

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/06/2023
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF FISHERS SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 9745 OLYMPIA DR, FISHERS, , 46038			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and Complaint survey completed on July 7, 2023. This visit was in conjunction with the Investigation of Complaint IN00414818. Complaint IN00411223 - Corrected Complaint IN00414818 - No deficiencies related to the allegations are cited. Survey dates: September 5 and 6, 2023 Facility number: 002999 Residential Census: 91 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on September 7, 2023	R 0000			

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R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (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 interview and record review, the facility failed to ensure 1 staff person was certified in Cardiopulmonary Resuscitation (CPR) and first aid on each shift. This had a potential to affect 91 of 91 residents that resident in the	R 0117	1.No residents were affected by the alleged deficient practice. 2.The Community realizes that residents had the potential to be affected by the alleged deficient practice. 3.The wellness employees that do not have both CPR and First Aid certifications have been identified. All the employees will be required to complete these certifications by October 8 Any wellness employee who does not complete the certifications will be removed from the schedule. All new hire wellness employees will be required to complete the certifications. All certifications will be placed in the licensure binder by month of certificate expiration dates. Going forward, at least one staff person per shift will be CPR and first aide certified. 4.The Wellness Director will review certifications monthly to ensure all certifications are up to date.	10/05/2023
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facility.

Findings include:

A staff worked schedule was provided by the Administrator on 9/5/23 at 11:00 a.m. It indicated the following days and shifts a staff person was not certified in CPR and/or first aid:

8/28/23- 3rd shift,

8/31/23- 3rd shift,

9/2/23- 3rd shift, and

9/3/23- 3rd shift.

An interview was conducted with the Administrator on 9/5/23 at 2:55 p.m. He indicated that there should be a staff member certified in CPR and First Aid on each shift.

Based on interview and record review, the facility failed to ensure 1 staff person was certified in Cardiopulmonary Resuscitation (CPR) and first aid on each shift. This had a potential to affect 91 of 91 residents that resident in the facility.

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FORM APPROVED

OMB NO. 0938-0391

	certified in CPR and First Aid on each shift.			
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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