

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2012
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NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E COOLSPRING AVE MICH CITY, IN 46360
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R0000	<p>This visit was for the Investigation of Complaint IN00106570.</p> <p>Complaint IN00106570-Substantiated. No state residential findings related to the allegations are cited.</p> <p>Unrelated state residential finding cited.</p> <p>Survey date: May 2, 2012</p> <p>Facility number: 010610 Provider number: 010610 AIM number: N/A</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: Residential: 46 Total: 46</p> <p>Census payor type: Other: 46 Total: 46</p> <p>Sample: 4</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 5/3/12 Cathy Emswiller RN</p>	R0000	<p>The following is the Plan of Correction for Sterling House and Clare Bridge of Michigan City in regards to the Statement of Deficiencies for the complaint survey completed on 5-2-2012. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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R0088	<p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator</p> <p>Based on observation, record review, and interview, the facility failed to ensure an Administrator with the required comprehensive care facility or residential care facility Administrator license was employed at the facility. This deficient practice had the potential to affect 46 of the 46 residents residing in the facility.</p> <p>Findings include:</p> <p>During observation on 5/2/12 at 8:55 a.m., There was no Administrator's license observed posted in the Sterling House building during the orientation tour.</p> <p>During observation on 5/2/12 at 9:12 a.m., There was no Administrator's license observed in the Clare Bridge</p>	R0088	<p><u>R 088</u> What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? · No residents were cited as having been affected by the alleged deficient practice. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? · The Health and Wellness Director of the Sterling House was designated in the letter to ISDH as the person in charge of the community in the absence of an administrator. This individual has over 20 years of experience as a licensed nurse in the long-term care industry. She has access to other Brookdale Senior Living Executive Directors in the event there is a need to discuss any</p>	06/01/2012			

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	<p>building during the orientation tour.</p> <p>When interviewed on 5/2/12 at 8:40 a.m., the Executive Director indicated she was from Colorado and was working at the facility currently until a new Administrator started. The Executive Director indicated she started working at the facility March 3, 2012 and would work for 10 days in Indiana and return to her home state for 4 days. The Executive Director indicated she did not have an Indiana Administrator's license. She indicated she had completed an Administrator training course in Colorado and did not have to take a Licensure test or have an Administrator's license.</p> <p>The Executive Director provided a certificate indicating she had completed a course of "Administrator Training for Assisted Living Residences." The certificate indicated the course was completed in 2004 in the state of Colorado. There was no documentation of licensure on the certificate.</p> <p>When interviewed on 5/2/12 at 10:00 a.m., the Executive Director indicated the Health and Wellness Director (an LPN) had applied for a provisional license in Indiana until a new Administrator started.</p> <p>When interviewed on 5/2/12 at 1:45 p.m.,</p>		<p>issues that arise, as well as support from her Regional Leadership team. For this reason, we could identify no residents at risk due to the absence of a licensed administrator for the time in question. During this time, the community has continued to actively recruit for a qualified licensed administrator. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? The community has requested a provisional license for the current Health and Wellness Director. On may 18th Indiana State department of Health submitted letter via email to inform facility that the plan of correction submitted for R0088 was found to be incomplete. The letter is requesting facility to provide a copy of provisional license. Facility contacted the Health Facilities Board on Monday May 20th to check on status of application submitted for provisional license. Facility was notified at that time that the Health Facilities Board needed addition information and to collect a fee. Facility sent requested documents and fee for an overnight delivery on Tuesday May 21. on Wednesday Facility was</p>				

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	<p>the Health and Wellness Director indicated she had completed the application and sent it in and had not received the provisional license at this point.</p> <p>When interviewed on 5/2/12 at 2:00 p.m., the Executive Director indicated the Health and Wellness Director informed her there was a section on the provisional licensure application that the Employer had to complete. The Executive Director indicated page 3 of the Application for Health Facility Administrator Provisional License form required a signature and she had signed the application today. The Executive Director provided a copy of the application. Page 3 of the application indicated a signature of the owner or officer was required.</p>		<p>contacted that the Health Facilites Board had recieved shipment and then requested the facility to provide a signed letter indicating why facility had an un-expected vacancy in the Administrator position. Facility sent requested letter indicating why they had an unexpected vacancy in administrator to the Health Facilities Board for an overnight delivery on Wednesday May 23.Facility will provide a copy of the provisional License to the Indiana State Department of Health as soon as they receive it from the Health Facilities Board. Regional Vice President and Health and Wellness Director and Executive Director will continue to monitor the status of the application. · In addition, an Executive Director Pro-Tem will continue to provide additional oversight and assistance · The community continues to actively recruit for a qualified full-time licensed administrator. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place?</p> <p>· The Regional Vice President will continue to provide operational oversight to this community on a weekly basis in order to support the interim</p>				

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			Executive Director Pro-Tem as well as the Health and Wellness Director By what date will these systemic changes be implemented? · 6-1-12	