

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER Serenity Spring Senior Living at Northwood		STREET ADDRESS, CITY, STATE, ZIP CODE 2515 Newton St Jasper, IN 47547	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review, the facility failed to ensure care plan interventions to prevent falls were in place for 1 of 3 residents reviewed for quality of care. A resident with a history of falls did not have specific interventions to prevent further falls in place according to the plan of care. (Resident C) Finding includes: During record review on 4/6/26 at 11:00 A.M., Resident C's diagnoses included, but were not limited to, lack of coordination, muscle weakness, and repeated falls. Resident C's most recent quarterly Minimum Data Set (MDS) assessment, dated 1/27/26, indicated the resident was alert and oriented, had upper and lower extremity impairments to both sides, utilized a wheelchair for mobility, and had two or more falls since the previous assessment. Resident C's care plan included, but was not limited to, resident is at risk for falls (last revised 1/12/26). Interventions included but were not limited to park wheelchair outside of room to maximize space and safety (initiated 8/25/25) and fall mat to be place beside left side of bed when resident is in bed. Do not leave on floor when resident is up in wheelchair (initiated 6/11/24). During an observation on 4/6/26 at 3:00 P.M., Resident C was observed up in the dining room in her wheelchair. Resident C's room contained a fall mat on the floor next to the resident's bed. During an observation on 4/7/26 at 9:30 A.M., Resident C was in bed sleeping. The resident's wheelchair was in her room parked near the head of the resident's bed. During an interview on 4/7/26 at 11:00 A.M., RN 6 indicated Resident C's fall mat should be removed from the floor when resident is not in bed and her wheelchair should be parked outside of her room while she is in bed to create more space in the room and provide a safer environment. RN 6 indicated the CNA's may need to be reminded of the Resident's fall interventions to ensure they are in place. On 4/7/26 at 12:30 P.M., the Facility Administrator supplied a facility policy titled, Care Plans, Comprehensive Person-Centered, dated 03/2022. The policy included, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . 8. Services provided for or arranged by the facility and outlined in the comprehensive care plan are: a. provided by qualified persons . This citation relates to intakes 2637477, 2685770, and 2692710. 410 IAC (Indiana Administrative Code) 16.2-3.1-35(a) 410 IAC (Indiana Administrative Code) 16.2-3.1-35(g)(2)</p>

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe, sanitary, and homelike environment in 3 of 6 unit halls and common resident spaces. The 100 unit hall temperature was 70 degrees Fahrenheit (F), the Garden Ridge unit hall was 64 degrees F, and the Cedar point unit hall was 69 degrees F. (100 unit, Garden Ridge unit, Cedar Pointe unit, Resident B, Resident D). Finding includes: During a record review on 4/6/26 at 11:30 A.M., minutes from a Resident Council meeting on 2/17/26 mentioned facility temperature levels as a topic of concern. During an interview on 4/6/26 at 2:50 P.M., Resident B indicted the Garden Ridge unit temperature was cool. During an observation on 4/6/26 at 3:00 P.M., the Garden Ridge unit hallway thermostat read 65 degrees F. During an observation on 4/7/26 at 9:25 A.M., the Gardent Ridge unit hallways thermostat read 64 degrees F. On 4/7/26 at 9:30 A.M., the 100 unit hallway thermostat read 70 degrees F. on 4/7/26 at 10:50 A.M., the Cedar Ponite unit hallway thermostat read 68 degrees F. On 4/7/26 at 11:20 A.M. Resident D indicated she was cold when coming out of her room into the Cedar Pointe unit hallway. During an interview on 4/7/26 at 11:25 A.M., Maintenance 4 indicated the facility tried to keep the temperature between 72 - 74 degrees F. On 4/7/26 at 12:30 P.M., the Facility Administrator supplied a facility policy titled, Homelike evironment, dated 02/202. The policy included, .2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. The characteristics include: .h. comfortable and safe temperatures (71 - 81 [degrees Fahrenheit]) .This citation relates to intake 2637477. 410 IAC (Indiana Administrative Code) 16.2-3.1-19(f)(5)410 IAC (Indiana Administrative Code) 16.2-3.1-19(h)410 IAC (Indiana Administrative Code) 16.2-3.1-19(j)</p>		