STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1019 SENIOR LIVING VERMILLION PLACE	449 MAIN ST, ANDERSON, , 46016

(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 Investigation of Complaint IN00371295 completed on 2/1/22. This visit was completed in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaints IN00373881 and IN00372780 completed on 3/3/22. This visit was completed in conjuntion with a Post Survey Revisit (PSR) to the Residential COVID-19 Quality Assurance Walk Through completed on 12/15/21. Complaint IN00371295 - Not corrected. Survey date: April 13 and 14, 2022 Facility number: 011970 Residential Census: 25 These State Residential	R 0000	Preparation and/or execution of this Plan of Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Vermillion Place of the facts alleged or the conclusions set forth in the statement of deficiencies The Plan of Correction and the specific corrective actions are prepared and/or executed solely because of provisions of state laws. Vermillion Place desires this Plan	

	Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on April 22, 2022. This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00371295 completed on 2/1/22. This visit was completed in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaints IN00373881 and IN00372780 completed on 3/3/22. This visit was completed in conjuntion with a Post Survey Revisit (PSR) to the Residential COVID-19 Quality Assurance Walk Through completed on 12/15/21. Complaint IN00371295 - Not corrected. Survey date: April 13 and 14, 2022 Facility number: 011970 Residential Census: 25 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on April 22, 2022.		of Correction to be considered the facility's Allegation of Compliance. Compliance is effective May 6, 2022. This building respectfully requests consideration for paper compliance from this Plan of Correction.	

R 0214	Evaluation - Deficiency 410 IAC 16.2-5-2(a) (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. Based on interview and record review the facility failed to ensure an evaluation of resident needs was completed prior to admission and/or semiannually for 1 of 5 residents reviewed for evaluations (Resident D). Findings include: Resident D's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, hypertension and diabetes. The resident had an evaluation completed 8/4/21. The resident had no record of an evaluation completed since that date (a period of 8 months). During an interview on 4/13/22 at 10:50 a.m., the Director of Nursing indicated Resident D had not had a semiannual evaluation. During an interview on 4/13/22 at 12:04 p.m., the Director of	R 0214	1. Resident D has had their semiannual evaluation completed. 2. All other residents have the potential to be affected by this alleged practice. The Director of nursing, or their designee, will audit all other residents clinical record to ensure all other residents have had their semiannual evaluations completed. If any other resident is found, that has not had their semiannual evaluation completed, the evaluation will be completed as soon as possible. 3. The Director of Nursing, or their designee, will monitor all residents' semiannual evaluations to ensure they are all done timely. The Executive Director will meet with the Director of Nursing, or their designee, weekly for 3 months to ensure all residents' semiannual evaluations have been completed timely. After 3 months, if there are no problems noted in the timeliness of the completion of the semiannual evaluations, the monitoring meetings will be moved to once a month for 3 months. After the additional 3 months, if there are no problems noted in the timeliness of the completion of the semiannual evaluations, the monitoring meetings will be ended. 4. The Director of Nursing, or their designee, will monitor all residents' semiannual evaluations to ensure they are all done timely. The Executive Director will meet with the Director of Nursing, or their designee, weekly for 3 months to ensure all residents' semiannual evaluations have been completed timely. After 3 months, if there are no problems noted in the	05/06/2022

	nursing indicated she had not been able to keep up with all the audits for evaluations and services plans. This deficient practice was cited during a complaint investigations on 2/1/22. The facility failed to implement a systemic plan of correction. Based on interview and record review the facility failed to ensure an evaluation of resident needs was completed prior to admission and/or semiannually for 1 of 5 residents reviewed for evaluations (Resident D). Findings include: Resident D's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, hypertension and diabetes. The resident had an evaluation completed 8/4/21. The resident had no record of an evaluation completed since that date (a period of 8 months). During an interview on 4/13/22 at 10:50 a.m., the Director of Nursing indicated Resident D had not had a semiannual evaluation.		timeliness of the completion of the semiannual evaluations, the monitoring meetings will be moved to once a month for 3 months. After the additional 3 months, if there are no problems noted in the timeliness of the completion of the semiannual evaluations, the monthly monitoring meetings will be ended. If at any time, there is an issue with the semiannual evaluations being completed timely, the Executive Director, or their designee, will contact the Administrator, or their designee, for assistance in correcting the issue and to ensure all semiannual evaluations are done timely.	

During an interview on 4/13/22 at 12:04 p.m., the Director of nursing indicated she had not been able to keep up with all the audits for evaluations and services plans.

This deficient practice was cited during a complaint investigations on 2/1/22. The facility failed to implement a systemic plan of correction.

Based on interview and record review the facility failed to ensure an evaluation of resident needs was completed prior to admission and/or semiannually for 1 of 5 residents reviewed for evaluations (Resident D).

Findings include:

Resident D's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, hypertension and diabetes. The resident had an evaluation completed 8/4/21. The resident had no record of an evaluation completed since that date (a period of 8 months).

During an interview on 4/13/22 at 10:50 a.m., the Director of Nursing indicated Resident D had not had a semiannual evaluation.

During an interview on 4/13/22 at 12:04 p.m., the Director of nursing indicated she had not been able to keep up with all the

audits for evaluations and services plans.

This deficient practice was cited during a complaint investigations on 2/1/22. The facility failed to implement a systemic plan of correction.

Based on interview and record review the facility failed to ensure an evaluation of resident needs was completed prior to admission and/or semiannually for 1 of 5 residents reviewed for evaluations (Resident D).

Findings include:

Resident D's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, hypertension and diabetes. The resident had an evaluation completed 8/4/21. The resident had no record of an evaluation completed since that date (a period of 8 months).

During an interview on 4/13/22 at 10:50 a.m., the Director of Nursing indicated Resident D had not had a semiannual evaluation.

During an interview on 4/13/22 at 12:04 p.m., the Director of nursing indicated she had not been able to keep up with all the audits for evaluations and services plans.

This deficient practice was cited

	during a complaint investigations on 2/1/22. The facility failed to implement a systemic plan of correction.			
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services	R 0217	1. Residents c and F have signed their semiannual evaluations. 2 All other residents have the potential to be affected by this alleged practice. The Director of nursing, or their designee, will audit all other residents clinical record to ensure all other residents have had their semiannual evaluations completed and signed by the resident. If any other resident is found, that has not had their semiannual evaluation completed and signed by the resident, the evaluation will be completed and signed by the resident as soon as possible. 3. The Director of Nursing, or their designee, will monitor all residents' semiannual evaluations to ensure they are all signed by the resident. The Executive Director will meet with the Director of Nursing, or their designee, weekly for 3 months to ensure all residents' semiannual evaluations have been completed and signed by the resident. After 3 months, if there are no problems noted in the signing of the semiannual evaluations by the resident, the monitoring meetings will be moved to once a month for 3 months. After the additional 3 months, if there are no problems noted in the signing of the semiannual evaluations by the resident, the monitoring meetings will be ended.	05/06/2022

	provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on interview and record review the facility failed to ensure service plans were signed by the resident for 2 of 5 residents reviewed for signed service plans. (Residents F and C) Findings Include: 1. Resident F's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, anxiety, seizure disorder and diabetes. The resident had a Service Plan dated 2/23/22. The service plan was not signed by the resident. During an interview on 4/13/22 at 10:43 a.m., the Director of Nursing indicated Resident F did not have a signed service plan. In addition, she indicated she was unaware that service plans required a resident signature. 2. Resident C's clinical record was reviewed on 4/13/22. Current diagnoses include, but		4. The Director of Nursing, or their designee, will monitor all residents' semiannual evaluations to ensure they are all signed by the resident. The Executive Director will meet with the Director of Nursing, or their designee, weekly for 3 months to ensure all residents have signed their semiannual evaluations. After 3 months, if there are no problems noted in the residents signing of the semiannual evaluations, the monitoring meetings will be moved to once a month for 3 months. After the additional 3 months, if there are no problems noted in the residents signing of the semiannual evaluations, the monthly monitoring meetings will be ended. If at any time, there is an issue with the semiannual evaluations being signed by the resident, the Executive Director, or their designee, will contact the Administrator, or their designee, for assistance in correcting the issue and to ensure all semiannual evaluations are signed by the resident.	

were not limited to, depression and acute kidney failure. The resident had a Service Plan dated 2/23/22. The service plan was not signed by the resident.

During an interview on 4/13/22 at 119 a.m., the Director of Nursing indicated Resident C did not have a signed service plan. She indicated this had occurred because she had not been aware that a signature was required prior to today.

During an interview on 4/13/22 at 12:04 p.m., the Director of nursing indicated she had not been able to keep up with all the audits for evaluations and services plans.

This deficient practice was cited during a complaint investigations on 2/1/22. The facility failed to implement a systemic plan of correction.

Based on interview and record review the facility failed to ensure service plans were signed by the resident for 2 of 5 residents reviewed for signed service plans. (Residents F and C)

Findings Include:

1. Resident F's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, anxiety, seizure disorder and diabetes. The resident had a Service Plan

dated 2/23/22. The service plan was not signed by the resident.

During an interview on 4/13/22 at 10:43 a.m., the Director of Nursing indicated Resident F did not have a signed service plan. In addition, she indicated she was unaware that service plans required a resident signature.

2. Resident C's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, depression and acute kidney failure. The resident had a Service Plan dated 2/23/22. The service plan was not signed by the resident.

During an interview on 4/13/22 at 119 a.m., the Director of Nursing indicated Resident C did not have a signed service plan. She indicated this had occurred because she had not been aware that a signature was required prior to today.

During an interview on 4/13/22 at 12:04 p.m., the Director of nursing indicated she had not been able to keep up with all the audits for evaluations and services plans.

This deficient practice was cited during a complaint investigations on 2/1/22. The facility failed to implement a systemic plan of correction.

Based on interview and record

review the facility failed to ensure service plans were signed by the resident for 2 of 5 residents reviewed for signed service plans. (Residents F and C)

Findings Include:

1. Resident F's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, anxiety, seizure disorder and diabetes. The resident had a Service Plan dated 2/23/22. The service plan was not signed by the resident.

During an interview on 4/13/22 at 10:43 a.m., the Director of Nursing indicated Resident F did not have a signed service plan. In addition, she indicated she was unaware that service plans required a resident signature.

2. Resident C's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, depression and acute kidney failure. The resident had a Service Plan dated 2/23/22. The service plan was not signed by the resident.

During an interview on 4/13/22 at 119 a.m., the Director of Nursing indicated Resident C did not have a signed service plan. She indicated this had occurred because she had not been aware that a signature was required prior to today.

During an interview on 4/13/22 at 12:04 p.m., the Director of nursing indicated she had not been able to keep up with all the audits for evaluations and services plans.

This deficient practice was cited during a complaint investigations on 2/1/22. The facility failed to implement a systemic plan of correction.

Based on interview and record review the facility failed to ensure service plans were signed by the resident for 2 of 5 residents reviewed for signed service plans. (Residents F and C)

Findings Include:

1. Resident F's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, anxiety, seizure disorder and diabetes. The resident had a Service Plan dated 2/23/22. The service plan was not signed by the resident.

During an interview on 4/13/22 at 10:43 a.m., the Director of Nursing indicated Resident F

did not have a signed service plan. In addition, she indicated she was unaware that service plans required a resident signature.

2. Resident C's clinical record was reviewed on 4/13/22. Current diagnoses include, but were not limited to, depression and acute kidney failure. The resident had a Service Plan dated 2/23/22. The service plan was not signed by the resident.

During an interview on 4/13/22 at 119 a.m., the Director of Nursing indicated Resident C did not have a signed service plan. She indicated this had occurred because she had not been aware that a signature was required prior to today.

During an interview on 4/13/22 at 12:04 p.m., the Director of nursing indicated she had not been able to keep up with all the audits for evaluations and services plans.

This deficient practice was cited during a complaint investigations on 2/1/22. The facility failed to implement a systemic plan of correction.

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