STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155729	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adams Heritage	12011 Whittern Rd Monroeville, IN 46773

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review the facility failed to ensure a care plan was initiated for 1 of 1 residents reviewed. (Resident 3)Findings include:Resident 3's record was reviewed on 05/26/2026 at 10:10 AM. Diagnoses included major depressive disorder, obesity, and history of falling.A review of Resident 3's current quarterly MDS indicated their BIMS (Basic Interview for Mental Status) score was 15 (cognitively intact).There was no care plan related or interventions for major depressive disorder.In an interview, on 05/29/2026 at 12:51 PM, the Administrator indicated Resident 3's care plan was personalized, and they are monitoring behaviors related to depression.In an interview, on 05/29/2026 at 1:33 PM, the DON stated they did not have any care plans specific to major depressive disorder.A current policy, dated 05/29/2026, provided by the DON indicated the care plan would include measurable objectives and time frames for meeting the resident's medical, nursing, and mental/psychosocial needs.410 IAC (Indiana Administrative Code) 16.2-3.1-50(a)(2)

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