STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVIVA VALPARAISO	1300 VALE PARK RD, VALPARAISO, , 46383

(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 the Investigation of Complaint IN00452790. Complaint IN00452790 - State deficiencies related to the allegations are cited at R0117 and R0217. Survey date: February 18 and 19, 2025 Facility number: 012181 Residential Census: 83 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 2/21/25.	R 0000	Aviva Valparaiso provides the following Plan of Correction “POC” without admitting or denying the validity or existence of the alleged deficiencies. The POC is prepared and/or executed solely because it is required by the provisions of federal and state laws	
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	R 0117	R 117 1 What corrective action(s) will be accomplished	03/21/2025

	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 observation, record review and interview, the facility failed to ensure Qualified Medication Aides (QMA) were assigned duties that they were trained to perform and were within their job description for 1 of 5 residents observed during medication administration. This had the potential to affect 5 residents who received nebulizer treatments. (QMA 1, Resident E)		for those residents found to have been affected by the deficient practice? Res E was not affected by the deficient practice. QMA #1 was re-educated on QMA scope of practice on 2/20/2025 by the Resident Care Director (RCD). 2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken? Current residents have the potential to be affected. By 3/21/2025, RCD/designee will audit Current resident's emars to ensure that QMAs are not performing tasks that they have not been trained for or are outside of their scope of practice. Any med tech found to be out of compliance	

	Finding includes: On 2/18/25 at 1:33 p.m., medication pass was observed with QMA 1. Resident E was due for his 2:00 p.m., nebulizer treatment and the medication was administered by QMA 1. During an interview at the time, QMA 1 indicated she was unsure if she was allowed to administer respiratory treatments, but she had always given them. The record for Resident E was reviewed on 2/18/25 at 2:40 p.m. Diagnoses included, but were not limited to, dementia, respiratory failure, and chronic obstructive pulmonary disease (COPD). A Service Plan, dated 1/8/25, indicated medication administration required a total level of assistance and orientation was severely impaired. The resident used a respiratory assisted device and required extensive assistance with respiratory device. A Physician's Order, dated 12/11/24, indicated to administer Ipratropium/sol albuterol 3 milligrams (MG)/3 milliliters (ML) via inhalation per nebulizer three times a day. The Medication Administration Record (MAR) indicated aerosol treatments were signed out by		with scope of practice will be subject to 1:1 reinstruction by RCD/designee. 3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? By 3/21/25, RCD/Executive Director (ED)/designee will re-educate Current QMAs and licensed nurses on Scope of Practice for QMAs as it relates to only performing duties for which they are trained to perform and those duties that are outlined in current QMA scope of practice. Beginning 3/22/25, RCD/designee will audit emars for current residents who are ordered nebulizer treatments to ensure compliance daily x 4 weeks and then weekly x 4 weeks until 100% compliance is reached and maintained.	

	QMA's on the following dates: On 2/9/25 for all 3 doses On 2/10/25 for all 3 doses On 2/11/25 for all 3 doses On 2/13/25 for all 3 doses On 2/14/25 for 2/3 doses On 2/16/25 for 1/3 doses On 2/17/25 for 2/3 doses On 2/18/25 for 2/3 doses An Indiana QMA scope of practice reference, found at https://www.in.gov/health/files/QMAScopeofPractice.pdf, indicated "...The following tasks shall NOT be included in the QMA scope of practice: (1) Administer medication by the injection route, including the following: (A) Intramuscular route. (B) Intravenous route. (C) Subcutaneous route. (D) Intradermal route. (2) Administer medication used for intermittent positive pressure breathing (IPPD) treatments or any form of medication inhalation treatments, such as nebulizers ...." During an interview on 2/18/24 at 2:01 p.m., LPN 1 indicated QMA's were allowed to give aerosol treatments. During an interview on 2/18/25		Beginning 3/22/25, RCD/designee will audit 5 random resident emars to ensure QMAS are not performing tasks that they are not trained for or that are outside of their scope of practice 3x weekly x 4 weeks then weekly x 4 weeks until 100% compliance has been reached/maintained. 4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Results of audits will be compiled and reviewed in the monthly QA meeting. 5 By what date the systemic changes will be completed? March 21, 2025	

at 2:36 p.m., the Director of Nursing (DON) indicated QMA's could not administer aerosol treatments.

This citation relates to Complaint IN00452790.

Based on observation, record review and interview, the facility failed to ensure Qualified Medication Aides (QMA) were assigned duties that they were trained to perform and were within their job description for 1 of 5 residents observed during medication administration. This had the potential to affect 5 residents who received nebulizer treatments. (QMA 1, Resident E)

Finding includes:

On 2/18/25 at 1:33 p.m., medication pass was observed with QMA 1. Resident E was due for his 2:00 p.m., nebulizer treatment and the medication was administered by QMA 1.

During an interview at the time, QMA 1 indicated she was unsure if she was allowed to administer respiratory treatments, but she had always given them.

The record for Resident E was reviewed on 2/18/25 at 2:40 p.m. Diagnoses included, but were not limited to, dementia, respiratory failure, and chronic obstructive pulmonary disease

	(COPD). A Service Plan, dated 1/8/25, indicated medication administration required a total level of assistance and orientation was severely impaired. The resident used a respiratory assisted device and required extensive assistance with respiratory device. A Physician's Order, dated 12/11/24, indicated to administer Ipratropium/sol albuterol 3 milligrams (MG)/3 milliliters (ML) via inhalation per nebulizer three times a day. The Medication Administration Record (MAR) indicated aerosol treatments were signed out by QMA's on the following dates: On 2/9/25 for all 3 doses On 2/10/25 for all 3 doses On 2/11/25 for all 3 doses On 2/13/25 for all 3 doses On 2/14/25 for 2/3 doses On 2/16/25 for 1/3 doses On 2/17/25 for 2/3 doses On 2/18/25 for 2/3 doses An Indiana QMA scope of practice reference, found at https://www.in.gov/health/files/QMAScopeofPractice.pdf,			

	indicated "...The following tasks shall NOT be included in the QMA scope of practice: (1) Administer medication by the injection route, including the following: (A) Intramuscular route. (B) Intravenous route. (C) Subcutaneous route. (D) Intradermal route. (2) Administer medication used for intermittent positive pressure breathing (IPPD) treatments or any form of medication inhalation treatments, such as nebulizers ...." During an interview on 2/18/24 at 2:01 p.m., LPN 1 indicated QMA's were allowed to give aerosol treatments. During an interview on 2/18/25 at 2:36 p.m., the Director of Nursing (DON) indicated QMA's could not administer aerosol treatments. This citation relates to Complaint IN00452790.			
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	R 0217	R 217 1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?	03/21/2025

	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 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.		Resident D passed away on 1/22/2025. 2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken? Current residents have the potential to be affected. By 3/21/25, RCD or designee will audit current resident service plans to identify any needed revisions and ensure pertinent information related to needs of the resident are included. Any service plan that lacks pertinent information will be revised to include relevant information.	

	Based on record review and interview, the facility failed to ensure a service plan was reviewed and revised as appropriate for 1 of 4 resident records reviewed. (Resident D) Finding includes: The record for Resident D was reviewed on 2/19/25 at 9:37 a.m. Diagnoses included, but were not limited to, dementia and chronic obstructive pulmonary disease (COPD). A Progress Note, dated 12/9/24, indicated the resident was found sitting on the floor in her room. A Progress Note, dated 12/13/24, indicated the resident was found sitting on the floor next to her bed. A Progress Note, dated 1/9/25, indicated the resident had an unwitnessed fall and was found on the floor of her bedroom next to her walker. The fall resulted in a distal humerus (upper arm) fracture. A progress Note, dated 1/9/25 at 8:30 a.m., indicated the resident was declining, and hospice had been notified. A Progress Note, dated 1/9/25 at 1:30 p.m., indicated the hospice nurse was in the facility to assess the resident. A Service Plan, dated 8/1/24,		3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? Beginning March 22, 2025, RCD/designee will audit 24-hour report sheets 3 days per week x 4 weeks then monthly x 3 months to gather any pertinent information/resident changes that need to be added to service plan. Audits will continue until 100% compliance is achieved and then audits will be random/as needed. Beginning March 22, 2025, RCD/designee will audit 5 resident records weekly x 4 weeks then monthly x 3 months to ensure service plans are accurate and reflect current services being provided to resident until 100% compliance is achieved and then audits will be random/as needed.	

lacked revisions to include the resident's recent falls and hospice status.

During an interview on 2/19/25 at 11:10 a.m., the Director of Nursing (DON) indicated the resident's recent falls and hospice care was not added to Resident D's care plan.

This citation relates to Complaint IN00452790.

Based on record review and interview, the facility failed to ensure a service plan was reviewed and revised as appropriate for 1 of 4 resident records reviewed. (Resident D)

Finding includes:

The record for Resident D was reviewed on 2/19/25 at 9:37 a.m. Diagnoses included, but were not limited to, dementia and chronic obstructive pulmonary disease (COPD).

A Progress Note, dated 12/9/24, indicated the resident was found sitting on the floor in her room.

A Progress Note, dated 12/13/24, indicated the resident was found sitting on the floor next to her bed.

A Progress Note, dated 1/9/25, indicated the resident had an unwitnessed fall and was found on the floor of her bedroom next to her walker. The fall resulted

By 3/21/25, RCD/ED will in-service Licensed nurses/med techs on adding relevant changes/pertinent information to 24-hour report and adding to resident's progress notes to ensure all changes get added to service plan.

4
How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

Results of the audits will be compiled and reviewed in the monthly QA meeting.

5
By what date the systemic changes will be completed? March 21, 2025

	in a distal humerus (upper arm) fracture. A progress Note, dated 1/9/25 at 8:30 a.m., indicated the resident was declining, and hospice had been notified. A Progress Note, dated 1/9/25 at 1:30 p.m., indicated the hospice nurse was in the facility to assess the resident. A Service Plan, dated 8/1/24, lacked revisions to include the resident's recent falls and hospice status. During an interview on 2/19/25 at 11:10 a.m., the Director of Nursing (DON) indicated the resident's recent falls and hospice care was not added to Resident D's care plan. This citation relates to Complaint IN00452790.			

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