

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT ROMWEBER FLATS	STREET ADDRESS, CITY, STATE, ZIP CODE 123 SOUTH DEPOT STREET BATESVILLE, IN 47006
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: September 17 & 18, 2015</p> <p>Facility number: 013321 Provider number: 013321 AIM number: N/A</p> <p>Census bed type: Residential: 16 Total: 16</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0123 Bldg. 00	<p>410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance</p> <p>(h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:</p> <ol style="list-style-type: none"> (1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable. (5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable. (6) Position in the facility and job description. 			

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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	<p>(7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.</p> <p>(8) Signed acknowledgement of orientation to residents' rights.</p> <p>(9) Performance evaluations in accordance with facility policy.</p> <p>(10) Date and reason for separation.</p> <p>Based on record review and interview, the facility failed to ensure each employee had current licensure or certification for 1 of 11 employees reviewed for employee records. (CNA #1)</p> <p>Findings include:</p> <p>On 09/18/2015 at 10:30 A.M., the employee records were reviewed. CNA (Certified Nursing Assistant) #1's certification was found to be expired as of 09/06/2015. The "as worked" schedule indicated CNA #1 had worked on the following dates on the 3 P.M. to 11 P.M. shift: September 8, 9, 10, 11, 14, 15, 16, and 17, 2015.</p> <p>During an interview on 09/18/2015 at 11:00 A.M., the Administrator indicated CNA #1 went online and applied for Recertification on 09/17/2015. He further indicated that prior to 9/17/2015 he was unaware that CNA #1's certification had been expired.</p>	R 0123	<p>StateResidential Licensure Survey Event ID KSGC11, 09-18-15.</p> <p>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 statement of deficiency. The plan ofcorrective actions are prepared and/or executed in compliance with state andfederal laws.</p> <p><u>Thisfacility respectfully requests paper compliance for this citation.</u></p> <p>R123 Personnel - Nonconformance _</p>	09/24/2015			

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			<p>It is the intent of this facility to maintain current and accurate personnel records for all employees.</p> <p>Action taken: All nursing staff was evaluated to ensure they had the correct qualification and training in accordance with applicable state laws and rules to meet the needs of the residents and services provided. CNA #1 was recertified on 09-18-15. A copy of her current License Information (Exhibit "A") has been placed in her personnel file.</p> <p>Others identified: Due to the fact all residents were affected no further action was taken.</p> <p>Measures Taken: The Administrator created a color coded spread sheet (Exhibit "B") that lists the due dates for items that have to be renewed for all personnel.</p> <p>How Monitored: The Administrator will review</p>	

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			<p>the spreadsheet each and every week. A task has been entered in the "Outlook Task List" on the Administrator's computer with a reminder (Exhibit "C") set for Wednesday of each week with no end date. An updated copy of the spread sheet will be provided for Nursing Staff. This will provide each staff member with reminders as to when and what needs attention.</p> <p>-</p> <p><u>Date of Completion:</u> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is September 24, 2015.</p> <p>-</p>	