

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 05/28/2024	
NAME OF PROVIDER OR SUPPLIER VITA OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 S ADAMS STREET, MARION, , 46953					
(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 IN00433772, IN00434311, and IN00435128. Complaint IN00433772 - State deficiencies related to the allegations are cited at R0116. Complaint IN00434311 - No deficiencies related to the allegations are cited. Complaint IN00435128 - No deficiencies related to the allegations are cited. Survey date: 5/28/2024 Facility number: 015081 Residential Census: 75 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed June 3, 2024.	R 0000					

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R 0116	Personnel - Noncompliance 410 IAC 16.2-5-1.4(a) (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3. Based on interview and record review, the facility failed to ensure 5 out of 5 staff members had criminal background checks and references prior to starting work (Licensed Practical Nurse (LPN) 1 and 2, Qualified Medication Aide (QMA) 3 and 4, Certified Nursing Assistance (CNA) 5). Findings include: Employee records were provided by the administrator and reviewed on 5/28/24 at 12:45 p.m. A review of LPN 1's record indicated her start date was 3/7/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties. A review of LPN 2's record indicated her start date was	R 0116	Incident Overview On May 28, 2024, a review of employee records revealed that the records for several employees, specifically LPN one, LPN's, QMA three, QMA four, and CNA five, lacked completion of required background/criminal history checks, including all 92 Indiana counties. Additionally, it was noted that the facility did not have a specific policy for screening new hires, relying instead on state regulations and rules. 1. Affected Parties: • Who was affected? • It was determined that no residents or staff were directly affected by the missing background checks. However, the oversight in the hiring process posed a potential risk to the safety and well-being of residents and staff. 2. Potential Impact: • Who had the potential to be affected? • All residents and staff had the potential to be affected by the lack of thorough background checks. 3. Systematic Changes:	07/05/2024
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3/15/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.

A review of QMA 3's record indicated her start date was 4/10/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties and personal or professional references

A review of QMA 4's record indicated her start date was 3/7/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.

A review of CNA 5's record indicated her start date was 3/18/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.

During an interview, on 5/28/24 at 1:12 p.m., the Administrator indicated QMA 3's background check had been just recently completed, but was unable to provide documentation of completion.

During an interview, on 5/28/24 at 2:30 p.m., the Administrator indicated the facility did not have a policy for screening new hires. They used the state

- What changes were made?

- Policy

Development and Implementation: A comprehensive employee screening policy has been developed, including specific procedures for background checks and criminal history checks for all prospective employees.

- Training and

Communication: All relevant staff have been trained on the new employee screening policy.

- Retrospective

Employee Screening: Background checks for all current employees who were hired without completed checks are being conducted.

4. Monitoring and Compliance:

- What tools

will be used to ensure compliance?

- Monitoring

Process: The Director of Nursing (DON) or a designated representative will perform regular audits of employee records to ensure compliance with the new screening policy. Initially, checks will be conducted weekly for the first month, bi-weekly for the next two months, and then monthly for three months.

Further background checks will be used for all new employees moving forward prior to employment.

- Quality

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FORM APPROVED

OMB NO. 0938-0391

regulations (rules).

Review of an undated facility policy titled " Elder Abuse Policy and Procedure," provided by the DON on 5/28/24 at 10:12 a.m., indicating the following: "...A screen for potential employees is done prior to hire by doing reference checks, fingerprints in Indiana for employees who have lived in Indiana for more than 5 years and an FBI fingerprint check if not living in Indiana for 5 years. The community does not hire anyone who has been found guilty of abusing, neglect, or mistreating residents by court of law or have had a finding entered into the State Nurse Aide Registry. Background checks, reference checks from previous and/or current employers and verification of state licensing boards and registries. The facility places all new hires on a 90-day probationary period...."

This citation relates to Complaint IN00433772.

Based on interview and record review, the facility failed to ensure 5 out of 5 staff members had criminal background checks and references prior to starting work (Licensed Practical Nurse (LPN) 1 and 2, Qualified Medication Aide (QMA) 3 and 4, Certified Nursing Assistance (CNA) 5).

Assurance: The results of these audits will be presented to the Quality Assurance (QA) committee for further evaluation and ongoing monitoring.

Date of Compliance:

7/5/2024

Findings include:

Employee records were provided by the administrator and reviewed on 5/28/24 at 12:45 p.m.

A review of LPN 1's record indicated her start date was 3/7/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.

A review of LPN 2's record indicated her start date was 3/15/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.

A review of QMA 3's record indicated her start date was 4/10/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties and personal or professional references

A review of QMA 4's record indicated her start date was 3/7/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.

A review of CNA 5's record indicated her start date was 3/18/24. The records lacked completion of a

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background/criminal history check including all 92 Indiana counties.

During an interview, on 5/28/24 at 1:12 p.m., the Administrator indicated QMA 3's background check had been just recently completed, but was unable to provide documentation of completion.

During an interview, on 5/28/24 at 2:30 p.m., the Administrator indicated the facility did not have a policy for screening new hires. They used the state regulations (rules).

Review of an undated facility policy titled " Elder Abuse Policy and Procedure," provided by the DON on 5/28/24 at 10:12 a.m., indicating the following: "...A screen for potential employees is done prior to hire by doing reference checks, fingerprints in Indiana for employees who have lived in Indiana for more than 5 years and an FBI fingerprint check if not living in Indiana for 5 years. The community does not hire anyone who has been found guilty of abusing, neglect, or mistreating residents by court of law or have had a finding entered into the State Nurse Aide Registry. Background checks, reference checks from previous and/or current employers and verification of state licensing boards and registries. The facility places all

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new hires on a 90-day
probationary period...."

This citation relates to
Complaint IN00433772.

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