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 12/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING AT ROMWEBER FLATS	123 SOUTH DEPOT STREET BATESVILLE, IN 47006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
R000000	This visit was for an Initial State Residential Licensure Survey Survey Date: December 12, 2014 Facility Number: 013321 Provider Number: 013321 AIM Number: n/a Survey Team: Tammy Forthofer, RN-TC Julie Dover, RN Rita Bittner, RN Census Bed Type: Residential: 3 Total: 3 Census Payor Type: Other: 3 Total: 3 Sample: 4 This state finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on December 16, 2014, by Janelyn Kulik, RN.	R000000		
R000117	410 IAC 16.2-5-1.4(b)			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.			
	Based on record review and interview the facility failed to maintain a minimum of one staff member on duty with current CPR and First Aide training 24 hours a day. This deficient practice had the potential to affect 3 of 3 residents residing in the facility Finding includes: Record review of the staffing schedule for 11-29-2014, 11-30-2014, 12-4-2014,	R000117	Initial State Residential Licensure SurveyEvent ID 27ZI11, 12-12-14. Preparation and/or execution of thisplan of correction in general, or this corrective action in particular, doesnot constitute an admission of agreement by this facility of the facts allegedor conclusions set forth in this	01/13/2015

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	and 12-10-2014 indicated no staff member working any of the three shifts were CPR and First Aide certified. The staffing schedule for 12-1-2014, 12-2-2014, 12-6-2014, 12-7-2014, 12-8-2014 and 12-9-2014, indicated on the 7:00 AM to 3:00 PM shift, no staff members working were CPR and First Aide certified. The staffing schedule for 12-3-2014, 12-5-2014 and 12-11-2014 indicated on the 7:00 AM to 3:00 PM and 11:00 PM to 7:00 AM shifts, no staff members working were CPR and First Aide certified. During an interview, on 12-12-2014 at 3:00 PM, with the DON (Director of Nursing), she indicated her CPR card had expired a few months ago. The DON indicated she could only confirm two staff members were CPR certified. During an interview, on 12-12-2014 at 4:58 PM, with the Administrator, he indicated no other employee certifications could be found.		statement of deficiency. The plan ofcorrective actions are prepared and/or executed in compliance with state andfederal laws. **Thisfacility respectfully requests paper compliance for this citation.** **R117 Personnel** It is the intent of this facility toensure a minimum of one (1) awake staff person, with current CPR and First Aidecertifications are on site at all times. **Actionstaken:** All nursing staff was evaluated toensure they had the correct qualification and training in accordance withapplicable state laws and rules to meet the needs of the residents and servicesprovided. See exhibit "A". Copies of current documentation needed to validateall of the nursing staff qualifications will be obtained	

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			and placed theirpersonnel files. - **OthersIdentified:** No other residents were affected. A 100% audit of all employees' personnel files was conducted to ensure the necessaryqualification and training documentation was present. **MeasuresTaken:** A check list will be used to ensure thenecessary nursing staff qualification and training documentation is in place tocomplete a standardized personnel file for all new nursing staff. See exhibit "B". The Nurse supervisor will use this check listeach and every time a new nursing staff employee is hired to ensure they havethe necessary qualification and training. There will always be at least onenursing staff person with the necessary qualifications and training scheduledto work 24 hours a day, 7 days a week.	

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			HowMonitored: The "Staff Orientation & PersonnelFile checklist" will always be used when hiring new employees. TheAdministrator will review all new employee personnel files and indicate so by signingthe new employee "Staff Orientation & Personnel File checklist". Audits ofall personnel will be conducted for the next 2 quarters to ensure all staff hasthe necessary qualification and training needed to meet the needs of the residents.Following this, 2 more audits will be conducted at 6 month intervals. - **Dateof Completion:** This plan of correction constitutes ourcredible allegation of compliance with all regulatory requirements. Our date ofcompliance is January 13, 2015.	