STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF CARMEL	13390 N ILLINOIS STREET, CARMEL, , 46032

(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 IN00422623. Complaint IN00422623 - No deficiencies related to the allegations are cited. Survey dates: April 24 and 25, 2024 Facility number: 013297 Residential Census: 57 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on May 1, 2024.	R 0000		
R 0119	Personnel - Noncompliance 410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- (d) Prior to working independently,	R 0119	R119 Preparation and/or execution of this	05/14/2024

	each employee shall be given an orientation to the facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all employees shall include the following: (1) Instructions on the needs of the specialized populations: (A) aged; (B) developmentally disabled; (C) mentally ill; (D) dementia; or (E) children; served in the facility. (2) A review of the facility's policy manual and applicable procedures, including: (A) organization chart; (B) personnel policies; (C) appearance and grooming policies for employees; and (D) residents' rights. (3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures. (4) Review of ethical considerations and confidentiality in resident care and records. (5) For direct care staff, personal introduction to, and instruction in, the particular needs of each		plan of correction does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility. This plan of correction is submitted as the facility's credible allegation of compliance. R119 Personnel Noncompliance Independence Village of Carmel ensures that all employees receive a job specific orientation upon employment. The Corrective Actions which were accomplished for those residents found to have been affected by the deficient practice. No residents were affected by the deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:	

	resident to whom the employee will be providing care. (6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation. Based on interview and record review, the facility failed to ensure the job specific orientation was documented in the employee's personnel record for 3 of 3 new employees reviewed for orientation. (CNA 1, LPN 2 and QMA 3) Findings include: The employee records were reviewed on 4/25/24. The facility was unable to provide documentation to show job specific orientation had been provided for the following employees: 1. LPN 2, with a start date of 12/8/23, did not have a job specific orientation on file. 2. CNA 1, with a start date of 2/4/24, did not have a job specific orientation on file. 3. QMA 3, with a start date of 3/11/24, did not have a job specific orientation on file.		All residents could be affected by staff not receiving specific job orientation. LPN 2, C.N.A. 1 and Q.M.A. 3 have completed their job specific orientation checklist. How the corrective actions will be monitored to ensure the deficient practice will not recure. An ad hoc safety/quality meeting was held with all department leaders to discuss the deficient practice. All department leaders will audit new employee files and present audit forms to the Executive Director upon completion monthly for 6 months. Any deficiencies noted on internal audits will be addressed at the monthly	

	During an interview, on 4/25/24 at 10:31 a.m., the Director of Nursing indicated there was no documentation of a job specific orientation for the employees. A facility policy, titled "Training Requirements-Indiana RCF," dated as last reviewed 2/21/23 and received from the Director of Nursing on 4/25/24 at 3:42 p.m., indicated "...All staff must have orientation to their specific job skills...." Based on interview and record review, the facility failed to ensure the job specific orientation was documented in the employee's personnel record for 3 of 3 new employees reviewed for orientation. (CNA 1, LPN 2 and QMA 3) Findings include: The employee records were reviewed on 4/25/24. The facility was unable to provide documentation to show job specific orientation had been provided for the following employees: 1. LPN 2, with a start date of 12/8/23, did not have a job specific orientation on file. 2. CNA 1, with a start date of 2/4/24, did not have a job specific orientation on file. 3. QMA 3, with a start date of 3/11/24, did not have a job		safety/quality meeting. Date of Compliance: May 14, 2024	

	specific orientation on file. During an interview, on 4/25/24 at 10:31 a.m., the Director of Nursing indicated there was no documentation of a job specific orientation for the employees. A facility policy, titled "Training Requirements-Indiana RCF," dated as last reviewed 2/21/23 and received from the Director of Nursing on 4/25/24 at 3:42 p.m., indicated "...All staff must have orientation to their specific job skills...."			
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state	R 0148	R148 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility. This plan of correction is submitted as the facility's credible allegation of compliance. R148 Sanitation and Safety Standards Independence Village of Carmel ensures that the facility	05/14/2024

	plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected. Based on interview and record review, the facility failed to ensure the heating, ventilation, and air conditioning system (HVAC) were inspected annually. (April 2023 through April 2024) Finding includes: The HVAC annual inspection was requested on 4/25/24 during the entrance conference. The facility did not provide documentation of an annual HVAC inspection by the exit date of 4/26/24. During an interview, on 4/24/24 at 12:00 p.m., the Setting Support Specialist indicated the facility was not able to provide documentation to show the HVAC system had been inspected in the past year. During an interview, on 4/25/24 at 3:46 p.m., the Setting Support Specialist indicated the annual inspection of the HVAC system should have been completed.		maintains sanitation and safety standards. The Corrective Actions which were accomplished for those residents found to have been affected by the deficient practice. No residents were affected by the deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents could be affected by the deficient practice. HVAC systems including roof top units were serviced and cleaned on 4/29/2024.	

	During an interview, on 4/25/24 at 4:21 p.m., the Setting Support Specialist indicated the facility followed the state regulations. A facility policy, titled "HVAC Preventative Maintenance," dated as last reviewed 1/25/2023 and received from the Director of Nursing on 4/25/24 at 3:42 p.m., only covered inspection and preventative maintenance of the individual units, by the maintenance staff, and did not include inspection of the systems, such as roof top units, utilized by the facility. Based on interview and record review, the facility failed to ensure the heating, ventilation, and air conditioning system (HVAC) were inspected annually. (April 2023 through April 2024) Finding includes: The HVAC annual inspection was requested on 4/25/24 during the entrance conference. The facility did not provide documentation of an annual HVAC inspection by the exit date of 4/26/24. During an interview, on 4/24/24 at 12:00 p.m., the Setting Support Specialist indicated the facility was not able to provide documentation to show the HVAC system had been		A preventative maintenance contract has been initiated with the HVAC company. How the corrective actions will be monitored to ensure the deficient practice will not recure. An ad hoc safety/quality meeting was held with all department leaders to discuss the deficient practice. The preventative maintenance schedule will also be entered into the TELS work order system to prevent future service failures. Date of Compliance 5/14/2024	

	inspected in the past year. During an interview, on 4/25/24 at 3:46 p.m., the Setting Support Specialist indicated the annual inspection of the HVAC system should have been completed. During an interview, on 4/25/24 at 4:21 p.m., the Setting Support Specialist indicated the facility followed the state regulations. A facility policy, titled "HVAC Preventative Maintenance," dated as last reviewed 1/25/2023 and received from the Director of Nursing on 4/25/24 at 3:42 p.m., only covered inspection and preventative maintenance of the individual units, by the maintenance staff, and did not include inspection of the systems, such as roof top units, utilized by the facility.			
R 0298	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(2) (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility;	R 0298	R298 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility. This plan of correction is submitted as	05/14/2024

	(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days. Based on observation, interview and record review, the facility failed to ensure temperatures of the medication refrigerators were checked and documented daily for 2 of 2 medication storage areas reviewed. (Memory Care Unit and second floor Assisted Living Unit) Findings include: During an observation, on 4/24/24 at 9:22 a.m., the medication storage refrigerator on the memory care unit was found to be missing 13 of 29 temperature entries on the log for February 2024, 23 of 31 temperature entries on the log for March 2024, and 22 of 23 temperature entries on the log for April 2024. During an observation, on 4/24/23 at 11:51 a.m., the medication storage refrigerator		the facility's credible allegation of compliance. R298 Pharmaceutical Services Independence Village of Carmel ensures that the facility monitors medication refrigeration. The Corrective Actions which were accomplished for those residents found to have been affected by the deficient practice. No residents were affected by the deficient practice. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: An ad hoc safety/quality meeting was held with all department leaders to discuss the deficient practice.	

	on the second floor Assisted Living unit was found to be missing 8 of 31 temperature entries on the log for January 2024, 1 of 29 temperature entries on the log for February 2024, 2 of 31 temperature entries on the log for March 2024, and 4 of 23 temperature entries on the log for April 2024. During an interview, on 4/24/24 at 9:22 a.m., QMA 4 indicated the medication refrigerator temperatures were to be checked by staff every other shift. During an interview, on 4/24/24 at 11:51 a.m., QMA 5 indicated the medication refrigerator temperatures were to be checked and documented on the temperature logs. A facility policy, titled "...Medication Storage" dated as last reviewed 6/10/2022 and provided by the Director of Nursing on 4/24/24 at 11:40 a.m., indicated "...The temperature of a refrigerator is checked and recorded daily by the Wellness Staff using the medication refrigerator log...." Based on observation, interview and record review, the facility failed to ensure temperatures of the medication refrigerators were checked and documented daily for 2 of 2 medication storage areas reviewed.		All residents could be affected by the medication refrigeration not meeting guidelines. Director of Wellness or her designee is conducting audits of medication refrigerators daily Monday through Friday for 4 weeks then weekly for 4 weeks. Any deficiencies noted during internal audits will be addressed at the monthly safety/quality meeting. Compliance Date: 5/14/2024	

(Memory Care Unit and second floor Assisted Living Unit)

Findings include:

During an observation, on 4/24/24 at 9:22 a.m., the medication storage refrigerator on the memory care unit was found to be missing 13 of 29 temperature entries on the log for February 2024, 23 of 31 temperature entries on the log for March 2024, and 22 of 23 temperature entries on the log for April 2024.

During an observation, on 4/24/23 at 11:51 a.m., the medication storage refrigerator on the second floor Assisted Living unit was found to be missing 8 of 31 temperature entries on the log for January 2024, 1 of 29 temperature entries on the log for February 2024, 2 of 31 temperature entries on the log for March 2024, and 4 of 23 temperature entries on the log for April 2024.

During an interview, on 4/24/24 at 9:22 a.m., QMA 4 indicated the medication refrigerator temperatures were to be checked by staff every other shift.

	During an interview, on 4/24/24 at 11:51 a.m., QMA 5 indicated the medication refrigerator temperatures were to be checked and documented on the temperature logs. A facility policy, titled "...Medication Storage" dated as last reviewed 6/10/2022 and provided by the Director of Nursing on 4/24/24 at 11:40 a.m., indicated "...The temperature of a refrigerator is checked and recorded daily by the Wellness Staff using the medication refrigerator log...."			

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