

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/04/2023	
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF ZIONSVILLE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 6800 CENTRAL BOULEVARD, ZIONSVILLE, , 46077					
(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 Complaints IN00406922 and IN00407166. Complaint IN00406922- State deficiencies related to the allegations are cited at R0217. Complanit IN00407166- State deficiencies related to the allegations are cited at R0088. Survey date: May 3 and 4, 2023 Facility number: 014059 Residential Census: 43 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on May 12, 2023.	R 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Independence Village of West Zionsville that the allegations contained in this survey report are accurate or reflect accurately the provision of service to residents of Independence Village of West Zionsville.				
R 0088	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2)	R 0088	What corrective action(s) will be accomplished for those resident(s) found to be affected by the noncompliant practice?	05/23/2023			

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c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator Based on observation and interview, the facility failed to appoint a licensed administrator for the facility as required by state regulation and had the potential to effect 43 of 43 residents residing a the facility. Findings include: During the survey no Administrator was observed at the facility. During an interview with the Executive Director (ED) on 5/3/23 at 10:32 a.m., he		-ED took the Jurisprudence Examination for RCA on 5/16/2023. On 05/23/2023, he was notified that he passed and was issued RCA license number 16002746A. IDOHLTC Provider Services were notified of the new administrator the same day.	
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indicated he did not have an administrator's license and he was scheduled to take his test on 5/12/23 to become a licensed administrator. He indicated ED 5 was his preceptor. He did not have a recorded history of times that ED 5 would visit the facility, but indicated he would be at the facility tomorrow.

During a phone interview with ED 5 on 5/3/23 at 11:42 a.m., he indicated he was the ED's preceptor. He indicated his preceptor certification expired on 3/8/23. ED 5 was no longer qualified to be a preceptor for the ED at the facility. He was not the Administrator for the facility.

This state residential finding relates to Complaint IN00407166.

Based on observation and interview, the facility failed to appoint a licensed administrator for the facility as required by state regulation and had the potential to effect 43 of 43 residents residing at the facility.

Findings include:

During the survey no Administrator was observed at the facility.

During an interview with the Executive Director (ED) on 5/3/23 at 10:32 a.m., he

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	indicated he did not have an administrator's license and he was scheduled to take his test on 5/12/23 to become a licensed administrator. He indicated ED 5 was his preceptor. He did not have a recorded history of times that ED 5 would visit the facility, but indicated he would be at the facility tomorrow. During a phone interview with ED 5 on 5/3/23 at 11:42 a.m., he indicated he was the ED's preceptor. He indicated his preceptor certification expired on 3/8/23. ED 5 was no longer qualified to be a preceptor for the ED at the facility. He was not the Administrator for the facility. This state residential finding relates to Complaint IN00407166.			
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 appropriate to the: (A) scope;	R 0217	What corrective action(s) will be accomplished for those resident(s) found to be affected by the deficient practice? -Wellness Director (WD) has completed the entry of service plans for all completed resident evaluations. Director (WD) has completed a comprehensive audit of all residents to ensure that each resident's service plan matches the most recently completed evaluation and that each resident has been evaluated within the previous six months.	06/09/2023

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(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.

Based on observations, record review, and interview, the facility failed to revise a resident's service plan when she had a mental and physical decline related to frontal lobe dementia for 1 of 3 residents reviewed for service plans (Resident B).

How what measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?

-The WD and ED will audit resident service plans regularly to ensure that any newly completed evaluations are accurately reflected in each resident's service plans and that each resident has been evaluated within the previous six months.

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

-The WD and ED will audit resident service plans regularly to ensure that any newly completed evaluations are accurately reflected in each resident's service plans and that each resident has been evaluated within the previous six months.

By what date will the systemic changes be completed?

-June 9, 2023

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Findings include:

During an observation on 5/3/23 at 10:26 a.m., Resident B was observed sitting in a broda chair with her eyes closed, facing a window. She had a transfer sling underneath her. She was able to open her eyes with verbal stimuli. She was well dressed. Companion 10 and a family member were there with her. Resident B was receiving hospice services and was on the memory care unit. She was to remain there despite the level of care required.

During an observation on 5/4/23 at 10:00 a.m., Resident B was sitting in the activity area with her companion. Her eyes were closed.

During an observation on 5/3/23 at 12:22 p.m., Resident B was fed a pureed diet by Companion 10.

A comprehensive record review was completed on 5/3/23 at 1:23 p.m. Resident B had the following diagnoses, but not limited to unspecified dementia, acute pain, insomnia, essential hypertension, hyperlipidemia, unspecified mood disorder, and anxiety.

Resident B had two physician orders for her diet. One was regular and the other was pureed.

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A semi-annual evaluation was completed for Resident B on 5/4/23. It indicated Resident B was dependent on staff for her hygiene, bathing, toileting, eating and she transferred with a mechanical lift and two persons.

Resident B's service plan printed 5/4/23 indicated Resident B required assistance with tasks such as, dressing, bathing, grooming, toileting. The plan did not indicate Resident B required a mechanical lift for transfers. The service plan indicated she would receive reminder or assistance to use the bathroom. She was dependent on two persons with toileting needs. The plan indicated she received a regular diet she would receive encouragement with meal and fluid consumption. She received a pureed diet and was dependent on staff for eating. The service plan did not address receiving hospice services.

During an interview with CNA (Certified Nursing Assistant) 7, CNA 9, and QMA (Qualified Medication Assistant) 8 on 5/3/23 at 11:00 a.m., they indicated Resident B was dependent on staff for care. She transferred with a hoist lift provided by hospice. She required two persons with care because she was dependent.

Resident B was unable to assist with any aspect of her care. She was dependent on toileting after meals and every 2 hours.

During an interview with the Wellness Coordinator, on 4/3/23 at 2:15 p.m., she indicated she had only been in the role of the Wellness Coordinator for a couple of weeks and would get Resident B's service plan updated to reflect her current level of care needs.

This state residential finding relates to Complaint IN00406922.

Based on observations, record review, and interview, the facility failed to revise a resident's service plan when she had a mental and physical decline related to frontal lobe dementia for 1 of 3 residents reviewed for service plans(Resident B).

Findings include:

During an observation on 5/3/23 at 10:26 a.m., Resident B was observed sitting in a broda chair with her eyes closed, facing a window. She had a transfer sling underneath her. She was able to open her eyes with verbal stimuli. She was well dressed. Companion 10 and a family member were there with her. Resident B was receiving hospice services and was on the memory care unit. She was to remain there despite the level

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Resident B's service plan printed 5/4/23 indicated Resident B required assistance with tasks such as, dressing, bathing, grooming, toileting. The plan did not indicate Resident B required a mechanical lift for

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During an interview with CNA (Certified Nursing Assistant) 7, CNA 9, and QMA (Qualified Medication Assistant) 8 on 5/3/23 at 11:00 a.m., they indicated Resident B was dependent on staff for care. She transferred with a hoist lift provided by hospice. She required two persons with care because she was dependent. Resident B was unable to assist with any aspect of her care. She was dependent on toileting after meals and every 2 hours.

During an interview with the Wellness Coordinator, on 4/3/23 at 2:15 p.m., she indicated she had only been in the role of the Wellness Coordinator for a couple of weeks and would get Resident B's service plan updated to reflect her current level of care needs.

This state residential finding

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	relates to Complaint IN00406922.			
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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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