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	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RESIDENCES AT COFFEE CREEK	2300 VILLAGE POINT CHESTERTON, IN 46304

(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 the Investigation of Complaint IN00447449. Complaint IN00447449 - State deficiency related to the allegations is cited at R0349. Survey date: January 30, 2025 Facility number: 014469 Residential Census: 102 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 1/31/25.	R 0000	Residences at Coffee Creek (the "Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider herby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the state of Indiana or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kaitlynn Redmon	Executive Director	02/13/2025

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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			that basis. We are requesting paper compliance for the deficiencies cited.	
R 0349 Bldg. 00	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance Based on record review and interview, the facility failed to ensure clinical records were complete and accurate related to neurological checks not documented for 3 of 5 residents reviewed for clinical records. (Residents D, E, and F) Findings include: 1. Resident D's record was reviewed on 1/30/25 at 10:23 a.m. Diagnoses included, but were not limited to, frontotemporal neurocognitive disorder, cognitive communication deficit, and mood disorder. The Resident Assessment, dated 8/10/24, indicated the resident was moderately cognitively impaired and required a Hoyer (mechanical lift) lift for transfers. A Progress Note, dated 12/9/24 at 7:20 p.m., indicated the CNA called the nurse and informed the nurse that Resident D was on the floor near his apartment door and needed assistance getting the resident up. Another nurse was called to assist and an assessment of the resident was completed. Resident D's vital signs were normal, the appropriate parties were notified, and neurochecks were initiated. Resident D indicated he was trying to pick something up off of the floor. The Neurological Flow Sheet, dated 12/9/24, was	R 0349	Resident D, E, and F did not experience any negative outcomes associated with this finding. Nurses have been in-serviced on ensuring that all neurological flow sheets need to be fully completed. The Director of Resident Services or designee will audit all resident neurological flow sheets since 1/30/25 to ensure they are fully completed. Audits will be completed for 60 days by the Resident Services Director or designee or until 100% compliance is achieved. These audits will be reviewed routinely at the QA committee. These systematic changes were put into place by 2/1/25.	02/01/2025

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	not complete. 2. Resident E's record was reviewed on 1/30/25 at 11:15 a.m. Diagnoses included, but were not limited to, high blood pressure and arthritis. The Resident Assessment, dated 1/28/25, indicated the resident had mild cognitive impairment and was independent for transfers. A Progress Note, dated 12/26/24 at 6:50 p.m., Resident E was being wheeled out of her room by another resident. The resident stated that she had fell and the other resident had helped her up into her wheelchair. She had a skin tear noted to her knee and her vitals were checked. All parties were notified. The Neurological Flow Sheet, dated 12/26/24, was not complete. A Progress Note, dated 1/15/25 at 4:00 p.m., indicated the resident was sitting on the floor in front of her sitting chair. The resident was assessed and had vital signs within normal limits. The appropriate parties were notified and neurochecks were initiated. The Neurological Flow Sheet, dated 1/15/25, was not complete. 3. Resident F's record was reviewed on 1/30/25 at 11:38 a.m. Diagnoses included, but were not limited to, amnesia-memory deficit, delusional disordered, and epilepsy. The Resident Assessment, dated 1/3/25, indicated the resident was moderately cognitively impaired			

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	and required supervision for transfers as she had unsteady episodes. A Progress Note, dated 12/5/24, indicated the resident was noted sitting on the floor in front of the apartment door, crawling on the floor, and could not get up. The resident was assessed and no injury was noted. Neurochecks were initiated and notifications were sent to the appropriate parties. The Neurological Flow Sheet, dated 12/5/24, was not complete. During an interview, on 1/30/25 at 12:10 p.m., the Director of Nursing indicated the neurochecks should have been completed. A Fall Policy was requested and was not provided. This citation relates to Complaint IN00447449.			