the following week.</p> <p>During an interview, on 1/8/25 at 12:51 p.m., the Owner indicated the acting Administrator was in touch with her by phone as needed. The Owner had been able to manage the facility and provide any support needed.</p> <p>During record review, on 1/8/25 at 1:00 p.m., the Owner indicated the acting Administrator completed her Administrator course on 10/11/24. She started the process to test for her administrator license through the Indiana Professional Licensing Agency on 11/13/24. Her background check was held up due to a problem with her last name. She was able to have her fingerprinting completed on 12/13/24. She was scheduled to take her Administrator test on 1/14/25.</p> <p>During an interview, on 1/8/25 at 1:24 p.m., the Owner indicated they did not have a policy regarding the Administrator, only a job description.</p> <p>This citation relates to Complaint IN00447270.</p>			<p>The residents were not affected. ="" p=""&gt;</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; ="" p=""&gt;</p> <p>1019 has employed a licensed administrator. ="" p=""&gt;</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; ="" p=""&gt;</p> <p>With the hiring of a licensed administrator we are now in compliance. ="" p=""&gt;</p> <p>By what date the systemic changes will be completed. ="" p=""&gt;</p> <p>01/24/2025 ="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p>			

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R 0274  Bldg. 00	<p>410 IAC 16.2-5-5.1(g)(1-3) Food and Nutritional Services - Noncompliance</p> <p>Based on interview and record review, the facility failed to employ a qualified Dietary Manager. This deficient practice had the potential to affect 17 of 17 residents who received meals from the kitchen.</p> <p>Findings include:</p> <p>During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated the Activity Director had been working as the cook for the past month. The facility had not had a staff member who was Servsafe certified or had other dietary management qualifications since the prior Dietary Manager resigned shortly after the annual survey in August 2024. Dietary Staff 5 was not currently qualified, but was scheduled to take a Servsafe certification class. The facility's registered dietician came to the facility once every three months.</p> <p>During an interview, on 1/8/25 at 10:00 a.m., Dietary Staff 5 indicated she was not Servsafe certified.</p> <p>During an interview, on 1/8/25 at 10:26 a.m., the acting Administrator indicated the facility did not</p>			R 0274	<p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;Update</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>="" p=""&gt;</p> <p>1019 has hired a Dietary Manager with a Servsafe.</p> <p>="" p=""&gt;</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>="" p=""&gt;</p> <p>No residents had been affected, all 17 could have been but were not.</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p>		01/24/2025

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R 0326  Bldg. 00	<p>have qualified dietary staff since the previous dietary manager left, but they had hired a new qualified dietary manager who started today.</p> <p>During an interview, on 1/8/25 at 11:27 a.m., the Activity Director indicated she had been working in the kitchen since October 2024. She was not Servsafe certified.</p> <p>On 1/8/25 at 1:24 p.m., the Owner indicated the facility did not have a policy regarding a dietary manager.</p> <p>This citation relates to Complaint IN00447566.</p>		R 0326	<p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p>		01/24/2025	
	<p>410 IAC 16.2-5-7.1(a) Activities Programs - Deficiency</p> <p>Based on interview and record review, the facility failed to develop and implement ongoing activities programming for 17 of 17 residents who lived in the facility.</p> <p>Findings include:</p> <p>During an interview, on 1/8/25 at 9:05 a.m., the acting Administrator indicated the prior owners took away the facility's activities platform when the facility switched ownership in October 2024. When the new owners took over the facility in October 2024, they offered a current staff member the Activity Director position. The new Activity Director had been working in the kitchen as a cook since the facility did not have a Dietary Manager.</p> <p>During an interview, on 1/8/25 at 9:30 a.m., QMA 3</p>			<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>="" p=""&gt;</p> <p>No residents were affected, 17 residents could have been but were not.</p> <p>="" p=""&gt;</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>="" p=""&gt;</p> <p>1019 employed an Activity</p>			

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	<p>indicated the facility did not have an Activity Director. Staff were unable to provide residents with activities.</p> <p>During an interview, on 1/8/25 at 9:37 a.m., CNA 4 indicated residents were not provided with any activities.</p> <p>During an interview, on 1/8/25 at 9:44 a.m., Resident C indicated the facility had not provided any activities in a long time.</p> <p>During an interview, on 1/8/25 at 9:57 a.m., Resident B indicated it had been a while since the facility had offered activities.</p> <p>During an interview, on 1/8/25 at 10:00 a.m., Dietary Staff 5 indicated it has been a while since the facility had provided activities for the residents. The last big activity she could recall was the Christmas party.</p> <p>During an interview, on 1/8/25 at 10:08 a.m., CNA 6 indicated it had been about a month since residents had participated in any activities.</p> <p>During an interview, on 1/8/25 at 10:38 a.m., the Administrator indicated they were unable to provide a facility activities calendar.</p> <p>During an interview, on 1/8/25 at 11:27 a.m., the Activity Director indicated when the new owners took over the facility in October 2024, they offered her the Activity Director position. She had been working in the kitchen as a cook since October 2024. Activities were provided, but not consistently.</p> <p>A current facility policy, titled "Activity Programming," provided by the Owner on 1/8/25</p>				<p>Director.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; ="" p=""&gt;</p> <p>1019 will have scheduled activities daily. ="" p=""&gt;</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and ="" p=""&gt;</p> <p>1019 will have a calendar of scheduled activities available to the residents each month. ="" p=""&gt;</p> <p>By what date the systemic changes will be completed. ="" p=""&gt;</p> <p>1/24/2025 ="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p>		

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	<p>at 11:17 a.m., indicated the following: "...On a regular basis, 1019 Senior Living will provide a wide range of activities and social recreation for its residents. This programming will provide opportunities for residents and staff engagement. A monthly activity calendar will be created and available to all residents ...."</p> <p>This citation relates to Complaint IN00447566.</p>			<p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p> <p>="" p=""&gt;</p>			