

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE OF CARMEL		STREET ADDRESS, CITY, STATE, ZIP CODE 689 PRO MED LANE, 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 IN00427994. Complaint IN00427994-No deficiencies related to the allegations are cited. Survey dates: November 7 and 8 2024. Facility number: 013510 Residential Census: 85 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on November 13, 2024.	R 0000			
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	Facility will audit licensure binder monthly for expired licenses, looking two months in advance to ensure licenses are up to date. An audit checklist is in place as of 11/11/2024 with names, titles,	11/11/2024	

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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 interview and record review, the facility failed to ensure a Licensed Practical Nurse (LPN) did not work with an expired license for 1 of 10 LPNs reviewed for staff license. (LPN 2)

Finding includes:

The staffing records were reviewed on 11/8/24 at 10:00 a.m. When reviewing licenses, LPN 2's license expiration date

expiration dates of licenses, and expiration within two months, which will require two signatures of approval from the Business Office Manager or designee and the Executive Director or designee.

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was 10/31/24.

A Medication Administration Record (MAR) indicated Resident 69 had administrations of medications by LPN 2 on the following days:

11/2/24

11/3/24

11/5/24

11/6/24

The LPN had been working and passing medications after their license had expired.

During an interview, on 11/8/24 at 11:20 a.m., the Executive Director (ED) indicated LPN 2 had not renewed her license by 10/31/24. The business office manager was responsible for keeping track of licenses and kept the binder in her office. LPN 2 had been on the schedule and working until today.

A current job description, titled "Licensed Practical Nurse," dated as revised September 2017 and received from the ED on 11/8/24 at 11:45 a.m., indicated "...QUALIFICATIONS. A current and unencumbered LPN license in the state in which Community is located...."

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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
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