STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/27/2022

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 PSR to the PSR to the Investigation of Complaints IN00373881 and IN00372780 completed on March 3, 2022, April 14, 2022 and May 25, 2022. Complaint IN00373881 - Not corrected Complaint IN00372780 - Not corrected Survey dates: June 27, 2022 Facility number: 011970 Residential Census: 25 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality reveiw completed on July 1, 2022.	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 of Correction to be considered the facility's Allegation of Compliance. Compliance is effective July 15, 2022. This building respectfully requests consideration for paper compliance from this Plan of Correction.	
R 0088	Administration and Management - Noncompliance	R 0088	1. The facility will continue to employee a Licensed Health Facility Administrator who over	06/28/2022

	410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator Based on observation, interview and record review, the facility failed to employee a licensed Health Facilities Administrator who oversaw the daily operations of the facility. This deficient practice had the potential to impact 28 of 28 residents who resided in the facility. Finding Include: During an interview on, 6/27/2022 at 8:58 a.m., QMA		sees the daily operations of the facility. The current Licensed Health Facility Administrator was hired October 7, 2015. She has remained continuously employed in the position since that date. The Administrator actually spoke to the Receptionist on the phone during the survey. The Administrator asked her if she had explained why I was not there, she informed the Administrator she had not. She informed the Administrator she didn't think she was allowed to give out that type of information. The Administrator instructed the Receptionist to inform the surveyors why the Administrator was not there. Apparently she did not follow the Administrator's instructions. The Administrator's phone number is listed on the same employee Telephne listing as all other employees. This list is available in the Business Office. The Administrator has been available and in the facility during some of the past surveys. The only times she was unavailable were due to medical issues and has been on medical leave, if they are on vacation, or on a personal leave. She is usually available by phone while on medical leave or personal leave. She was unavailable to work during the survey due to a recent fall down a flight of 12 stairs and the many injuries she recieved. Her injuries required outpatient surgery that had to be done at St. Vincent's Hospital. She continues to be physically unable to come to the facility and is under a physicians care. If things go as planed she will be returning to work in the next 2-3 weeks. If the Administrator is not	

	(Qualified Medication Aide)2 indicated the Director and Assistant Director were on vacation. The Director of Nursing was on medical leave and the facility had been unable to contact the Assistant Director of Nursing. The QMA indicated they had worked at the facility for approximately one year and had seen the Administrator 3-4 times. During an interview on 6/27/2022 at 10:02 a.m., the Activity Director indicated she had seen the Administrator in the facility sometime last week. She was unable to remember the date. The Activity Director indicated she worked Monday through Friday during the day shift. Surveyor requested to speak with the Administrator at this time. During an interview on 6/27/2022 at 10:40 a.m., the Receptionist indicated they worked Monday through Friday 8:00 a.m. to 4:30 p.m. The Receptionist indicated she had last seen the Administrator in the facility approximately one month ago. During an interview on 6/27/2022 at 10:56 a.m., CNA (Certified Nursing Assistant)3 indicated they worked day shift 6:00 a.m. to 2:30 p.m. CNA 3 indicated they last seen the Administrator in the facility		able to be at the facility for any reason, the Executive Director, or their designee, if they are not available, the Director of Nursing, or their designee, will be in charge of the facility. If the Administrator is unable to work for an extended time, such as during the survey when they were unable to work do to an injury, a notice will be placed on the bulletin board informing the residents of her extended leave, and the the Executive Director , or their designee, will be in charge if the administrative duties until they return. The Executive Director's Assistant, or their designee, will be responsible for placing the notice. All residents had the potential to be affected by the alleged deficient practice. 2. All residents had the potential to be affected by the alleged deficient practice.The facility will continue to employee a Licensed Health facility Administrator who over sees the daily operations of the facility. Current Licensed Health Facility Administrator was hired October 7, 2015. She has remained continuously employed in the position since that date. The only times she was unavailable were due to medical issues and has been on medical leave, if they are on vacation, or on a personal leave. She is usually available by phone while on medical leave or personal leave. She was unavailable to work during the survey due to a recent fall down a flight of 12 stairs and the many injuries she recieved. Her injuries required outpatient surgery that had to be done at St. Vincent's Hospital. She continues to be	

	approximately 2 weeks ago. "She was coming in as I was leaving at 2:30 p.m." During an interview on 6/27/2022 at 11:11 a.m., Laundry Aide 4 named the Director as being the Administrator. The Laundry Aide indicated they were not sure who [name of Administrator] was but that she was the "Administrator of something". The Laundry Aide also indicated [name of Administrator] was not in the facility very often and had last seen her approximately 3 weeks ago. During an interview on 6/27/2022 at 1:55 p.m., QMA 5 indicated they work the evening shift, 2:00 p.m. to 10:00 p.m., and had seen the Administrator once during a video chat when the QMA was hired in May 2022. During an interview on 6/27/2022 at 2:00 p.m., Dietary Aide 6 indicated they did not know who was the Administrator for the facility. During an interview on 6/27/2022 at 2:15 p.m., the Activity Director and the Receptionist indicated they were unable to contact the Administrator for the requested interview because they did not have her telephone number. Based on observation, interview		physically unable to come to the facility and is under a physicians care. If things go as planed she will be returning to work in the next 2-3 weeks.If the Administrator is not able to be at the facility for any reason, the Executive Director, or their designee, if they are not available, the Director of Nursing, or their designee, will be in charge of the facility. If the Administrator is unable to work for an extended time, such as during the survey when they were unable to work do to an injury, a notice will be placed on the bulletin board informing the residents of her extended leave, and the the Executive Director , or their designee, will be in charge if the administrative duties until they return. The Executive Director's Assistant, or their designee, will be responsible for placing the notice., All residents had the potential to be affected by the alleged deficient practice. All residents had the potential to be affected by the alleged deficient practice. 3. A Licensed Health Facility Administrator will continue to be employed by this facility. If for any reason the Licensed Health Facility Administrator leaves their position, or if their is not a current Licensed Health Facilities Administrator employed by the facility the Indiana State Department of Health, Long Term Care Division will be notified by the Board of Directors. 4. The Board of Directors will monitor the position of the Licensed Health Facilities Administrator, to ensure one is employed. An IDR will be requested for this	

	and record review, the facility failed to employee a licensed Health Facilities Administrator who oversaw the daily operations of the facility. This deficient practice had the potential to impact 28 of 28 residents who resided in the facility. Finding Include: During an interview on, 6/27/2022 at 8:58 a.m., QMA (Qualified Medication Aide)2 indicated the Director and Assistant Director were on vacation. The Director of Nursing was on medical leave and the facility had been unable to contact the Assistant Director of Nursing. The QMA indicated they had worked at the facility for approximately one year and had seen the Administrator 3-4 times. During an interview on 6/27/2022 at 10:02 a.m., the Activity Director indicated she had seen the Administrator in the facility sometime last week. She was unable to remember the date. The Activity Director indicated she worked Monday through Friday during the day shift. Surveyor requested to speak with the Administrator at this time. During an interview on 6/27/2022 at 10:40 a.m., the Receptionist indicated they		tag. due to the fact that a licensed Health Facilities Administrator is employed by he facility to over see the daily operations of the Facility. INFORMATION FOR THE IDR 1. A licensed Health Facility Administrator has been employed at the Facility since October 7, 2015. 2. The licensed Health Facility Administrator was off on Medical Leave during rhis survey. 3. The licensed HFA was severly injured when they passed out and fell down a flight of 12 stairs. 4. Tje licensed HFA later required surgery at St. Vincent Hospital, due to the fact that the required specialist was not available in their local hospital. 5. There was also a medical issue that needed correcting, that caused the licensed HFA to pass out and caused their fall. 6.The licensed HFA is still under the care of a licensed physician. They can't not safely return to work until they are released by their physician. 7. The licensed HFA is still suffering the affects of their fall. 8. When conscious and otherwise available (not under anesthetics or medications) the licensed HFA has been available by telephone. 10. The licensed HFA'stelephone number is listed on the same sheet as all employees. 11. The receptionist had access to the license HFA's telephone	

	worked Monday through Friday 8:00 a.m. to 4:30 p.m. The Receptionist indicated she had last seen the Administrator in the facility approximately one month ago. During an interview on 6/27/2022 at 10:56 a.m., CNA (Certified Nursing Assistant)3 indicated they worked day shift 6:00 a.m. to 2:30 p.m. CNA 3 indicated they last seen the Administrator in the facility approximately 2 weeks ago. "She was coming in as I was leaving at 2:30 p.m." During an interview on 6/27/2022 at 11:11 a.m., Laundry Aide 4 named the Director as being the Administrator. The Laundry Aide indicated they were not sure who [name of Administrator] was but that she was the "Administrator of something". The Laundry Aide also indicated [name of Administrator] was not in the facility very often and had last seen her approximately 3 weeks ago. During an interview on 6/27/2022 at 1:55 p.m., QMA 5 indicated they work the evening shift, 2:00 p.m. to 10:00 p.m., and had seen the Administrator once during a video chat when the QMA was hired in May 2022. During an interview on		number in the business off. 12. The licensed HFA called the receptionist during the survey and even ask her "Do the surveyors was to speak to me." The receptionist infomed the licensed HFA thet, " No everything is fine and the do not want to talk to you." 12. The receptionist was asked by the licensed HFA if she had informed the surveyors why they were not there. She replied no, she didn't know she was allowed to. The receptionist was instructed by the licensed HFA to inform the surveyors why they were not there 13. The licensed HFA does not work the same hours every week. They see some emplyees more frequently than others. Since they have been on Medical Leave new staff has been hired that the licensed HFA has not yet met. 14. The license HFA has never sat in on a video chat for any employee, they are not even sure their android phone can do thet procedure An Iphone may be required for that. QMA 5 is mistaken. 15. Their medical issues are not under the control of the licensed HFA. Her health has required her to be on Medical Leave. If some one is ill or injuried and under a physician's care they can not be expected to be at their job. I feel this could be considered discrimination. As we age may have increased medical issues. The licensed HFA's age may have contributed to her medical condition and her injuries. So this	

	6/27/2022 at 2:00 p.m., Dietary Aide 6 indicated they did not know who was the Administrator for the facility. During an interview on 6/27/2022 at 2:15 p.m., the Activity Director and the Receptionist indicated they were unable to contact the Administrator for the requested interview because they did not have her telephone number.		could be considered age discrimination or other discrimination. 16. This reply to the 2567 as will all replys to all 2567's have been done by the license HFA. 17. I hope you will I remove this tag as we do not feel it is true.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure dishes were cleaned under sanitary conditions. This deficient practice had the potential to impact 25 of 25 residents who eat meals prepared in the facility kitchen. Findings include:	R 0273	1. All residents had the potential to be affected by this alleged practice. The dish machine had recently been repaired but something else broke on it. The repair company had been notified that a service call was needed. The machine has been repaired and is currebtly working correctly. The dietary staff has been educated on the proper way to clean and sanitize the dishes and are following safe santitar y practices. The dietary staff who are responsible for washing of the dishes has ben instructed on the proper testing for the 3 compartment sink, to keep a testing result log for the 3 compartment sink. Possibly this issue has reoocured due to 1. All residents had the potential to be affected by this alleged practice. The dish machine had recently been repaired but something else broke on it. The repair company had been notified that a service call was needed. The machine has been repaired and is currebtly working correctly. The dietary staff	07/22/2022

	During a kitchen observation on 6/27/2022 from 9:00 a.m. to 9:34 a.m., the following concerns regarding safe sanitary processes were made: a. The dietary aide did not know the proper testing for the three compartment sink. b. The dietary aide indicated the three compartment sink had been used to wash dishes since 6/23/2022 due to the dishwasher not working properly. c. No testing result log for the three compartment sink was found. Dietary aide did not know testing for the 3 compartment sink needed to be recorded. d. Review of the dishwasher temperature log indicated from 6/16/2022 through 6/23/2022 none of the temperatures for the rinse cycle met the required temperature of 180 degrees. During an interview on 6/27/2022, at 10:02 a.m., the Activity Director indicated the Dietary Manger had left the facility and the position had not been filled. The position had been covered by the Assistant Director and the Activity Director, neither had food management or Servsafe certification. The Activity Director indicated the Director, and Assistant Director were on vacation during the survey. The		has been educated on the proper way to clean and sanitize the dishes and are following safe santitary practices. The dietary staff who are responsible for washing of the dishes has ben instructed on the proper testing for the 3 compartment sink, to keep a testing result log for the 3 compartment sink. Possibly this issue has reoocured due to a turnover in staff. 2. All residents had the potential to be affected by this alleged practice. The dish machine had recently been repaired but something else broke on it. The repair company had been notified that a service call was needed. The machine has been repaired and is currebtly working correctly. The dietary staff has been educated on the proper way to clean and sanitize the dishes and are following safe santitary practices. The dietary staff who are responsible for washing of the dishes has ben instructed on the proper testing for the 3 compartment sink, to keep a testing result log for the 3 compartment sink. Possibly this issue has reoocured due to a turnover in staff. 3. The proper use of a 3 compartment sink to wash dishes, the proper testing of the 3 compartment 3, and the keeping of a testing log for the 3 compartment 3 will be added to our dietary staff orientation. Dietary staff who are assigned the washing of the dishes will also be trained on the proper procedures.4. The Assistant Executive Director, or their designee, will monitor the dietary departments need to manually	

	Director of Nursing was out on medical leave. The facility as unable to reach the Assistant Director of Nursing throughout the survey. This deficiency was cited on 3/3/2022 and 5/25/2022. The facility failed to implement a systemic plan of correction to prevent recurrence. Based on observation, interview and record review, the facility failed to ensure dishes were cleaned under sanitary conditions. This deficient practice had the potential to impact 25 of 25 residents who eat meals prepared in the facility kitchen. Findings include: During a kitchen observation on 6/27/2022 from 9:00 a.m. to 9:34 a.m., the following concerns regarding safe sanitary processes were made: a. The dietary aide did not know the proper testing for the three compartment sink. b. The dietary aide indicated the three compartment sink had been used to wash dishes since 6/23/2022 due to the dishwasher not working properly. c. No testing result log for the three compartment sink was found. Dietary aide did not know		wash dishes daily 5 days a week, once a day. If the dish maachine is found to be unavailable due to a mechanical failue they will immediately call the repair company. If dishes must be done manually, the Assistant Executive Director, or their designee, will monitor the use of the 3 compartment sink to ensure proper testing is being done and that the required log is being kept. If they or their designee, find that a dietary staff person is not manually washing dishes in the 3 compartment correctly by not completeing the testing correctly or not keeping the testing log correctly the will immediately be reorientated. While the dish machine is down the Assistant Executive Director, or their designee, will monitor the use of the 3 compartmen sink to ensure dishes are cleaned under santiary conditions once a day for 3 months, not always checking at the same meal time. If the issue would continue for over 3 months, the Assistant Executive Director,or their designee, will monitor the use of the 3 compartmen sink to ensure dishes are cleaned under santiary conditions, 3 times a week. for 3 months. Anytime the dishmachine is not working this monitoring will begin again. If there is an issue the the Assistant Executive Director, or their designee, cannot correct or they are having any problem with they will immediately notifiy the Administrator, or their designee for their assistance in correcting the situation.	

	testing for the 3 compartment sink needed to be recorded. d. Review of the dishwasher temperature log indicated from 6/16/2022 through 6/23/2022 none of the temperatures for the rinse cycle met the required temperature of 180 degrees. During an interview on 6/27/2022, at 10:02 a.m., the Activity Director indicated the Dietary Manger had left the facility and the position had not been filled. The position had been covered by the Assistant Director and the Activity Director, neither had food management or Servsafe certification. The Activity Director indicated the Director, and Assistant Director were on vacation during the survey. The Director of Nursing was out on medical leave. The facility as unable to reach the Assistant Director of Nursing throughout the survey. This deficiency was cited on 3/3/2022 and 5/25/2022. The facility failed to implement a systemic plan of correction to prevent recurrence.			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed	R 0274	1All residents have the potential to be affected by the alleged practice. Staff has been enrolled in classes then they do not follow through. We hired a CDM but they did not work out. I have recently spoken the a CDM. She assured me she is	08/15/2022

	by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management. (E) An individual with training and experience in food service supervision and management. (2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.		interested in our position. She is to come in and fill out an application and if all references check out she will be hired. THe Executive Director's Assistant, or their designee and the HFA, or their designee, will be responsible for the dietary department until a CDM is hired. The HFA is also an RN. Their is no one else on staff that meet the requirements of a CDM.The Board of Director's Chairman, the Executive Director, the Executive Director's Assistant and the Administrator or their designees, will continue to try to hire a CDM. They will all put forth an ongoing effort to get a CDM hired as soon as possible.. 2. All residents have the potential to be affected by the alleged practice. Staff has been enrolled in classes then they do not follow through. We hired a CDM but they did not work out. I have recently spoken the a CDM. She assured me she is interested in our position. She is to come in and fill out an application and if all references check out she will be hired.THe Executive Director's Assistant, or their designee and the HFA, or their designee, will be responsible for the dietary department until a CDM is hired. The HFA is also an RN. Their is no one else on staff that meet the requirements of a CDM. The Board of Director's Chairman, the Executive Director, the Executive Director's Assistant and the Administrator or their designees, will continue to try to hire a CDM. They will all put forth an ongoing effort to get a CDM hired as soon as possible.	

	(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation. Based on interview, and record review the facility failed to ensure there was an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. This deficient practice had the potential to impact 25 of 25 residents. Findings include: During an interview on 6-27-2022 at 10:02 a.m., the Activity Direector indicated the Dietary Manger had left the facility and the position had not been filled. The position had been covered by the Assistant Director and the Activity Director, neither had food manaement or Servsafe certification. The Activity Director indicated the Director, Assistant Director were on vacation during the survey. The Director of Nursing was out on medical leave. The facility as unable to reach the Asistant Director of Nursing throughout the survey. During an interview on 6/27/2022 at 9:00 a.m., Dietary		3. The Executive Director's Assistant or their designee will again run ads for a CDM, they will also contact the Indiana Unemployment Office for any available candidates. This will be done weekly until a CDM is hired. Once a CDM is hired every effort will be made to continue their employment. Applications will be gone through and current employees assessed to see if anyone is appropriate to send to school to become a CDM. 4. The Executive Director or their designee will review all dietary applications to see if an appropriate CDM can be identified or a candidate to begin enrolment in training to become a CDM. The Executive Director or their designee and the Executive Director's Assistant, or their designee will meet weekly to review where they are on obtaining a CDM. The results of these meetings will be shared with the Administrator, or their designee, if they have not attended the meeting. The Administrator or their designee will assist the staff in obtaining a CDM and will meet with all appropriate applicants/hires to assist them in any way possible to ensure they will remain employed .	

Aide 1 indicated the Assitant Director was in charge of the kitchen.

Based on interview, and record review the facility failed to ensure there was an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. This deficient practice had the potential to impact 25 of 25 residents.

Findings include:

During an interview on 6-27-2022 at 10:02 a.m., the Activity Direector indicated the Dietary Manger had left the facility and the position had not been filled. The position had been covered by the Assistant Director and the Activity Director, neither had food manaement or Servsafe certification. The Activity Director indicated the Director, Assistant Director were on vacation during the survey. The Director of Nursing was out on medical leave. The facility as unable to reach the Asistant Director of Nursing throughout the survey.

During an interview on 6/27/2022 at 9:00 a.m., Dietary Aide 1 indicated the Assitant

	Director was in charge of the kitchen.			

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