MIG Midwest Insurance Group, Inc. A risk retention group.	Midwest Insurance Group, Inc 5875 Castle Creek Parkway N Dr., Suite 215 Indianapolis, IN 46250	MIDWEST INSURANCE GROUP RENEWAL EXPOSURE VERIFICATION FORM

A) APPLICANT INFORMATION:

1) Legal name: HI Lills House LLC

2) Address: 751 E Tamarack Trail Bloomington IN 47408

EXPOSURE INFORMATION:

☒ No locations have been added or removed. The number of licensed beds being insured has not changed in the last twelve (12) months

☐ The number of licensed beds being insured at any one location has changed in the last twelve (12) months or locations have been added or deleted. Changes are detailed below.

Facility Name	Complete Address	SNF Beds	AL Beds	IL Beds	Change/Add/ Delete

PLEASE DISCLOSE ANY INFORMATION MATERIAL TO THIS RISK THAT HAS NOT OTHERWISE BEEN ADDRESSED IN THIS APPLICATION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

PLEASE INCLUDE WITH THIS APPLICATION:

1) FIVE YEARS OF LOSS RUNS
2) MOST RECENT FINANCIAL STATEMENTS
3) MOST RECENT STATE SURVEY

Applicant (signature):		
Michael Lewis	Title: MEMBER OF MANAGER	Date: 09/20/2025

*Note: This **Application** must be signed by an authorized agent of all individuals and entities proposed for this insurance.*

HI Jill's House, LLC
Balance Sheet
As of July 31, 2025

	Jul 31, 25
ASSETS	
Current Assets	
Checking/Savings	
1020005 · Cash in Bank - Farmers	34,253.13
1020003 · Cash in Bank - Payroll	20,773.11
1020002 · Escrow Account	19,566.13
Total Checking/Savings	74,592.37
Accounts Receivable	
1100100 · Accounts Receivable	-24,363.00
Total Accounts Receivable	-24,363.00
Other Current Assets	
1103005 · Inventory - Dietary	6,214.07
1102015 · Due from Pre-School	919.00
1100110 · Prepaid Expenses	10,655.76
Total Other Current Assets	17,788.83
Total Current Assets	68,018.20
Fixed Assets	
1301000 · Land	200,000.00
1301500 · Building	
1301501 · Architecture & Design	65,985.94
1301502 · Construction Interest & Fees	122,416.57
1305103 · Utilities	12,301.97
1301500 · Building - Other	4,424,915.23
Total 1301500 · Building	4,625,619.71
1301505 · Site Improvements	13,545.00
1302500 · Kitchen Equipment	131,090.98
1303000 · Furniture and Fixtures	55,889.36
1303500 · Equipment	155,455.60
1309000 · Accumulated Depreciation	-1,269,713.05
1401000 · Intangible Costs	
1401010 · Organizational Costs	2,781.50
1401020 · Financing Costs	15,000.00
1401050 · Start Up Costs - Marketing	20,043.84
1401040 · Start Up Costs - Operating	
1401041 · Contract Labor	21,652.65
1401040 · Start Up Costs - Operating - Other	182,572.22
Total 1401040 · Start Up Costs - Operating	204,224.87
1409000 · Accumulated Amortization	-147,046.61
Total 1401000 · Intangible Costs	95,003.60
Total Fixed Assets	4,006,891.20
TOTAL ASSETS	**4,074,909.40**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000000 · Accounts Payable	5,023.00
Total Accounts Payable	5,023.00
Credit Cards	
2101003 · Credit Card Payable	175.45
Total Credit Cards	175.45

HI Jill's House, LLC
Balance Sheet
As of July 31, 2025

	Jul 31, 25
Other Current Liabilities	
2101011 · Deposits	2,000.00
2101040 · Accrued Management Fee	23,755.68
2012010 · Advance Due to House Investment	134,950.00
2101000 · Accrued Interest Payable	10,951.56
2101030 · Accrued Real Estate Taxes	80,909.78
2101002 · Payroll Liabilities	
2001005 · Employee Insurance Withholding	-233.20
Total 2101002 · Payroll Liabilities	-233.20
Total Other Current Liabilities	252,333.82
Total Current Liabilities	257,532.27
Long Term Liabilities	
2201800 · Note Payable HI Bloomington MC	1,910,284.94
2201000 · Note Payable - The Farmers Bank	2,494,068.09
Total Long Term Liabilities	4,404,353.03
Total Liabilities	4,661,885.30
Equity	
3040301 · Equity - HI Bloomington MC	
3040304 · BMC - 2025 Buyout	344,140.98
3040302 · HI Bloomington MC	130,000.00
3040303 · HI Bloomington - Distribution	-45,968.85
Total 3040301 · Equity - HI Bloomington MC	428,172.13
3040314 · Syndication Costs	-900.00
3999999 · Retained Earnings	-859,321.87
Net Income	-154,926.16
Total Equity	-586,975.90
TOTAL LIABILITIES & EQUITY	**4,074,909.40**

HI Jill's House, LLC
Profit & Loss
January through July 2025

	Jan - Jul 25	
Ordinary Income/Expense		
Income		
4010000 · Rental Income		
4010001 · Gross Rental Income	1,317,400.00	
4010002 · Less Vacancy	-379,830.40	
Total 4010000 · Rental Income		937,569.60
4020000 · Other Resident Income		
4020012 · Admittance Administration Fee	5,000.00	
4020011 · Respite Care	12,890.00	
4020001 · Activity of Daily Living	34,129.32	
4020002 · Continence Management	44,800.00	
Total 4020000 · Other Resident Income		96,819.32
4020050 · Adult Day Services		16,717.00
4020065 · Rent Income - Preschool		7,000.00
4020060 · Salon Services		8,467.40
Total Income		1,066,573.32
Expense		
500000 · General and Administrative		
5000355 · Bank Fees	628.62	
5000075 · Meals & Entertainment	28.98	
5000007 · Mileage	102.20	
5000010 · Management Fee	18,044.84	
5000020 · Office Supplies	1,694.07	
5000350 · Supplies - General	59.00	
5000040 · Dues & Subscriptions	50.00	
5000050 · Postage	216.55	
5000070 · IT Fees	4,610.69	
5000090 · Admin Allocation	17,731.00	
Total 500000 · General and Administrative		43,165.95
5001000 · Advertising & Marketing		
5001010 · Advertising - Employment	5,188.56	
5001020 · Advertising - Promotional	1,500.00	
5001030 · Marketing Material	1,419.46	
5001040 · Marketing Consultant	6,250.00	
Total 5001000 · Advertising & Marketing		14,358.02
5002000 · Legal & Professional		
5002010 · Legal	325.00	
Total 5002000 · Legal & Professional		325.00
5003000 · Employee Expenses		
5003010 · Salaries & Wages		
5003011 · Administrative Wages	70,580.59	
5003012 · Wellness Wages	378,484.01	
5003013 · Dietary Wages	54,837.37	
5003014 · Development Wages	5,103.99	
5003017 · Housekeeping Wages	16,220.95	
5003015 · Vacation Wages	2,058.67	
5003016 · Bonus Pay	19,519.32	
Total 5003010 · Salaries & Wages	546,804.90	

HI Jill's House, LLC
Profit & Loss
January through July 2025

	Jan - Jul 25
5003020 · Payroll Taxes	43,281.54
5003025 · Workers Compensation	9,175.23
5003030 · Employee Insurance	54,184.69
5005032 · Employee Gifts	270.56
5003035 · Payroll Processing Fee	3,454.59
5003050 · Employee Expenses	1,387.33
5003065 · Consultant - Training	2,715.75
5003066 · Outside Labor - Agency	83,985.63
5003090 · Mobile Phone	330.00
5003100 · Employee Meals	2,985.64
Total 5003000 · Employee Expenses	748,575.86
5004000 · Utility Expense	
5004055 · Internet	1,739.43
5004010 · Electric	25,052.05
5004020 · Gas	1,595.08
5004030 · Water & Sewer	7,417.34
5004040 · Telephone	2,116.83
5004050 · Cable	2,231.20
5004060 · Trash Removal	3,890.60
Total 5004000 · Utility Expense	44,042.53
5005000 · Resident Expenses	
5005072 · Medical Director	600.00
5005037 · Salon Services	8,734.00
5005073 · Pharmacy Consulting	1,167.30
5005010 · Dietary - Raw Food	60,570.70
5005015 · Dietary - Supplies	185.83
5005020 · Dietary Disposables	4,938.50
5005022 · Allocated Costs - Meals	-11,691.64
5005025 · Dietary - Consultant	2,366.38
5005035 · Resident Services	65.42
5005050 · Activities - Supplies	470.79
5005060 · Activities - Entertainment	1,231.23
5005065 · Nurse Cosultant	2,740.25
5005070 · Medical Supplies	2,738.59
5005080 · Travel	294.00
Total 5005000 · Resident Expenses	74,411.35
5006000 · Repairs and Maintenance	
5006010 · Housekeeping Supplies	1,731.19
5006015 · Maintenance Supplies	516.59
5006030 · Exterminating	1,538.05
5006035 · Landscaping	2,087.93
5006040 · Snow Removal	2,150.00
5006045 · Cleaning	1,526.74
5006055 · Laundry Chemicals	1,676.26
5006060 · R&M - Units	885.00
5006065 · R&M - HVAC	9,619.84
5006070 · R&M - Kitchen	3,048.01
5006075 · R&M - Building	4,822.14
5006080 · R&M - Plumbing	525.00
5006095 · R&M - Fire/Sprinkler	3,738.64
5006100 · R&M - Laundry	159.90
5006105 · R&M - Elevator	10,453.89
Total 5006000 · Repairs and Maintenance	44,479.18
5007000 · Property Expense	
5007010 · Real Estate Taxes	49,000.00
5007020 · Personal Property Taxes	1,041.24
5007030 · Insurance	8,151.75
Total 5007000 · Property Expense	58,192.99

HI Jill's House, LLC
Profit & Loss
January through July 2025

	Jan - Jul 25
5008000 · Depreciation & Amortization	
5008010 · Depreciation	84,875.00
5008020 · Amortization	15,169.00
Total 5008000 · Depreciation & Amortization	100,044.00
Total Expense	1,127,594.88
Net Ordinary Income	-61,021.56
Other Income/Expense	
Other Expense	
5009000 · Other Expense	
5009010 · Interest Expense	93,904.60
Total 5009000 · Other Expense	93,904.60
Total Other Expense	93,904.60
Net Other Income	-93,904.60
Net Income	**-154,926.16**

Indiana Department of Health

Mike Braun
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

January 23, 2025

Facility ID: 013824

Hi Jill's House Llc
751 E Tamarack Trail
Bloomington, IN 47408

Re: Survey Event ID P09R11

Dear Shonte Halliday:

On January 17, 2025, a State Residential Licensure Survey was conducted at the above referenced facility by the Division of Long Term Care, Indiana Department of Health, to determine if the facility was in compliance with state requirements for health facilities found at 410 IAC 16.2. State findings were cited at this survey.

A plan of correction (POC) must be submitted for these state findings. The POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;
- 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; and
- By what date the systemic changes will be completed.

The facility is required to submit a POC for the state deficiencies no later than February 2, 2025.

To protect resident privacy and confidentiality, please remember that any resident identifying information must be removed, blocked out, or redacted from documents submitted with a Plan of Correction or Addendum response. Resident identifiers used in the State Form may be substituted for resident names where applicable.

Informal Dispute Resolution

One opportunity is provided to discuss cited deficiencies through an Informal Dispute Resolution (IDR) process. An opportunity to request IDR is provided during the completion of the plan of correction in the ISDH Survey Report System. Please follow the instructions when the plan of correction is submitted. If you have any questions about the status of an IDR request, you may send an email to ISDH.LTC.IDR@isdh.in.gov .

Questions concerning the enforcement instructions contained in this letter may be directed to Miriam Buffington at 317-233-7613 or by email at mbuffington@health.in.gov .

Sincerely,

Brenda Buroker

Brenda Buroker, Director
Long Term Care

cc: Public File

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	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HI JILL'S HOUSE LLC	751 E TAMARACK TRAIL BLOOMINGTON, IN 47408

(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 a State Residential Licensure Survey. Survey dates: January 16 and 17, 2025 Facility number: 013824 Residential Census: 23 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed January 21, 2025.	R 0000	The filing of this plan of correction does not constitute an admission the alleged deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirement and to continue providing quality care and services to all residents. Acceptance of this Plan of Correction (POC) provides the facility's credible evidence of compliance effective February 28,2025. We respectfully request desk review and consideration for paper compliance of substantial compliance based on the POC and supporting documents submitted.	
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency Based on interview and record review, the facility failed to ensure a minimum of one employee with a current cardiopulmonary resuscitation (CPR) and First Aid (FA) certification on each shift for 5 of 7 days reviewed . Findings include: On 1/17/25 at 10:00 a.m., the Wellness Director provided the schedule and copies of the CPR and FA certifications for the week of 1/10/25 through 1/16/25.	R 0117	=”” p=””> =”” p=””> =”” p=””> CPR and first aid class held on January 28th 2025, resulting in 22 of 25 employees being certified. Class set for March of 2025 to ensure 100% compliance. CPR and first aid classes will be scheduled every six months and PRN. The Wellness Director or designee will monitor the CPR/first	01/31/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Shonte Halliday | Director of Operations | 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.

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	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HI JILL'S HOUSE LLC	751 E TAMARACK TRAIL BLOOMINGTON, IN 47408

(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
	The schedule indicated the following: - On 1/10/25, there were no staff members on day shift with FA. - On 1/11/25, there were no staff members on day, evening, and night shift with FA, and no staff members on evening and night shift with CPR. - On 1/12/25, there were no staff members on day, evening, and night shift with FA, and no staff members on evening and night shift with CPR. - On 1/15/25, there were no staff members on evening and night shift with FA and CPR. - On 1/16/25, there were no staff members on evening and night shift with FA and CPR. During an interview on 1/17/25 at 10:30 a.m., the Wellness Director indicated the shifts lacked any staff members with FA and CPR. On 2/8/23 at 11:10 a.m., the Wellness Director indicated they did not have a CPR and FA policy. The facility followed the state regulations.		aid binder monthly for six months and then quarterly for six months to ensure compliance with federal regulations. ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p="">	
R 0214 Bldg. 00	410 IAC 16.2-5-2(a) Evaluation - Deficiency Based on record review and interview, the facility failed to complete the semi-annual functional assessments/evaluations for 3 of 7 residents reviewed. (Residents 3, Resident 4, Resident 7) Findings include: 1. On 1/16/25 at 11:00 a.m., Resident 3's clinical record was reviewed. The diagnoses included, but	R 0214	Upon audit 100% of residents were without semiannual functional assessments. 100% of semiannual functional assessment / evaluation forms completed for all residents. Auditing tool put in place for service plans/functional assessments to be monitored by	02/07/2025

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	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HI JILL'S HOUSE LLC	751 E TAMARACK TRAIL BLOOMINGTON, IN 47408

(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
	not limited to, Alzheimer's (a brain disorder that gradually destroys memory and thinking skills) and hypertension (high blood pressure). Upon review of the clinical record, the last functional assessment/evaluation completed was on 12/8/23. The record lacked any additional functional assessments/evaluations. During an interview with the Director of Wellness on 1/17/25 at 9:18 a.m., she indicated there were no other functional assessments/evaluations for Resident 3. 2. On 1/16/25 at 11:30 a.m., Resident 4's clinical record was reviewed. The diagnoses included, but were not limited to, dementia (a decline in mental abilities that affects a person's ability to perform everyday activities). Upon review of the clinical record, the last functional assessment/evaluation completed was on 9/24/24, the assessment prior was dated 9/25/23. The record lacked any additional functional assessments/evaluations. During an interview with the Director of Wellness on 1/17/25 at 9:18 a.m., she indicated there were no other functional assessments/evaluations on Resident 4.3. On 1/16/25 at 11:28 a.m., Resident 7's clinical record was reviewed. The diagnoses included, but were not limited to, coronary artery disease and hypertension. The Service/Functional Evaluation, dated 3/4/24, indicated it was an annual evaluation. The clinical record lacked a Service/Functional Evaluation semiannually.		Wellness Director or designee on a monthly basis for six months followed by quarterly for six months..	

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	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HI JILL'S HOUSE LLC	751 E TAMARACK TRAIL BLOOMINGTON, IN 47408

(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
	During an interview on 1/17/25 at 10:44 a.m., the Wellness Director indicated clinical record lacked a Service/Functional Evaluation semiannually. On 1/17/25 at 11:30 a.m., the Wellness Director provided the facility's policy, "Resident Functional Assessment," undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated ..."An evaluation of the individual needs of each resident shall be initiated prior to admission, completed post-admission and updated at least semiannually, or upon a know substantial change in the resident's condition ..."			
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency Based on interview and record review, the facility failed to ensure service plans were signed for 1 of 7 residents reviewed. (Resident 1) Findings include: On 1/16/25 at 10:50 a.m., Resident 1's clinical record was reviewed. The diagnosis included, but was not limited to dementia. The current service plan, dated 10/10/24, and had not been signed by the resident nor the resident's representative. During an interview on 1/16/25 at 12:00 p.m., the Wellness Director indicated the service plan for Resident 1 had not been signed. On 1/17/25 at 9:17 a.m., the Wellness Director provided the policy, "Resident Service Plan," undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... 7. The resident will sign and date his or her Service Plan after review and discussion,	R 0217	Upon review of all residents charts, two other charts were found without signatures. Service plan meetings continue with families 100% compliance anticipated by February 7th 2025. Auditing tool in place for signature compliance to be monitored by Wellness Director or designee on a monthly basis for six months followed by quarterly for six months.	02/28/2025

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	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HI JILL'S HOUSE LLC	751 E TAMARACK TRAIL BLOOMINGTON, IN 47408

(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
	indicating his or her agreement with the plan ..."			
R 0410 Bldg. 00	410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance Based on interview and record review, the facility failed to ensure a first step tuberculin skin test was completed prior to or upon admission and a second step tuberculin skin test was completed within one to three weeks after the first step tuberculin skin test for 1 of 7 residents reviewed. (Resident 1) Finding includes: On 1/16/25 at 10:50 a.m., Resident 1's clinical record was reviewed. The diagnosis included, but was not limited to, dementia. The resident's admission date was 9/9/24. The clinical record lacked documentation of the resident's first step tuberculin skin test having been completed or documented upon admission or the second step tuberculin skin test having been completed or documented within one to three weeks after the first step tuberculin skin test. The first documented tuberculin skin test was 9/23/24. During an interview on 1/16/25 at 12:00 p.m., the Wellness Director indicated Resident 1's first step tuberculin skin test was done late and there had not been a second step done. The facility started the series over on 12/16/24, after realizing they had not completed the first and second step tuberculin skin test correctly. On 1/17/25 at 9:17 a.m., the Wellness Director provided the policy, "Resident Tuberculosis Screening," undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... 2. All residents	R 0410	Upon review of all residents charts, two other charts were found without signatures. Service plan meetings continue with families 100% compliance anticipated by February 7th 2025. Auditing tool in place for signature compliance to be monitored by Wellness Director or designee on a monthly basis for six months followed by quarterly for six months.	02/07/2025

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	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HI JILL'S HOUSE LLC	751 E TAMARACK TRAIL BLOOMINGTON, IN 47408

(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
	will have a tuberculin skin test ... at the time of admission within three weeks prior to admission ... 9. If the initial Mantoux test reaction is negative, the second will be given one week to three weeks after the first test ..."			

Indiana Department of Health

Mike Braun
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

February 21, 2025

Provider No:
State ID #: 013824

Shonte Rena Halliday
Hi Jill's House Llc
751 E Tamarack Trail
Bloomington, IN 47408

RE: Hi Jill's House Llc - 751 E Tamarack Trail, Bloomington
Survey Event ID: P09R11 - Re-Licensure

This letter is to notify you that the Plan of Correction (POC) for the survey completed on January 17, 2025, at subject facility, was approved on February 14, 2025. A revisit may be scheduled to verify correction of the deficiencies.

If you have any questions, please contact the following:

Area 9 Team B - Anna Baker
Surveyor Supervisor
Long Term Care Division
Indiana Department of Health
PHONE: 317/233-7442 or FAX: 317/233-7322

cc: 013824 File