STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR RESIDENCES OF LAFAYETTE	250 SHENANDOAH DRIVE, LAFAYETTE, , 47905

(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. Survey dates: August 22 and 23, 2023 Facility number: 014015 Residential Census: 75 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on August 30, 2023.	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 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	R 0117	This finding has been corrected as of 9/21/2023. Clinical staff on every shift is now certified in CPR and first aid. To ensure compliance the ED/DON is highlighting the monthly schedule with certified staff to ensure that we are corroborating with the state and company policies. Going forward CPR/1st aid classes will be available	09/21/2023

	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 record review and interview, the facility failed to ensure staff met the requirements of Cardiopulmonary Resuscitation (CPR) and First Aid for 17 of 42 shifts reviewed. Findings include: A record review, on 8/23/23 at 10:00 a.m., indicated multiple shifts from Sunday 8/13/23 through Saturday 8/19/23 were not staffed with CPR and First Aid certified staff. The dates and shifts included were: a. On Sunday, 8/13/23, there was no First Aid or CPR		quarterly, as well as able to be taken on line. A monthly checks and balances system has been put in place at the community and will be reviewed monthly for continued compliance. This will be done by the ED or designee. This process has already began.	

	coverage for the second shift. b. On Monday, 8/14/23, there was no First Aid and CPR coverage for the first shift. c. On Tuesday, 8/15/23, there was no CPR coverage for the first shift. d. On Wednesday, 8/16/23, there was no First Aid coverage for the first shift, second shift and no CPR for the first shift. e. On Thursday, 8/17/23, there was no First Aid coverage for the night shift and no CPR coverage for the second shift and the night shift. f. On Friday, 8/18/23, there was no First Aid or CPR coverage for the night shift. g. On Saturday, 8/19/23, there was no First Aid coverage for the day shift, night shift and no CPR coverage for the day shift and night shift. During an interview, on 8/23/23 at 10:20 a.m., the Executive Director (ED) indicated they were missing several CPR and First Aid cards and did not know why there were no CPR and First Aid coverage for the missing shifts. A current policy, titled "Emergency Response/CPR," dated 4/1/19 and received from the ED on 8/23/23 at 12:28			

p.m., indicated "...This policy provides guidelines on responding to emergency situations and initiating Cardiopulmonary Resuscitation ("CPR") where indicated and necessary as well as establishing first aid training programs for designated team members...Job descriptions designate which team members are required to hold valid CPR/First Aid cards...The Director or Resident Care (DRC)/designee reviews designated team members' CPR/First Aid cards upon hire for validation of class completion...The DRC/designee monitors renewal dates on an annual basis...."

Based on record review and interview, the facility failed to ensure staff met the requirements of Cardiopulmonary Resuscitation (CPR) and First Aid for 17 of 42 shifts reviewed.

Findings include:

A record review, on 8/23/23 at 10:00 a.m., indicated multiple shifts from Sunday 8/13/23 through Saturday 8/19/23 were not staffed with CPR and First Aid certified staff. The dates and shifts included were:

a. On Sunday, 8/13/23, there was no First Aid or CPR coverage for the second shift.

	b. On Monday, 8/14/23, there was no First Aid and CPR coverage for the first shift. c. On Tuesday, 8/15/23, there was no CPR coverage for the first shift. d. On Wednesday, 8/16/23, there was no First Aid coverage for the first shift, second shift and no CPR for the first shift. e. On Thursday, 8/17/23, there was no First Aid coverage for the night shift and no CPR coverage for the second shift and the night shift. f. On Friday, 8/18/23, there was no First Aid or CPR coverage for the night shift. g. On Saturday, 8/19/23, there was no First Aid coverage for the day shift, night shift and no CPR coverage for the day shift and night shift. During an interview, on 8/23/23 at 10:20 a.m., the Executive Director (ED) indicated they were missing several CPR and First Aid cards and did not know why there were no CPR and First Aid coverage for the missing shifts. A current policy, titled "Emergency Response/CPR," dated 4/1/19 and received from the ED on 8/23/23 at 12:28 p.m., indicated "...This policy provides guidelines on			

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R 0118	Personnel - Deficiency 410 IAC 16.2-5-1.4(c) (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide. Based on interview and record review, the facility failed to ensure a Home Health Aide (HHA) had a valid license for 1	R 0118	This finding has been corrected as of 8/28/23. The HHA application was completed and sent in but community staff did not follow up to ensure that the license was issued. Going forward licenses for all applicable staff will be verified monthly. A monthly checks and balances system has been put in place at the community and will be reviewed monthly for continued compliance. This will be done by the ED or designee. This process has already began.	08/28/2023

of 8 employees reviewed for licensure. (HHA 2)

Finding includes:

HHA 2 was hired on 6/14/22 and was currently working. HHA 2's file did not contain a HHA course certification or a valid license.

A Home Health Aide application was submitted to the Indiana State Department of Health on 2/18/23.

During an interview, on 8/23/23 at 12:15 p.m., the Executive Director indicated HHA 2 completed the HHA course on 2/18/23. The facility submitted the course information and the employee's driver's license. The employee's last name did not match. Since the last name did not match HHA 2 did not receive a valid license.

A current policy, titled "Recruitment and Hiring," dated as revised 8/1/18 and received from the Executive Director on 8/24/23 at 10:58 a.m., indicated "...When recruiting department managers, such as the DON or RSD, the Executive Director/Administrator also participate. It is also recommended that a task force of managers and key staff be established as part of the hiring process for Location Leadership Positions. The recruitment and hiring of department manager

positions will also be coordinated with the designated corporate and regional representatives...."

Based on interview and record review, the facility failed to ensure a Home Health Aide (HHA) had a valid license for 1 of 8 employees reviewed for licensure. (HHA 2)

Finding includes:

HHA 2 was hired on 6/14/22 and was currently working. HHA 2's file did not contain a HHA course certification or a valid license.

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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 food was served by employees wearing hair restraints, a trash can was covered with a lid, the floor was clean, meat was thawed according to policy and the refrigerator logs had temperatures documented for 1 of 1 kitchen reviewed. Findings include: During a tour of the kitchen, on 8/22/23 at 11:30 a.m., with the Food Service Director the	R 0273	All kitchen related staff have been inserviced on sanitation standards and food safety. The food and beverage director was trained by the ED, the food and beverage director trained the remaining kitchen staff. This training was done on 9/13/23. The food and beverage director or designee will audit for compliance in the areas of food safety and sanitation twice weekly for 4 weeks and once weekly for 4 weeks following to ensure adequate training and accountability. This process began the week of 9/17/23 and will continue through the week of 11/12/2023.	09/13/2023

following observations were made:

1. Two packages of Johnsonville brats were on a cooking sheet on the counter thawing.

2. The lid on the trash can located between the freezer and next to the condiment cooler had no lid on it.

3. The tile on the floor in front of the steam table, refrigerators, freezers, and the dishwashing area were dirty. The area in front of refrigerators 3 and 4 were sticky.

4. The Dietary Assistant 4 and Cook 3 had beards and were not covered with beard guards. The cook served the entire meal without a beard guard.

5. The temperature logs on the refrigerators were incomplete. The logs for refrigerator 1, 2, 3 and 4 lacked documentation of temperatures for August 16, 17, 18, 19, 20 and 21, 2023.

During an interview, on 8/22/23 at 12:01 p.m., the Dietary Manager indicated the dietary staff should be wearing a beard guard.

During an interview, on 8/22/23 at 12:20 p.m., the Dietary Manager indicated the trash can should be covered, the refrigerator logs were

incomplete, and the floors needed cleaned.

A current policy, titled "Sanitation and Infection Control Standards," received from the Executive Director on 8/22/23 at 1:30 p.m., indicated "...the director develops, implements and monitors a cleaning schedule that assigns specific cleaning responsibilities to specific individuals...cleaning tasks are initialed as they are completed. The director checks the cleaning schedule at the end of each shift to assure assignments were completed...department employees in addition to complying with generally applicable dress code requirements as set forth in the employee handbook adhere to the following rules to facilitate safe and sanitary meal production service...beard coverings where applicable for facial hair covering...."

A current policy, titled "Food Safety," and received from the Executive Director on 8/22/23 at 1:17 p.m., indicated "...Frozen foods are thawed during cooking, under refrigeration (preferred method), or by immersion under running portable water of a temperature of 70 degrees F or lower. Food may also be thawed in the microwave if the food will be moved immediately to other

cooking equipment to finish cooking or finished immediately in the microwave...all trash and garbage cans are kept covered except when being used. They are not placed next to food preparation areas or clean dishware...."

Based on observation, interview and record review, the facility failed to ensure food was served by employees wearing hair restraints, a trash can was covered with a lid, the floor was clean, meat was thawed according to policy and the refrigerator logs had temperatures documented for 1 of 1 kitchen reviewed.

Findings include:

During a tour of the kitchen, on 8/22/23 at 11:30 a.m., with the Food Service Director the following observations were made:

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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