STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT SCHERERVILLE	7770 BURR STREET, SCHERERVILLE, , 46375

(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 IN00441444. Complaint IN00441444 - State deficiency related to the allegations is cited at R0119. Survey date: 10/2/24 Facility number: 013825 Residential Census: 92 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 10/4/24.	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, each employee shall be given an orientation to the facility by the supervisor (or his or her designee)	R 0119	R119 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider	10/15/2024

	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 resident to whom the employee will be providing care.		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 StoryPoint of Schererville 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:	

	(6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation. Based on record review and interview, the facility failed to ensure an employee received resident rights orientation prior to working independently in the facility for 1 of 6 employees hired in the past six months. (CNA 1) Finding includes: Employee files were reviewed on 10/2/24 at 2:45 p.m. CNA 1 had a start date of 4/24/24. There was a lack of documentation that indicated CNA 1 had been educated on resident rights upon starting employment at the facility. During an interview on 10/2/24 at 3:27 p.m., the Wellness Director (Director of Nursing) indicated CNA 1 had not had resident rights training. This citation relates to Complaint IN00441444. Based on record review and interview, the facility failed to ensure an employee received resident rights orientation prior to working independently in the facility for 1 of 6 employees hired in the past six months. (CNA 1)		All residents could be affected by staff not receiving specific job orientation. C.N.A. 1 has 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 safety/quality meeting.	

	Finding includes: Employee files were reviewed on 10/2/24 at 2:45 p.m. CNA 1 had a start date of 4/24/24. There was a lack of documentation that indicated CNA 1 had been educated on resident rights upon starting employment at the facility. During an interview on 10/2/24 at 3:27 p.m., the Wellness Director (Director of Nursing) indicated CNA 1 had not had resident rights training. This citation relates to Complaint IN00441444.		Date of Compliance: October 15, 2024	

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