

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 09/06/2023
NAME OF PROVIDER OR SUPPLIER BRIDGEPOINTE GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 UTICA SELLERSBURG ROAD, JEFFERSONVILLE, , 47130			
(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: September 5 and 6, 2023. Facility number: 015122 Residential Census: 36 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on September 7, 2023.	R 0000	The submission of this plan of correction shall serve as credible evidence of substantial compliance with the alleged deficient practice. The facility respectfully requests a desk review for substantial compliance since no residents were affected or harmed and all nursing personnel, in addition to, several facility managers now have an active First Aide certification.		
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	1. No residents were harmed. 2. A complete audit was conducted on all nursing staff files to validate who had a current first aid certification. Those missing first aid certification were	09/15/2023	

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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 record review and interview, the facility failed to maintain a minimum of one staff member on duty with current First Aid certification 24 hours a day for 2 of 10 days reviewed. This deficient practice had the potential to affect all 36 residents currently residing in the facility.

Findings include:

identified and each employee was contacted and educated on the requirement to obtain and maintain active first aid certification.

All nursing staff are now compliant with active first aid certification. Please see Attachment 1 and Attachment 2.

3. Facility policy and procedures were reviewed without changes.

4. The Director of Business Services will ensure, at the time of hire, that all nursing staff present a valid, first aid certification card and the community obtains a copy.

DON and ADON will maintain a binder with a copy of first aide certifications along with dates that they expire. The binder will be reviewed each month, on an on-going basis, by the DON, ADON, or Administrator, to monitor for expiring certifications and ensure that any approaching expiration is renewed.

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The review of the staff schedule, for August 28, 29, 30, and 31, September 1, 2, 3, 4, 5 and 6, 2023, indicated the following shifts lacked documentation of any staff in the building with First Aid Certification

- On September 1 from 8:15 p.m. to September 2 at 7:00 a.m., the following staff members worked the night shift: ADON (Assisted Director of Nursing), CNA 5, and CNA 6 worked the night shift.

- On September 5 from 8:30 p.m. to September 6 at 7:00 a.m., the following staff members worked the night shift: LPN 7, CNA 8, and CNA 6.

The facility could not provide proof of first aide certification for any of the staff members listed above.

During an interview on 9/6/23 at 11:12 a.m., the Executive Director indicated she could not provide any additional staff members with First Aid certification for the nights of September 1 or September 5, 2023. She honestly thought the regulation was just for CPR certification. They had several nurses that did not know they had to have First Aid certification.

Based on record review and interview, the facility failed to maintain a minimum of one staff

Five facility directors also now have an active, first aid certification. The Directors who have the certification will serve as a back-up in the event an emergency occurs to ensure on-going compliance.

DON or ADON will monitor the nursing schedule weekly to ensure that there is a minimum of at least one first aide certified employee in the building.

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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