

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 05/07/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE PLACE - MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 N MORRISON ROAD MUNCIE, IN 47304
---	---

(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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00458477, IN00453983, and IN00454066.</p> <p>Complaint IN00458477 - State deficiencies related to the allegations are cited at R0088.</p> <p>Complaint IN00453983 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00454066 - No deficiencies related to the allegations are cited.</p> <p>Survey date: May 7, 2025</p> <p>Facility number: 014463</p> <p>Residential Census: 41</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 13, 2025.</p>	R 0000		
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 facility operations. This deficient practice had the potential to affect 41 of 41 residents residing in the facility.</p> <p>Findings include:</p> <p>During an interview on 5/7/25 at 10:50 a.m., the acting Administrator, RN 2, indicated she was not licensed as a Residential Care Administrator</p>	R 0088	<p>1 The corrective action that will be accomplished for those residents found to have been affected by the deficient practice will be to employ a licensed administrator to manage the day-to-day facility operations. RN 2, as referenced in the survey, has taken her residential care administrator test and has passed. RN 2 is now licensed as</p>	05/08/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tyler Weillbaker	Administrator	05/22/2025

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.

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 05/07/2025
NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE PLACE - MUNCIE			STREET ADDRESS, CITY, STATE, ZIP COD 1600 N MORRISON ROAD MUNCIE, IN 47304		
(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	
	<p>(RCA), but was a Registered Nurse. She took her test on 5/6/25 and was awaiting the results of the test. The former Administrator left the position approximately three weeks prior, but was still available for phone calls, emails, and texts whenever RN 2 needed help. RN 2 was receiving RN pay and the former Administrator was still on the payroll as the Administrator. The former Administrator had not been onsite since she left the position.</p> <p>The former Administrator was unavailable for interview during the survey on 5/7/25.</p> <p>A current, undated, facility policy, titled "Administrator", provided by RN 2 on 5/7/25 at 4:10 p.m., indicated the following: "...(The Facility) will employ an Indiana Licensed Administrator...2. The Administrator will be responsible for the overall management of the facility...."</p> <p>A current facility policy, titled "Community Director Job Description", dated 9/2013, provided by RN 2 on 5/7/25 at 4:10 p.m., indicated the following: "...Summary - Manages the day-to-day operations of the facility and coordinates a multidisciplinary team to ensure quality services and resident satisfaction...Essential Duties and Responsibilities: 1. Manage the day-to-day administration of services and programs. Plan, develop, and implement the expansion or improvement in program services...."</p> <p>This citation relates to Complaint IN00458477.</p>		<p>of May 8th 2025 (License number: 16002880A)</p> <p>2 The facility will identify other residents having the potential to be affected by the same deficient practice by acknowledging that every resident in the building can be affected by this issue. Lincolnshire will ensure that there is always a licensed residential care administrator employed, to manage the building. The corrective action that has been taken is, RN 2 gaining her RCA license.</p> <p>3 The measure that will be put into place to ensure the deficient practice does not recur is that Lincolnshire will always have a licensed administrator on staff and corporate office will monitor this.</p> <p>4 Corporate office will ensure an administrator is available to run the day-to-day operations as stated in the regulations. This change was completed immediately on May 8th 2025. Administrator change form was sent in to IDOH.</p>		