

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 04/16/2024	
NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 11430 COLDWATER ROAD, FORT WAYNE, , 46845					
(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: April 15, and 16, 2024 Facility number: 014419 Residential Census: 25 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 17, 2024	R 0000	No concerns				
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	R117 1. DON reviewed daily staff schedules from 4/17/24 to 4/26/24 and identified team members with current CPR/First Aide certification. All shifts were appropriately staffed with a CPR/First Aide certified person.	04/29/2024			

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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 first aid and CPR (Cardiopulmonary Resuscitation) certified staff member was on site at all times for 7 days of 28 days reviewed. 25 residents resided in the facility.

Findings include:

A review on 4/16/24 at 9:40 AM indicated there was not a first aid and CPR certified staff member on Thursday 4/11/24 on night shift or Friday 4/12/24 on night shift.

In an interview on 4/16/24 at

See daily schedules attached.

2.
Training: On 04/09/24, CPR/First Aide training was held. Nine staff members successfully completed the training and obtained certifications on this date. On 04/17/24 a second CPR/First Aide training was held. Six staff members successfully completed the training and obtained certifications on this date. All Nursing Department team members are now CPR/First Aide Certified.

3.
Quality: On 04/25/24, Executive Director and Corporate Director of Human Resources revised the organizational new hire checklist to include column for CPR/First Aide Certification to audit new hire records to ensure that all certifications are received at time of onboarding and are current. Executive Director and Corporate Director of Human Resources also revised the CNA and QMA Orientation checklist to include CPR/First Aide Certification to ensure that all department team members are

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9:50 AM the Director of Nursing (DON) indicated they were unaware of a first aid and CPR certified staff member not being present on Thursday 4/11/24 and Friday 4/12/24.

The as worked schedule dated 3/1/24 through 4/15/24 indicated the facility did not have a first aid and CPR certified staff member on site for the following days:

Sunday 3/10/24 day shift

Sunday 3/17/24 night shift

Saturday 3/23/24 day shift

Sunday 3/24/24 day shift

Saturday 4/6/24 night shift

In an interview on 4/16/24 at 11:20 AM the DON indicated there should be a first aid and CPR certified staff member on site at all times.

A current facility policy dated 10/1/21 provided by the DON on 4/16/24 at 12:05 PM indicated a staff member certified in first aid and CPR would be in the facility 24 hours a day, seven days a week.

Based on interview and record review the facility failed to ensure a first aid and CPR (Cardiopulmonary Resuscitation) certified staff member was on site at all times

trained on CPR/First Aide and if not, a training will be scheduled for them. QA will review/monitor daily schedules every week for one month and monthly for five weeks, totaling an auditing period of six months. Will also audit all Nursing new hires employee files monthly for a period of six months. See Audit Tools.

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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; (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.	R 0217	R217 1. Resident Identified: DON reviewed current service plan with resident on 4/18/24. Resident did not voice any concerns at this time and is pleased with the care he receives within our community. Care Plan review sheet has been scanned into resident chart on 4/18/24. 2. Other Residents: DON reviewed residents that were scheduled for care conferences in the month of March and April. A total of twelve resident charts were reviewed. All resident charts reviewed were found to have reviewed and signed plans of care. 3.	04/29/2024

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FORM APPROVED

OMB NO. 0938-0391

(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 interview and record review the facility failed to ensure a service plan was reviewed and signed for 1 of 5 residents reviewed. (Resident 2).

Findings include:

Resident 2's record was reviewed on 4/15/24 at 10:16 AM. Diagnoses included Parkinson's disease, iron deficiency anemia, unspecified dementia, and major depressive disorder.

Resident 2's current service plan dated 1/18/24, with a goal date of 7/16/24 did not include documentation of a review with the resident or representative. No other current service plans were available for review.

Progress notes dated 1/12/24 at 10:29 AM indicated a care conference invitation had been

Training: On 4/25/24, Administrator, Director of Nursing, and Community Coordinator reviewed the Care Conference/Service Plan Tracker; no revisions required. (See In-Service Training Sign-In Form – uploaded documents)

4.
Quality: On 04/22/2024, Administrator developed a Care Conference/Service Plan Tracker to audit care conference dates for current residents, new move-ins, and residents with a hospitalization/change in condition (See Audit Tools– uploaded documents). Administrator and Director of Nursing/Designee will monitor care conference tracking form, as well as resident charts monthly for six months. The audit will continue for a minimum period of six months through October 2024. The audit results will be reported monthly at the QA Meeting by Director of Nursing/Designee starting in May 2024.

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delivered to Resident 2 and emailed to his son. The invitation indicated the care conference was scheduled for 1/31/24. No additional progress notes pertaining to a care conference or review with the resident or representative were available for review.

In an interview on 4/16/24 at 9:13 AM, the Director of Nursing (DON) indicated Resident 2's son had been invited to a care conference on 1/12/24 to be held on 1/31/24. The DON indicated Resident 2's son did not attend the care conference. She indicated service plans should be reviewed and signed during the care conference or documented as discussed over the phone. She indicated signed service plans should be uploaded into the chart after completion. She indicated she did not have documentation of a service plan review for Resident 2.

A current policy titled Care Plans/Service Plans, last reviewed on 2/13/24 provided by the DON on 4/16/24 at 10:17 AM indicated the DON should facilitate the care plan meeting with the resident and representative. The policy indicated each person indicated their consent by providing their signature.

Based on interview and record

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review the facility failed to ensure a service plan was reviewed and signed for 1 of 5 residents reviewed. (Resident 2).

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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