

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155845	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2023
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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00409942.</p> <p>Complaint IN00409942 - Federal/State deficiencies related to the allegations are cited at F600 and F607.</p> <p>Survey date: June 13, 2023</p> <p>Facility number: 000368 Provider number: 155845 AIM number: 100275220</p> <p>Census Bed Type: SNF/NF: 20 Total: 20</p> <p>Census Payor Type: Medicaid: 16 Other: 4 Total: 20</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/19/23.</p>	F 0000		
F 0607 SS=E Bldg. 00	<p>483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kathy Jones	Interim Administrator	07/01/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>Based on record review and interview, the facility failed to ensure their abuse policy was implemented related to pre-employment screening for 6 of 6 employee files reviewed. (RN 1, RN 2, LPN 1, CNA 1, CNA 2 & LPN 2)</p> <p>Finding includes:</p> <p>The employee files were reviewed on 6/13/23 at 11:45 a.m.</p> <p>a. RN 1, who was hired on 5/26/23, did not have a criminal history background check available for review.</p> <p>The June 2023 work schedule indicated the RN</p>	F 0607	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents were found to be affected by the deficient practice; however, all residents had the potential to be affected. RN 1, RN 2, LPN 1, CNA1, CNA 2, and LPN 2 all have criminal background checks in their files with some pending fingerprint results.</p> <p>2) how other residents having the potential to be affected by the same deficient practice will be</p>	06/23/2023
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	<p>had worked on 6/3, 6/4, 6/7, 6/8, and 6/13/23.</p> <p>b. RN 2, who was hired on 6/12/23, did not have a criminal history background check available for review.</p> <p>The June 2023 work schedule indicated the RN had worked on 6/12 and 6/13/23.</p> <p>c. LPN 1, who was hired on 6/2/23, did not have a criminal history background check available for review.</p> <p>The June 2023 work schedule indicated the LPN had worked on 6/2, 6/7, and 6/9/23.</p> <p>d. CNA 1, who was hired on 6/4/23, did not have a criminal history background check available for review.</p> <p>The June 2023 work schedule indicated the CNA had worked on 6/4, 6/5, and 6/7-6/12/23.</p> <p>e. Employee 1, who was identified as being a CNA, was hired on 6/10/23. There was no employee file available for review.</p> <p>The Indiana Professional Licensing Agency (IPLA) search completed on 6/13/23 at 1:15 p.m., indicated the employee did not have a CNA, QMA or Home Health Aide (HHA) certification.</p> <p>The June 2023 work schedule indicated the employee had worked 6/10, 6/11, 6/12, and 6/13/23.</p> <p>f. LPN 2, who was hired on 5/27/20 and recently terminated for abuse, did not have a completed criminal history background check prior to hire available for review.</p>		<p>identified and what corrective action(s) will be taken; No residents were found to potentially be affected by the deficient practice. All employees criminal background checks have been requested with some pending fingerprint results.</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; An audit was completed on 6/13/2023 on all employee files to ensure that the deficient practice does not recur. All employees will have a criminal background check requested on Indiana State Police portal by 6/23/2023 however some have not resulted due to the need for fingerprints. All direct care staff have also had a license/certification verified. The facility will be responsible for the pending fingerprint request to be scheduled by 7/7/23. The HR or designee will ensure that the pre-hire documents have been completed prior to orientation with use of an employee file checklist.</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what</p>	

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	<p>Interview with the Interim Administrator on 6/13/23 at 12:50 p.m., indicated Employee 1 did not have an employee file. She indicated the employee was hired by the Director of Nursing (DON) and was told to start over the weekend without her knowledge. The Interim Administrator indicated she was not sure how old the employee was and what her qualifications were. She also indicated the above employees did not have criminal background checks at the time of hire.</p> <p>The Resident Rights and Abuse Policy Handbook, which was identified as being current by the Interim Administrator, was reviewed on 6/13/23 at 1:30 p.m. The policy indicated a criminal background check would be conducted on all prospective employees as provided by the facility's policy on criminal background checks. A significant finding on the background check would result in denied employment consistent with the criminal background check policy in accordance with State and Federal regulation.</p> <p>This Federal tag relates to Complaint IN00409942.</p>		<p>quality assurance program will be put into place;</p> <p>The administrator or designee will audit all applicants prior to orientation to ensure employee files contain all required documents including a criminal background check and licensure verification. Leadership has been educated that no applicants can start employment at Simmons Loving Care without a complete pre-hire background screen. The Administrator will review findings of each audit with the HR/secretary or designee to approve hire. The results of the audits will be discussed in QAPI monthly for 6 months. If the criminal background check request results in a fingerprint requisition, the HR/designee will review and print the public records from My Case and facility can hire with fingerprint pending if employee meets requirements.</p>	