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| 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 11/22/2013 |
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| NAME OF PROVIDER OR SUPPLIER CENTURY FIELDS RETIREMENT COMMUNITY LP | STREET ADDRESS, CITY, STATE, ZIP CODE 825 N MERIDIAN ST GREENTOWN, IN 46936 |
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| (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 | <p>This visit was for a State Licensure Survey.</p> <p>Survey dates: November 18, 19, 20, 21, & 22, 2013</p> <p>Facility number: 013128 Provider number: n/a AIM number: n/a</p> <p>Survey team: Michelle Carter, RN -TC Maria Pantaleo, RN</p> <p>Census bed type: Residential: 38 Total: 38</p> <p>Census Payor type: Other: 38 Total: 38</p> <p>Sample: 9</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on November 26, 2013.</p> | R000000 | | |

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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| R000117 | <p>410 IAC 16.2-5-1.4(b) 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 ensure staff on duty met the First Aid and CPR (cardiopulmonary resuscitation) for 1 of 14 night shift schedules reviewed.</p> <p>Findings include:</p> <p>A review of night shift schedules was completed on 11/20/13. The November 2013 nursing staff</p> | R000117 | <p>1. Noone was affected by lack of first aide training during the night of 11/18/13. 2. The two RNs (one a BS RN) scheduled for the night shift on 11/18/13 did not have a certificate specifying completion of first aide training. The citing also indicated lack of CPR. All nurses, including the two RNs without the first aide certification, ARE CPR certified and have been since hire. All records are in personnel files. There was never a mention of</p> | 12/04/2013 | | | |

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| | <p>schedule indicated, on 11/18/13, the staff on duty were not certified in First Aid and CPR training.</p> <p>During an interview with Director of Nursing on 11/21/13 at 9:30 a.m., she acknowledged the night shift on 11/18/13, did not include a staff member certified in First Aid and CPR.</p> | | <p>CPR certification during the survey. Both RNs have now completed a first aide training course and are first aide certified to care for the residents. 3. In the future, any RN or LPN hired for facility will complete CPR and/or first aide training course during orientation if he/she is not currently CPR and/or first aide certified. 4. HR will be responsible for ensuring all are kept current and updated.</p> | | | | |