

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 01/11/2023
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NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING	STREET ADDRESS, CITY, STATE, ZIP COD 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240
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(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 was an offsite Licensure Investigation Survey</p> <p>Survey Date: January 11, 2023</p> <p>Facility: # 015281</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed January 11, 2023</p>	R 0000	<p>The following is the Plan of Correction for Forum at the Crossing of Indianapolis in regards to the Statement of Deficiency for the State Residential Licensure Survey completed on January 11, 2023. This Plan of Correction is not to be construed as an admission of or agreement with findings and conclusions in the Statement of Deficiency, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with the statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issue. We have not provided a detailed response to each finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</p>	
R 9999 Bldg. 00	<p>16.2-5-1.1 Licenses</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p>	R 9999	<p>R9999 Licenses</p> <p>What corrective action(s) will be accomplished for the deficient practice;</p> <p>On January 4, 2023, upon notification of the</p>	01/24/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rita Shew	Executive Director	01/24/2023

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 disclosable 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>This state rule was not met as evidenced by:</p> <p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a residential care facility before their current license expired on December 31, 2022.</p> <p>The agency received the facility's renewal application via email on January 4, 2023, which was not at least 45 days of the current license expiration date of December 31, 2022.</p>		<p>license expiration, the renewal paperwork was immediately faxed to the ISDH to complete the renewal.</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> <p>Calendar notifications put in place beginning October 15, to verify renewal forms received, November 10th to verify paperwork has been submitted to ISDH and December 31st to verify receipt of new license. These reminders will also be sent to Regional Director of Operations, Regional Director of Clinical and Lisa Newcomb, Licensing Manager for Five Star Senior Living. The notifications will continue annually.</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> <p>Calendar notifications put in place beginning October 15, to verify renewal forms received, November 10th to verify paperwork has been submitted to ISDH and December 31st to verify receipt of new license. These reminders will also be sent to Regional Director of Operations, Regional Director of Clinical and Lisa Newcomb, Licensing Manager for Five Star Senior Living. The notifications will</p>	

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

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FORM APPROVED
OMB NO. 0938-039

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			continue annually. By what date the systemic changes will be completed; January 24, 2023		