STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF MARION, LLC	2452 W KEM RD, MARION, , 46952

(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. This visit included the Investigation of Complaint IN00443931. Complaint IN00443931 - No deficiencies related to the allegations are cited. Survey dates: October 10 and 11, 2024. Facility number: 010682 Residential Census: 76 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed October 18, 2024.	R 0000		
R 0118	Personnel - Deficiency 410 IAC 16.2-5-1.4(c) (c) Any unlicensed employee providing more than limited assistance with the activities of	R 0118	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**	10/11/2024

	daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide. Based on record review and interview, the facility failed to ensure direct care staff had current certification for 2 of 30 employees reviewed for certification or licensure. Finding includes: A review of employee records was performed on 10/10/24 at 3:06 p.m. and indicated the following: Certified Nursing Aide (CNA) 4's certification expired on 9/7/24. A staff daily shift roster, provided by the Director of Nursing (DON) on 10/10/24 at 10:56 a.m., indicated CNA 4 worked on 10/5/24 for one 8-hour shift and 10/6/24 for one 8-hour shift CNA 5's certification expired on 9/21/24. The roster indicated CNA 5 worked on 9/30/24 for one 8-hour shift, 10/2/24 for one 8-hour shift, 10/4/24 for one		No residents were affected by the deficient practice. The CNA's expired license did not impact any resident care. Once we were made aware of the CNA's expiration, we immediately removed the CNA's from schedule until the license was updated on registry. **How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** Facility implemented binder with all licensed staff with tabs displaying each month with those licensed individuals' expiration dates that we will review monthly. **What measures will be put into place or what systemic changes will make sure to ensure that the deficient practice does not recur?**	

	8-hour shift, 10/7/24 for one 8-hour shift, and 10/9/24 for one 8-hour shift. During an interview with the DON on 10/11/24 at 11:37 a.m., she indicated CNAs provided personal care for residents including incontinence care, bathing and showering, and dressing. The level of care they provided was more than minimal care. She was aware of the expired certifications. Based on record review and interview, the facility failed to ensure direct care staff had current certification for 2 of 30 employees reviewed for certification or licensure. Finding includes: A review of employee records was performed on 10/10/24 at 3:06 p.m. and indicated the following: Certified Nursing Aide (CNA) 4's certification expired on 9/7/24. A staff daily shift roster, provided by the Director of Nursing (DON) on 10/10/24 at 10:56 a.m., indicated CNA 4 worked on 10/5/24 for one 8-hour shift and 10/6/24 for one 8-hour shift CNA 5's certification expired on 9/21/24. The roster indicated CNA 5		Facility will monitor licensed staff monthly. **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: and** Facility will review the binder of licensed staff to ensure we are aware of each licensed staff expiration dates, so we can remind them to update their license on registry. If licensed staff fail to renew their license prior to expiration they will be removed from schedule until the license is updated on registry. **By what date will the systemic changes be completed?** The binder was created on 10/10/2024	

	worked on 9/30/24 for one 8-hour shift, 10/2/24 for one 8-hour shift, 10/4/24 for one 8-hour shift, 10/7/24 for one 8-hour shift, and 10/9/24 for one 8-hour shift. During an interview with the DON on 10/11/24 at 11:37 a.m., she indicated CNAs provided personal care for residents including incontinence care, bathing and showering, and dressing. The level of care they provided was more than minimal care. She was aware of the expired certifications.			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure Qualified Medication Aides (QMA) had current certifications for 2 of 30 employees reviewed for certification and/or licensure.	R 0241	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** No residents were affected by the deficient practice. The QMA's expired license did not impact any resident care. Once we were made aware of the QMA's expiration, we immediately removed the QMA's from schedule until the license was updated on registry. **How will the facility identify other residents having the potential to be affected by the**	10/11/2024

Finding includes:

A review of employee records was performed on 10/10/24 at 3:06 p.m. and indicated the following:

QMA 2's certification expired on 3/7/24.

A staff daily shift roster, provided by the Director of Nursing (DON) on 10/10/24 at 10:56 a.m., indicated QMA 2 worked on 10/5/24 for two 8-hour shifts and on 10/6/24 for two 8-hour shifts. QMA 2 was listed on the roster as assigned to the role of medication administrator on these dates and shifts.

QMA 3's certification expired on 9/13/24. The QMA was listed on the roster as working on 10/3/24 for two 8-hour shifts, 10/4/24 for one 8-hour shift, 10/7/24 for one 8-hour shift, 10/8/24 for one 8-hour shift, and 10/9/24 for one 8-hour shift. QMA 3 was assigned the role of medication administrator on these dates and shifts.

During an interview with the DON on 10/11/24 at 11:37 a.m., she indicated she had been made aware of the expired licenses and was working on a system to help her track the expiration of licenses and certifications.

Based on record review and

same deficient practice and what corrective action will be taken?

Facility implemented binder with all licensed staff with tabs displaying each month with those licensed individuals' expiration dates that we will review monthly.

What measures will be put into place or what systemic changes will make sure to ensure that the deficient practice does not recur?

Facility will monitor licensed staff monthly.

How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: and

Facility will review the binder of licensed staff to ensure we are aware of each licensed

	interview, the facility failed to ensure Qualified Medication Aides (QMA) had current certifications for 2 of 30 employees reviewed for certification and/or licensure. Finding includes: A review of employee records was performed on 10/10/24 at 3:06 p.m. and indicated the following: QMA 2's certification expired on 3/7/24. A staff daily shift roster, provided by the Director of Nursing (DON) on 10/10/24 at 10:56 a.m., indicated QMA 2 worked on 10/5/24 for two 8-hour shifts and on 10/6/24 for two 8-hour shifts. QMA 2 was listed on the roster as assigned to the role of medication administrator on these dates and shifts. QMA 3's certification expired on 9/13/24. The QMA was listed on the roster as working on 10/3/24 for two 8-hour shifts, 10/4/24 for one 8-hour shift, 10/7/24 for one 8-hour shift, 10/8/24 for one 8-hour shift, and 10/9/24 for one 8-hour shift. QMA 3 was assigned the role of medication administrator on these dates and shifts. During an interview with the DON on 10/11/24 at 11:37 a.m., she indicated she had been		staff expiration dates, so we can remind them to update their license on registry. If licensed staff fail to renew their license prior to expiration they will be removed from schedule until the license is updated on registry. **By what date will the systemic changes be completed?** The binder was created on 10/10/2024	

	made aware of the expired licenses and was working on a system to help her track the expiration of licenses and certifications.			

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