STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER PLACE	2879 S LIMA RD, KENDALLVILLE, , 46755

(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 State Residential Licensure Survey. Survey dates: August 18 and 19, 2021. Facility number: 004440 Residential Census: 29 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed August 23, 2021	R 0000		
R 0092	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(i)(1-2) (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire	R 0092	**R 092 410 IAC 16.2-5-1.3(i)(1-2)Administration and Management-Noncompliance** .	08/25/2021

	alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift. 29 residents reside in the facility. Findings include: Fire Drill Reports, dated 8/2020 - 7/2021, were provided by the Administrator on 8/19/2021 at 11 AM. The Reports indicated fire drills were conducted on 1st shift on: 8/31/2020, 11/30/2020, 6/20/2021; 2nd shift on: 9/30/2020, 5/5/2021, 7/2/2021; 3rd shift on: 10/28/2020 and 5/18/2021. Fire drills were not conducted quaterly on each		The Executive Director will conduct a fire drill on each shift by 9/20/21. . On 8/20/2021, Executive Director provided reeducation to maintenance tech on ensuring fire and safety drills are conducted consistently and in compliance with state regulations. . The Maintenance tech. and/or designee will conduct monthly safety and fire drills on varying shifts. The result findings will be discussed in the monthly QI meetings. The QI Committee will determine if continued review is necessary based on three consecutive months of 100% compliance. Monitoring will continue monthly by Executive Director. . The Executive Director (ED) is responsible for sustained compliance. The ED and/or designee will audit monthly safety and fire drills documentation to ensure 100% compliance monthly for three months. The result findings will	

	shift. The Administrator was interviewed on 8/19/2021 at 11:05 AM. The Administrator indicated fire drills should be conducted quarterly on all shifts. The Administrator also indicated she did not have any other documentation to provide. A policy, titled "Guidelines for Life Safety Drills," was provided by the Administrator on 8/19/2021 at 11:14 AM. The policy indicated fire drills should be completed monthly. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift. 29 residents reside in the facility. Findings include: Fire Drill Reports, dated 8/2020 - 7/2021, were provided by the Administrator on 8/19/2021 at 11 AM. The Reports indicated fire drills were conducted on 1st shift on: 8/31/2020, 11/30/2020, 6/20/2021; 2nd shift on: 9/30/2020, 5/5/2021, 7/2/2021; 3rd shift on: 10/28/2020 and 5/18/2021. Fire drills were not conducted quaterly on each shift. The Administrator was interviewed on 8/19/2021 at 11:05 AM. The Administrator indicated fire drills should be conducted quarterly on all shifts.		be discussed in the monthly QI meetings. The QI Committee will determine if continued review is necessary based on three consecutive months of 100% compliance. Monitoring will be ongoing . . Completion Date: 8/25/21	

	The Administrator also indicated she did not have any other documentation to provide. A policy, titled "Guidelines for Life Safety Drills," was provided by the Administrator on 8/19/2021 at 11:14 AM. The policy indicated fire drills should be completed monthly.			
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	R 0117	**R 117 410** **IAC 16.2-5-1.4(b)** **Personnel-Deficiency** · On 8/19/21 an audit was completed by the Care Services Manager who identified personnel who did not have required first aid training. Identified staff will have first aid training completed by 9/30/21. · On 9/3/21, Executive Director audit current staffing schedule to ensure a staff member is on duty during all shifts with first aid training. Schedule reflects one staff member on duty during all shifts with first aid training. · On 9/3/21, the Regional	09/30/2021

	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 a staff member was on duty during all shifts with first aid training. 29 residents reside in the facility. Findings include: A Residential Care Employee Record sheet dated 8/12/21 to 8/18//21 was provided by the facility on 8/18/21 at 1 PM. The Residential Care Employee Record sheet indicated first aid certified staff members were working daily by shift (first, second, and third). The following dates were blank for: second shift on 8/12/21, 8/13/21, 8/14/21, 8/16/21, 8/17/21, and 8/18/21; third shift on 8/12/21, 8/13/21, 8//14/21, 8/15/21, 8/16/21, 8/17/21 and 8/18/21. The Care Service Manager (CSM) was interviewed on 8/19/21 at 10 AM. During the interview the CSM indicated there was no one in the facility with first aid training during the dates and times listed above. The CSM also indicated at least one staff member should be in the building at all times who is first aide certified. A policy, dated 9/2016, titled		Director of care Services provided education to the Executive Director on ensuring one staff member is on duty during all shifts with first aid training. · The Executive Director (ED) is responsible for sustained compliance. ED will audit staffing schedule weekly for 12 weeks to ensure ensuring one staff member is on duty during all shifts with first aid training. The result findings will be discussed in the monthly QI meetings. The QI Committee will determine if continued review is necessary based on three consecutive months of compliance until all staff is first aid trained and monthly to ensure all new staff going forward are trained. Monitoring will be ongoing. · 9/30/21	

"First Aide," was provided by the Administrator on 8/19/21 at 12:04 PM. The policy indicated staff members will be required to be first aide certified in states which required employees to obtain and maintain certification based on state regulatory requirements.

Based on record review and interview, the facility failed to ensure a staff member was on duty during all shifts with first aid training. 29 residents reside in the facility.

Findings include:

A Residential Care Employee Record sheet dated 8/12/21 to 8/18//21 was provided by the facility on 8/18/21 at 1 PM. The Residential Care Employee Record sheet indicated first aid certified staff members were working daily by shift (first, second, and third). The following dates were blank for: second shift on 8/12/21, 8/13/21, 8/14/21, 8/16/21, 8/17/21, and 8/18/21; third shift on 8/12/21, 8/13/21, 8//14/21, 8/15/21, 8/16/21, 8/17/21 and 8/18/21.

The Care Service Manager (CSM) was interviewed on 8/19/21 at 10 AM. During the interview the CSM indicated there was no one in the facility with first aid training during the dates and times listed above.

	The CSM also indicated at least one staff member should be in the building at all times who is first aide certified. A policy, dated 9/2016, titled "First Aide," was provided by the Administrator on 8/19/21 at 12:04 PM. The policy indicated staff members will be required to be first aide certified in states which required employees to obtain and maintain certification based on state regulatory requirements.			

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