

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155496	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/18/2022
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NAME OF PROVIDER OR SUPPLIER  VALLEY VIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00373435, IN00372368, IN00371647, IN00370151, and IN00368256. This visit resulted in an Immediate Jeopardy. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00373435 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00372368 - Substantiated. Federal/State deficiencies related to the allegations are cited at F838 and F839.</p> <p>Complaint IN00371647 - Substantiated. Federal/State deficiencies related to the allegations are cited at F600, F607, and F610.</p> <p>Complaint IN00370151 - Substantiated. Federal/State deficiencies related to the allegations are cited at F881 and F882.</p> <p>Complaint IN00368256 - Substantiated. Federal/State deficiencies related to the allegations are cited at F803 and F809.</p> <p>Survey dates: February 7,8,9,10,11,14,15,16,17, and 18, 2022.</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census Bed Type: SNF/NF: 86 Total: 86</p>	F 0000	The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0600 SS=D Bldg. 00	<p>Census Payor Type: Medicare: 3 Medicaid: 73 Other: 10 Total: 86</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/25/22.</p> <p>483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on observation, interview, and record review, the facility failed to ensure a resident was free from verbal and mental abuse for 1 of 5 residents reviewed for abuse, (Resident B). .</p> <p>Finding includes:</p> <p>During an observation in the resident's room on 2/9/22 at 11:47 A.M., Resident B was observed sitting in a wheelchair with above the knee</p>	F 0600	<p>1. Resident B continues to reside at the facility free of abuse. LPN #8 is no longer employed at the facility.</p> <p>2. The administrator no longer is employed with Communicare Health Services. The DON received education on removing employees from the facility with allegations of abuse. All residents</p>	03/18/2022	

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	<p>prosthetics applied to both legs. During an interview at that time, Resident B indicated he was blind and required assistance for activities of daily living including assistance to use the restroom. The resident indicated on 1/23/22 sometime in the afternoon, he was being assisted in the bathroom, slipped and let himself down on the bathroom floor. Resident B indicated 2 aides were trying to help him get to his chair when Licensed Practical Nurse (LPN) 8 entered the room and told him to take his medications at that time. The resident indicated he told LPN 8 he would take his medications when the aides got him off the floor and into his chair, he did not want to take the medications while sitting on the floor. Resident B indicated LPN 8 became angry, yelled at him saying he had behavior issues and accused him of refusing medications. The resident indicated LPN 8 kicked everyone out of the room. Resident B indicated staff returned to the room and transferred him to bed using the mechanical lift. Resident B indicated he felt safe at the facility but worried nurses could make mistakes and he did not want LPN 8 to ever come in to his room again.</p> <p>During an interview on 2/10/2022 at 1:25 P.M., the Administrator indicated he was notified by phone of the incident on Sunday 1/23/22 right after the occurrence and notified the Director of Nursing (DON), to go to the facility to assess the incident. The Administrator indicated the DON did not find any concerns at that time and did not trigger an investigation until the following day after interviews. After the DON interviewed staff she realized she needed to make a report to the State Agency. The Administrator indicated LPN 8 was allowed to work the remainder of the 2:00 P.M. to 10:00 P.M. shift but her assignment was changed so she would no longer be caring for</p>		<p>that could be interviewed had an interview completed and all non-interviewable residents had a head to toe assessment completed. There were no further findings of abuse from the interviews and head to toe assessments.</p> <p>3. Education on abuse was completed with all staff.</p> <p>4. The RDO/RDCO will review any allegation of abuse to validate any employees involved are removed from the facility pending investigation. This will be an ongoing practice of this facility. 5 residents and 5 staff will be interviewed weekly for 12 weeks to identify any allegations or events that may constitute abuse. All findings will be reported to the QAPI committee monthly and the QAPI committee will determine when 100% compliance is achieved.</p>	

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	<p>Resident B. The Administrator indicated in retrospect, LPN 8 should probably have been sent home at the time of the incident.</p> <p>The DON was interviewed on 2/10/22 at 1:34 P.M., and indicated the Administrator notified her by phone that something was going on at the facility related to a fall or something, and requested she go to the facility to check on the incident. The DON indicated Certified Nursing Assistant (CNA) 8 notified Clinical Manager (CM) 1 that CNA 9 was with Resident B in the bathroom when his prosthetic leg broke and he was lowered to the floor. The DON indicated she interviewed Resident B and the resident reported he was fine and not hurt, he just did not want LPN 8 to take care of him anymore. The DON indicated in her interview with LPN 8, that LPN reported Resident B was having behaviors and indicated the resident refused his medications and that she was just talking to the resident. The DON indicated LPN 8 did not want to write a statement until the CNAs made their report. The DON indicated that she did not ask LPN 8 if she yelled at Resident B, or if she had been abusive in any way. The DON indicated she did not interview CNA 8 because she was upset and CM1 sent her to take a break and calm down. The DON indicated she did not interview CNA 9 because she must have been doing patient care somewhere. DON indicated she got some staff witness statements, but couldn't get them all and instructed the the unit manager, LPN 9, to finish getting statements. DON indicated she was investigating in the facility on 2/23/22 from 4:30 P.M. to 6:00 P.M.</p> <p>The DON indicated she did not find any concerns regarding the incident, so allowed LPN 8 to remain at work but moved her from Resident B's care to work in a different hall, 100 Hall. The</p>			

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	<p>following day after collecting the rest of the statements from staff, she discussed the incident with the Administrator and determined there was a problem and suspended LPN 8 at that time, pending an investigation. DON indicated LPN 8 never provided a statement, and never returned to work at the facility after the incident. The DON indicated LPN 8 should have been suspended pending an investigation at the time of the incident.</p> <p>During an interview on 2/10/22 at 3:29 P.M., DON indicate the incident was reported on 1/24/22 at 4:01 P.M., and that the time of the incident was incorrectly reported as 1/24/22 at 4:01 P.M.. The DON indicated she the incident actually occurred on 1/23/22 at 4:00 P.M.</p> <p>During a telephone interview with CNA 8, on 2/14/22 at 2:21 P.M., she indicated she was called to Resident B's room because he had fallen in the bathroom when his prosthetic leg broke, and CNA 9 needed help getting the resident up off the floor. CNA 8 indicated while she and other aides were in the room, LPN 8 indicated Resident B's fall was behavioral and he fell on purpose. CNA 8 further indicated that LPN 8 yelled at the resident asking if he wanted his pills or not. The resident told her he wanted them but not while he was still on the floor. CNA 8 indicated LPN 8 continued to tell the resident it was his fault that he fell and that it was a behavior. CNA 8 indicated LPN 8 screamed and said she doesn't respond to someone yelling at her and told every one to leave the resident alone while he was still on the floor. CNA 8 indicated she returned to her unit and called her unit manager, CM1 to report the incident and for guidance.</p>			

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	<p>On 2/17/22 at 10:44 A.M., CM1 indicated she received a call from CNA 8 who said LPN 8 was yelling at Resident B after he fell in the bathroom and that LPN 8 was trying to force him to take his meds while he was still on the ground. CM 1 indicated she was not at work that day, so immediately reported the incident to the Administrator by phone. CM 1 indicated the DON went to the facility to investigate, but allowed LPN 8 to continue working though moved her from Resident B's care. CM 1 indicated LPN 8 should have been removed from the facility pending an investigation.</p> <p>The facility's investigation file was provided by the DON on 2/17/22 at 2:00 P.M., and reviewed at that time. The staffing sheet in the file indicated LPN 8 worked on 1/23/22 from 2:00 P.M. to 10:00 P.M. and again from 10:00 P.M. to 6:30 A.M.</p> <p>An Incident Report dated 1/24/22 at 4:01 P.M., indicated Resident B's roommate's friend reported to the DON today that she had concerns with the interaction of the staff person and Resident B. The roommate's friend reported that the nurse was rude and antagonistic towards the resident. Immediate action taken; on 1/24/22 Nurse suspended. Interviews conducted and investigation initiated. Head to toe assessment completed on resident.</p> <p>The clinical record for Resident B was provided by the DON on 2/10/22 at 10:00 A.M. and reviewed at that time. The most recent comprehensive Minimum Data Set (MDS), was a Quarterly assessment dated 1/11/22. The MDS indicated Resident B was cognitively intact, had adequate hearing and speech, was able to understand others, while making himself</p>			

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	<p>understood, had no behaviors, required extensive assistance with most activities of daily living. Resident B required assistance for transfers and balance.</p> <p>Diagnoses included, but were not limited to, blindness and below the knee amputations to both legs. Resident 8 utilized prosthetics to both legs.</p> <p>Review of a Progress Note dated 1/24/22 at 4:49 P.M., and signed by the DON, indicated Resident's roommate's fiance was in to visit and asked her about fall and incident that occurred on 1/23/21 [1/23/22]. She voiced concerns about the unprofessionalism of LPN 8. She found her to be rude and antagonistic.</p> <p>On 2/8/22 at 11:20 A.M., the DON provided a policy titled, "Policies and Standard Procedures Subject: INDIANA Abuse &amp; Neglect &amp; Misappropriation of Property," dated 9/1/17 and most recently revised on 10/27/2021. The policy indicated, "...Abuse: In Indiana, the willful infliction of ...intimidation...with resulting...mental anguish...Willful: In Indiana, the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm...Mental Abuse In Indiana, verbal or nonverbal infliction of anguish, pain, or distress that results in psychological or emotional suffering; this may include staff to resident...if it appears to be willfully directed towards a specific resident. Examples: humiliation, harassment, threats of punishment or deprivation..."</p> <p>This Federal tag relates to complaint IN00371647.</p>			

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F 0607 SS=D Bldg. 00	<p>3.1-27(a)(b)</p> <p>483.12(b)(1)-(3) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, Based on interview, and record review, the facility failed to ensure their abuse policy was implemented when the facility failed to immediately suspend a staff member following allegations of abuse for 1 of 5 residents reviewed for abuse prevention (Resident B). This deficient practice had the potential to affect all residents who resided in 13 resident rooms on the 100 Hall, all residents who resided in 12 rooms on the 200 Hall, and all residents who resided in 13 rooms on the 400 Hall.</p> <p>Finding includes:</p> <p>During an interview on 2/9/22 at 11:47 A.M., Resident B indicated he was blind and required assistance for activities of daily living including assistance to use the restroom. The resident indicated on 1/23/22, sometime in the afternoon, he was being assisted in the bathroom, slipped and let himself down on the bathroom floor. Resident B indicated 2 aides were trying to help</p>	F 0607	<ol style="list-style-type: none"> <li>1. Resident B continues to reside at the facility free of abuse. LPN #8 is no longer employed at the facility.</li> <li>2. The administrator no longer is employed with Communicare Health Services. The DON received education on removing employees from the facility with allegations of abuse. All residents that could be interviewed had an interview completed and all non-interviewable residents had a head to toe assessment completed. There were no further findings of abuse from the interviews and head to toe assessments.</li> <li>3. Education on abuse was completed with all staff. With emphasis on INDIANA Abuse &amp; Neglect &amp; Misappropriation of</li> </ol>	03/18/2022



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	<p>him get to his chair when Licensed Practical Nurse (LPN) 8 entered the room and told him to take his medications at that time. The resident indicated he told LPN 8 he would take his medications when the aides got him off the floor and into his chair, he did not want to take the medications while sitting on the floor. Resident B indicated LPN 8 became angry, yelled at him saying he had behavior issues and accused him of refusing medications. The resident indicated LPN 8 kicked everyone out of the room. Resident B indicated staff returned to the room and transferred him to bed using the mechanical lift. Resident B indicated he felt safe at the facility but worried nurses could make mistakes and he did not want LPN 8 to ever come in to his room again.</p> <p>During an interview on 2/10/2022 at 1:25 P.M., the Administrator indicated he was notified by phone of the incident on Sunday, 1/23/22 right after the occurrence and notified the Director of Nursing (DON), to go to the facility to assess the incident. The Administrator indicated the DON did not find any concerns at that time and did not trigger an investigation until the following day after interviews. After the DON interviewed staff she realized she needed to make a report to the State Agency. The Administrator indicated LPN 8 was allowed to work the remained of the 2:00 P.M. to 10:00 P.M. shift but her assignment was changed so she would no longer be caring for Resident B. The Administrator indicated in retrospect, LPN 8 should probably have been sent home at the time of the incident.</p> <p>The DON was interviewed on 2/10/22 at 1:34 P.M., and indicated the Administrator notified her by phone that something was going on at the facility related to a fall or something, and</p>		<p>Property: In the event an allegation is made, the facility will take measures to protect residents from harm during an investigation...4. An employee who is alleged or accused of being a party to abuse...will be immediately removed from the area of resident care, interviewed by facility leadership for a written statement and not left alone...5. After completing the statement, the employee will be asked to vacate the facility until further investigation of the incident is completed.</p> <p>4. The RDO/RDCO will review any allegation of abuse to validate any employees involved are removed from the facility pending investigation. This will be an ongoing practice of this facility. 5 residents and 5 staff will be interviewed weekly for 12 weeks to identify any allegations or events that may constitute abuse. All findings will be reported to the QAPI committee monthly and the QAPI committee will determine when 100% compliance is achieved.</p>		

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	<p>requested she go to the facility to check on the incident. The DON indicated Certified Nursing Assistant (CNA) 8 notified Clinical Manager (CM) 1 that CNA 9 was with Resident B in the bathroom when his prosthetic leg broke and he was lowered to the floor. The DON indicated she interviewed Resident B and the resident reported he was fine and not hurt, he just did not want LPN 8 to take care of him anymore. The DON indicated in her interview with LPN 8, the LPN reported Resident B was having behaviors and indicated the resident refused his medications and that she was just talking to the resident. The DON indicated LPN 8 did not want to write a statement until the CNAs made their report. The DON indicated that she did not ask LPN 8 if she yelled at Resident B, or if she had been abusive in any way. The DON indicated she did not interview CNA 8 because she was upset and CM1 sent her to take a break and calm down. The DON indicated she did not interview CNA 9 because she must have been doing patient care somewhere. DON indicated she got some staff witness statements, but couldn't get them all and instructed the the unit manager, LPN 9, to finish getting statements. DON indicated she was investigating in the facility on 2/23/22 from 4:30 P.M. to 6:00 P.M.</p> <p>The DON indicated she did not find any concerns regarding the incident, so she allowed LPN 8 to remain at work but moved her from Resident B's care to work in a different hall, 100 Hall. The following day after collecting the rest of the statements from staff, she discussed the incident with the Administrator and determined there was a problem and suspended LPN 8 at that time, pending an investigation. DON indicated LPN 8 never provided a statement, and never returned to work at the facility after the incident. The DON indicated LPN 8 should have been suspended</p>			

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	<p>pending an investigation at the time of the incident.</p> <p>During a telephone interview with CNA 8, on 2/14/22 at 2:21 P.M., she indicated she was called to Resident B's room because he had fallen in the bathroom when his prosthetic leg broke, and CNA 9 needed help getting the resident up off the floor. CNA 8 indicated while she and other aides were in the room, LPN 8 indicated Resident B's fall was behavioral and he fell on purpose. CNA 8 further indicated that LPN 8 yelled at the resident asking if he wanted his pills or not. The resident told her he wanted them but not while he was still on the floor. CNA 8 indicated LPN 8 continued to tell the resident it was his fault that he fell and that it was a behavior. CNA 8 indicated LPN 8 screamed and said she doesn't respond to someone yelling at her and told every one to leave the resident alone while he was still on the floor. CNA 8 indicated she returned to her unit and called her unit manager, CM1 to report the incident and for guidance.</p> <p>On 2/17/22 at 10:44 A.M., CM1 indicated she received a call from CNA 8 who said LPN 8 was yelling at Resident B after he fell in the bathroom and that LPN 8 was trying to force him to take his meds while he was still on the ground. CM 1 indicated she was not at work that day, so she immediately reported the incident to the Administrator by phone. CM 1 indicated the DON went to the facility to investigate, but allowed LPN 8 to continue working though moved her from Resident B's care. CM 1 indicated LPN 8 should have been removed from the facility pending an investigation.</p> <p>The facility's investigation file was provided by</p>			

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	<p>the DON on 2/17/22 at 2:00 P.M., and reviewed at that time.</p> <p>The staffing sheet in the file indicated LPN 8 worked on 1/23/22 from 2:00 P.M. to 10:00 P.M. on 100 Hall, and again from 10:00 P.M. to 6:30 A.M., on 100/400 Halls.</p> <p>An Incident Report dated 1/24/22 at 4:01 P.M., indicated Resident B's roommate's friend reported to the DON today that she had concerns with the interaction of the staff person and Resident B. The roommate's friend reported that the nurse was rude and antagonistic towards the resident. Immediate action taken; on 1/24/22 Nurse suspended. Interviews conducted and investigation initiated. Head to toe assessment completed on resident.</p> <p>The clinical record for Resident B was provided by the DON on 2/10/22 at 10:00 A.M., and reviewed at that time. The most recent comprehensive Minimum Data Set (MDS), was a Quarterly assessment dated 1/11/22. The MDS indicated Resident B was cognitively intact, had adequate hearing and speech, was able to understand others, while making himself understood, had no behaviors, required extensive assistance with most activities of daily living. Resident B required assistance for transfers and balance. Diagnoses included but were not limited to blindness and below the knee amputations to both legs. Resident B utilized prosthetics to both legs.</p> <p>Review of a Progress note dated 1/24/22 at 4:49 P.M., and signed by the DON, indicated Resident's roommate's fiance came in to visit and asked her about fall and incident that occurred on 1/23/21 [1/23/22]. She voiced concerns about the unprofessionalism of LPN 8. She found her</p>			

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F 0610 SS=D Bldg. 00	<p>to be rude and antagonistic.</p> <p>On 2/8/22 at 11:20 A.M., the DON provided a policy titled, "Policies and Standard Procedures Subject: INDIANA Abuse &amp; Neglect &amp; Misappropriation of Property," dated 9/1/17 and most recently revised on 10/27/2021. The policy indicated, "...In the event an allegation is made, the facility will take measures to protect residents from harm during an investigation...4. An employee who is alleged or accused of being a party to abuse...will be immediately removed from the area of resident care, interviewed by facility leadership for a written statement and not left alone...5. After completing the statement, the employee will be asked to vacate the facility until further investigation of the incident is completed...."</p> <p>This Federal tag relates to complaint IN00371647.</p> <p>3.1-28(a)</p> <p>483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other</p>			

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	<p>officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based interview, and record review, the facility failed to ensure a thorough investigation was completed for an allegation of abuse for 1 of 5 residents reviewed for abuse, (Resident B). .</p> <p>Finding includes:</p> <p>During an interview on 2/9/22 at 11:47 A.M., Resident B indicated he was blind and required assistance for activities of daily living including assistance to use the restroom. The resident indicated on 1/23/22, sometime in the afternoon, he was being assisted in the bathroom, slipped and let himself down on the bathroom floor. Resident B indicated 2 aides were trying to help him get to his chair when Licensed Practical Nurse (LPN) 8 entered the room and told him to take his medications at that time. The resident indicated he told LPN 8 he would take his medications when the aides got him off the floor and into his chair, he did not want to take the medications while sitting on the floor. Resident B indicated LPN 8 became angry, yelled at him saying he had behavior issues and accused him of refusing medications. The resident indicated LPN 8 kicked everyone out of the room. Resident B indicated staff returned to the room and transferred him to bed using the mechanical lift. Resident B indicated he felt safe at the facility but worried nurses could make mistakes and he did not want LPN 8 to ever come in to his room again.</p> <p>During an interview on 2/10/2022 at 1:25 P.M., the Administrator indicated he was notified by</p>	F 0610	<ol style="list-style-type: none"> <li>Resident B continues to reside at the facility free of abuse. LPN #8 is no longer employed at the facility.</li> <li>The administrator no longer is employed with Communicare Health Services. The DON received education on removing employees from the facility with allegations of abuse. All residents that could be interviewed had an interview completed and all non-interviewable residents had a head to toe assessment completed. There were no further findings of abuse from the interviews and head to toe assessments.</li> <li>Education on abuse was completed with all staff. With emphasis on INDIANA Abuse &amp; Neglect &amp; Misappropriation of Property: In the event an allegation is made, the facility will take measures to protect residents from harm during an investigation...4. An employee who is alleged or accused of being a party to abuse...will be immediately removed from the area of resident care, interviewed by facility leadership for a written statement and not left alone...5. After completing the statement, the employee will be asked to</li> </ol>	03/18/2022

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	<p>phone of the incident on Sunday, 1/23/22 right after the occurrence and notified the Director of Nursing (DON), to go to the facility to assess the incident. The Administrator indicated the DON did not find any concerns at that time and did not trigger an investigation until the following day after interviews. After the DON interviewed staff she realized she needed to make a report to the State Agency. The Administrator indicated LPN 8 was allowed to work the remained of the 2:00 P.M. to 10:00 P.M. shift but her assignment was changed so she would no longer be caring for Resident B. The Administrator indicated in retrospect, LPN 8 should probably have been sent home at the time of the incident.</p> <p>The DON was interviewed on 2/10/22 at 1:34 P.M., and indicated the Administrator notified her by phone that something was going on at the facility related to a fall or something, and requested she go to the facility to check on the incident. The DON indicated Certified Nursing Assistant (CNA) 8 notified Clinical Manager (CM) 1 that CNA 9 was with Resident B in the bathroom when his prosthetic leg broke and he was lowered to the floor. The DON indicated she interviewed Resident B and the resident reported he was fine and not hurt, he just did not want LPN 8 to take care of him anymore. The DON indicated during her interview with LPN 8, the LPN reported Resident B was having behaviors and indicated the resident refused his medications and that she was just talking to the resident. The DON indicated LPN 8 did not want to write a statement until the CNAs made their report. The DON indicated that she did not ask LPN 8 if she yelled at Resident B, or if she had been abusive in any way. The DON indicated she did not interview CNA 8 because she was upset and CM1 sent her to take a break and calm down.</p>		<p>vacate the facility until further investigation of the incident is completed...1. In the event a staff member has been accused, the member will be interviewed by the Executive Director or designee and immediately escorted from the facility. a. The staff member will be suspended, by the Executive Director or designee, pending the outcome of the investigation of the incident</p> <p>4. The RDO/RDCO will review any allegation of abuse to validate any employees involved are removed from the facility pending investigation and that a thorough investigation is completed. This will be an ongoing practice of this facility. 5 residents and 5 staff will be interviewed weekly for 12 weeks to identify any allegations or events that may constitute abuse. All findings will be reported to the QAPI committee monthly and the QAPI committee will determine when 100% compliance is achieved.</p>	

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	<p>The DON indicated she did not interview CNA 9 because she must have been doing patient care somewhere. DON indicated she got some staff witness statements, but couldn't get them all and instructed the the unit manager, LPN 9, to finish getting statements. DON indicated she was investigating in the facility on 2/23/22 from 4:30 P.M. to 6:00 P.M.</p> <p>The DON indicated she did not find any concerns regarding the incident, so allowed LPN 8 to remain at work but moved her from Resident B's care to work in a different hall, 100 Hall. DON indicated the following day after collecting the rest of the statements from staff, she discussed the incident with the Administrator and determined there was a problem and suspended LPN 8 at that time, pending an investigation. DON indicated LPN 8 never provided a statement, and never returned to work at the facility after the incident. The DON indicated LPN 8 should have been suspended pending an investigation at the time of the incident.</p> <p>During an interview on 2/10/22 at 3:29 P.M., DON indicated the incident was reported on 1/24/22 at 4:01 P.M., and that the time of the incident was incorrectly reported as 1/24/22 at 4:01 P.M.. The DON indicated the incident actually occurred on 1/23/22 at 4:00 P.M.</p> <p>During a telephone interview with CNA 8, on 2/14/22 at 2:21 P.M., she indicated she was called to Resident B's room because he had fallen in the bathroom when his prosthetic leg broke, and CNA 9 needed help getting the resident up off the floor. CNA 8 indicated while she and other aides were in the room, LPN 8 indicated Resident B's fall was behavioral and he fell on purpose. CNA 8 further indicated that LPN 8 yelled at the resident asking if he wanted</p>			



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	<p>his pills or not. The resident told her he wanted them but not while he was still on the floor. CNA 8 indicated LPN 8 continued to tell the resident it was his fault that he fell and that it was a behavior. CNA 8 indicated LPN 8 screamed and said she doesn't respond to someone yelling at her and told every one to leave the resident alone while he was still on the floor. CNA 8 indicated she returned to her unit and called her unit manager, CM1 to report the incident and for guidance.</p> <p>On 2/17/22 at 10:44 A.M., CM1 indicated she received a call from CNA 8 who said LPN 8 was yelling at Resident B after he fell in the bathroom and that LPN 8 was trying to force him to take his meds while he was still on the ground. CM 1 indicated she was not at work that day, so she immediately reported the incident to the Administrator by phone. CM 1 indicated the DON went to the facility to investigate, but allowed LPN 8 to continue working though moved her from Resident B's care. CM 1 indicated LPN 8 should have been removed from the facility pending an investigation.</p> <p>The facility's investigation file was provided by the DON on 2/17/22 at 2:00 P.M., and reviewed at that time. The staffing sheet in the file, indicated LPN 8 worked on 1/23/22 from 2:00 P.M. to 10:00 P.M. on 100 Hall and again from 10:00 P.M. to 6:30 A.M. on 100/200 hall. Resident B resided on 200 Hall.</p> <p>An Incident Report, dated 1/24/22 at 4:01 P.M , indicated Resident B's roommate's friend reported to the DON today that she had concerns with the interaction of the staff person and Resident B. The roommate's friend reported that the nurse was rude and antagonistic towards the</p>			

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	<p>resident. Immediate action taken; on 1/24/22 Nurse suspended. Interviews conducted and investigation initiated. Head to toe assessment completed on resident.</p> <p>The clinical record for Resident B was provided by the DON on 2/10/22 at 10:00 A.M., and reviewed at that time. The most recent comprehensive Minimum Data Set (MDS), was a Quarterly assessment dated 1/11/22. The MDS indicated Resident B was cognitively intact, had adequate hearing and speech, was able to understand others, while making himself understood, had no behaviors, required extensive assistance with most activities of daily living. Resident B required assistance for transfers and balance. Diagnoses included but were not limited to blindness and below the knee amputations to both legs. Resident 8 utilized prosthetics to both legs.</p> <p>Review of a Progress Note dated 1/24/22 at 4:49 P.M., and signed by the DON, indicated Resident's roommate's fiance came in to visit and asked her about a fall and incident that occurred on 1/23/21 [1/23/22]. She voiced concerns about the unprofessionalism of LPN 8. She found her to be rude and antagonistic.</p> <p>On 2/8/22 at 11:20 A.M., the DON provided a policy titled, "Policies and Standard Procedures Subject: INDIANA Abuse &amp; Neglect &amp; Misappropriation of Property," dated 9/1/17 and most recently revised on 10/27/2021. The policy indicated, "...In the event an allegation is made, the facility will take measures to protect residents from harm during an investigation...4. An employee who is alleged or accused of being a party to abuse...will be immediately removed from the area of resident care, interviewed by</p>			

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F 0803 SS=F Bldg. 00	<p>facility leadership for a written statement and not left alone...5. After completing the statement, the employee will be asked to vacate the facility until further investigation of the incident is completed...1. In the event a staff member has been accused, the member will be interviewed by the Executive Director or designee and immediately escorted from the facility. a. The staff member will be suspended, by the Executive Director or designee, pending the outcome of the investigation of the incident..."</p> <p>This Federal tag relates to complaint IN00371647.</p> <p>3.1-28(d)</p> <p>483.60(c)(1)-(7) Menus Meet Resident Nds/Prep in Adv/Followed §483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's</p>			

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	<p>dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.</p> <p>Based on observation, interview, and record review, the facility failed to ensure facility meal menus were followed, menus were posted, and substitutions were offered for 84 of 86 residents who ate meals provided by the facility dietary.</p> <p>Finding includes:</p> <p>On 2/7/22 at 12:45 P.M., during an observation and interview, Resident N's meal tray was on the over-the-bed table. The meal included an unknown shredded meat, cooked carrots, mashed potatoes, and canned pears. Resident N had only eaten the pears, and indicated he was supposed to have something else for lunch, but got "this." Resident N indicated he did not like the food and what was served never matched the meal ticket that came with the meal. Resident N indicated menus were not provided and residents do not know what the meal will be until it the tray is delivered. Resident N indicated the facility did not provide alternates and if an alternate is requested, the dietary staff refuses.</p> <p>During an observation and interview, on 2/7/22 at 12:50 p.m., Resident P had a meal tray on the over-the-bed table with shredded meat, cooked carrots, mashed potatoes, and canned pears. A review of the resident's meal ticket indicated the meal served was encrusted pork loin, roasted brussels sprouts, bread dressing, dinner roll, orange sherbet. The resident indicated the facility did not offer substitutes and if residents did not like what was served they were not given</p>	F 0803	<ol style="list-style-type: none"> <li>84 of the 86 residents with a PO diet had the potential to be affected. No residents were harmed.</li> <li>A resident Council meeting was held to review where menus were posted, and how substitutions are to be offered to residents.</li> <li>All nursing, department managers, and dietary staff were educated on following meal menus, how and where menus are posted, HS snacks, and offering substitutions. This education will include the following: Menus will be served as written, unless a substitution is provided in response to preference, unavailability of an item, or a special meal. 8. Menus will be posted in the Dining Services department, dining rooms and resident/patient care areas...Upon meal service, any resident/patient with expressed or observed refusal of food and/or beverage will be offered an alternate selection of comparable nutrition value...Procedures...2. Schedule of meal service times will be provided to the nursing staff and available in resident/patient care areas.</li> </ol>	03/18/2022

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	<p>anything else to eat. Resident P indicated a lot of times what is printed on the meal ticket is not what is served. Resident P indicated the facility did not offer snacks in the daytime or in the evening.</p> <p>During an observation and interview, on 2/7/22 at 1:03 P.M., Resident R's meal tray was noted to have shredded meat, cooked carrots, mashed potatoes, and pears. A review of the resident's meal ticket indicated the meal served was encrusted pork loin, roasted brussels sprouts, bread dressing, dinner roll, orange sherbet. Resident R indicated he did not like the meal and was not going to eat it. Resident R indicated the meal ticket that comes with the tray never matched the meal served and that maybe residents can ask for an alternative, but he has never been able to get one. Resident R indicated he has never seen a meal menu in the facility.</p> <p>During an observation and interview, on 2/7/22 at 1:10 P.M., Resident S's meal tray was noted to have shredded meat, cooked carrots, mashed potatoes, and pears. A review of the resident's meal ticket indicated the meal served was encrusted pork loin, roasted brussels sprouts, bread dressing, dinner roll, orange sherbet. The resident indicated residents don't usually get what is on the meal ticket. Resident S indicated he could not order an alternate.</p> <p>During an interview on 2/7/22 at 1:20 P.M., Resident T indicated she has never seen a menu at the facility and that residents only get what is served and no alternates are offered. Resident T indicated the facility does not supplies snacks and gets hungry before breakfast is served.</p> <p>During an interview on 2/7/22 at 2:20 P.M.,</p>		The Corporate Regional Dietician will train the administrator and dietary services manager on ordering food supplies for the menu. The ED/Designee will complete an audit 5 times a week for 12 weeks validating menus are posted, alternates are posted, substitutions are offered and HS snacks are offered. The findings of these audits will be addressed immediately id deficient. All findings will be reported to the QAPI committee monthly in the QAPI meeting and the QAPI meeting will decide when 100% compliance is achieved or if ongoing monitoring.	

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	<p>Cook 1 indicated menus were generated at the facility's home office and not at the facility. Cook 1 indicated the supply truck usually delivered on Tuesday and Friday, but did not always arrive on time, so dietary staff had to find something else to serve, so the meal does not match the menu or meal tickets. Cook 1 indicated she did not post menus and did not send menus to the residents. Cook 1 indicated she made alternates on the days she works, but did not know if the other cooks did.</p> <p>During an interview, on 2/8/22 at 10:29 A.M., the Corporate Registered Dietician (CRD) indicated the facility used a menu cycle, but food availability is just not there, so they have to use substitutes. The CRD indicated residents should have menus available to them to know what is on the menu and also what the substitutions are. The CRD indicated the facility should be offering evening snacks since there is over 14 hours between Dinner and breakfast.</p> <p>A policy entitled Dining Services Department Policy and Procedure Manual, dated 9/2017, was provided by the Corporate Registered Dietician on 2/8/22 at 11:15 A.M., and reviewed at that time. The policy indicated, "...6. Menus will be served as written, unless a substitution is provided in response to preference, unavailability of an item, or a special meal. 8. Menus will be posted in the Dining Services department, dining rooms and resident/patient care areas...Upon meal service, any resident/patient with expressed or observed refusal of food and/or beverage will be offered an alternate selection of comparable nutrition value...Procedures...2. Schedule of meal service times will be provided to the nursing staff and available in resident/patient care areas...."</p>			

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F 0809 SS=F Bldg. 00	<p>This Federal tag relates to Complaint IN00368256.</p> <p>3.1-20(i)(2)(4) 3.1-20(k) 3.1-21(4)</p> <p>483.60(f)(1)-(3) Frequency of Meals/Snacks at Bedtime §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.</p> <p>§483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.</p> <p>§483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a substantial snack was offered to residents at bedtime daily when there were more than 14 hours between the evening meal and breakfast the next day. This deficient practice had the potential to affect 84 of 86</p>	F 0809	1. 84 of the 86 residents with a PO diet had the potential to be affected. No residents were harmed. All residents remained confidential as part of the survey process.	03/18/2022			

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	<p>residents who had meals provided by the facility.</p> <p>Findings include:</p> <p>During an interview on 12/7/22 at 12:45 P.M., Resident O indicated the residents are not offered snacks at the facility.</p> <p>During an interview on 2/7/22 at 12:50 P.M., Resident P indicated the facility did not offer snacks in the daytime or in the evening.</p> <p>During an interview on 2/7/22 at 1:10 P.M., Resident S indicated he had never been offered a snack at the facility and indicated once in awhile they might have popcorn.</p> <p>During an interview on 2/7/22 at 1:20 P.M., Resident U indicated the facility does not supplies snacks and gets hungry before breakfast is served.</p> <p>During an interview on 2/7/21 at 1:20 P.M., Resident T indicated snacks were never offered at the facility and she gets hungry before breakfast comes.</p> <p>During an interview on 2/7/22 at 2:20 P.M., Cook 1 indicated she tries to have snacks on the units for residents, like a sandwich or something, if a resident gets hungry. Cook 1 indicated someone was eating the snacks, she thought it was the residents.</p> <p>On 2/7/22 at 2:20 P.M., the Administrator provided the facility current menus from 1/30/22 to 2/12/22. The Administrator wrote the meal service times on the menu as breakfast at 7:30 A.M., lunch at 11:45 A.M., and dinner at 5:00 P.M. The Administrator indicated these were the</p>		<p>2. Dietary services stocked the pantry with snacks for HS.</p> <p>3. All nursing, department managers, and dietary staff were educated on offering HS snacks. This education will include the following: A nourishing evening snack will be provided if the time span between dinner one night and breakfast the next morning exceeds 14 hours.</p> <p>4. The Corporate Regional Dietician will train the administrator and dietary services manager on ordering food supplies for HS snacks. The DON/Designee will complete an audit 3 times a week for 12 weeks validating HS snacks are offered. The findings of these audits will be addressed immediately id deficient. All findings will be reported to the QAPI committee monthly in the QAPI meeting and the QAPI meeting will decide when 100% compliance is achieved or if ongoing monitoring is required.</p>	



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F 0838 SS=D Bldg. 00	<p>facility meal times.</p> <p>During an interview on 2/8/22 at 8:56 A.M., Resident N indicated it was a long time between supper and breakfast and he couldn't get a snack even if he asked for one.</p> <p>During an interview on 2/8/22 at 8:58 A.M., Resident G indicated that snacks were never offered at the facility and that he keeps his own snacks in case his blood sugar get low because he was a diabetic.</p> <p>During an interview on 2/8/22 at 10:29 A.M., the Corporate Registered Dietician indicated the facility should be offering evening snacks since there is over 14 hours between dinner and breakfast.</p> <p>A policy entitled Dining Services Department Policy and Procedure Manual, dated 9/2017, was provided by the Corporate Registered Dietician on 2/8/22 at 11:15 A.M., and reviewed at that time. The policy indicated, "...Procedures...5. A nourishing evening snack will be provided if the time span between dinner one night and breakfast the next morning exceeds 14 hours..."</p> <p>This Federal tag relates to Complaint IN00368256.</p> <p>3.1-21(d)</p> <p>483.70(e)(1)-(3) Facility Assessment §483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day</p>			

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	<p>operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:</p> <p>§483.70(e)(1) The facility's resident population, including, but not limited to, (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.</p> <p>§483.70(e)(2) The facility's resources, including but not limited to, (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non- medical); (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff</p>			

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	<p>(both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;</p> <p>(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and</p> <p>(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.</p> <p>§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.</p> <p>Based on interview and record review, the facility failed to ensure their Facility Assessment Tool was followed when agency staff who worked in the facility as Certified Nursing Assistants and a Licensed Practical Nurse were certified and/or licensed according to Federal and State law from 9/29/21 to 1/15/22. The facility had 18 individuals working as Certified Nursing Assistants who were not certified. The facility also had 1 individual who worked as an LPN who was not licensed. These individuals performed the functions as if they were licensed. License and certifications were not verified by the facility. This deficient practice had the potential to affect all residents who resided in the facility from 9/29/21 to 1/15/22.</p> <p>Finding includes:</p> <p>During an interview on 2/9/22 at 2:08 P.M., Agency Staff 1 indicated she had taken a job with a local staffing agency after applying for a</p>	F 0838	<p>1. Facility failed to ensure agency staff that worked in the facility as Certified Nursing Assistants and Licensed Practical Nurse were certified and/or licensed according to Federal and State law from 09/29/2021 to 1/15/22. From 09/29/2021 - 1/15/22, the facility had 18 individuals working as Certified Nursing Assistants who were not certified. The facility also had 1 individual who worked as an LPN who was not licensed. These individuals performed the functions as if they were licensed. License and certifications were not verified by the facility. No residents were harmed.</p> <p>2. When the facility contracts an outside agency to provide qualified and competent staff, the contracted staff will be safe and</p>	03/18/2022

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	<p>dietary position. The agency owner told her they needed Certified Nursing Assistants (CNA), Qualified Medication Aides (QMA), and Nurses. Agency Staff 1 indicated the owner of the local staffing agency told her the agency needed CNAs, QMAs, and Nurses. Agency Staff 1 indicated she told the agency owner she was not a CNA, QMA, or Nurse, and the agency owner said she could train her. Agency Staff 1 indicated she was given one day of training with the staffing agency and indicated she guessed she should have known better but didn't.</p> <p>During an interview on 2/9/22 at 2:40 P.M., the Administrator indicated some of the staff from the local staffing agency worked as CNAs, QMAs, and nurses in the facility. Agency staff 1 worked as a Licensed Practical Nurse (LPN) on 12/31/21, 1/3/22, 1/7/22, 1/8/22, 1/9/22, 1/10/22, and 1/11/22. The Administrator indicated there were other staff from the same agency that worked in the facility without licenses or certifications, but he did not say how many. When asked who was responsible for checking licenses, the administrator indicated himself and the human resources department. The Administrator indicated the facility did not check certification or licenses immediately. The discovery came when they began preparing for Federal Tag 888 and doing research on agency staff, immunizations, education, and licenses with the intent to make files for the agency staff. He Indicated this was when he discovered Agency Staff 1 did not have a nurse's license and began looking into the other agency employees at that time.</p> <p>During a second interview with Agency Staff 1, on 2/9/22 at 2:46 P.M., indicated she worked at the facility for a couple of months as a CNA and</p>		<p>competent staff to fill positions of staff. The Human Resources Manager is (HRM) has completed an audit of all agency staff scheduled for the facility validating current registration and licensure. Any staff not certified or licensed will not work an assignment The following will be in place:</p> <ul style="list-style-type: none"> <li>· The D.O.N. or designee will secure staff contracts with reputable and competent agencies in the area that can provide staff that meets the needs of the facility.</li> <li>· The D.O.N./ designee will obtain, at a minimum, basic information from the agency including name, contact information, license information include license number and type, COVID vaccination card or medical or religious exemption, previous training including HIPAA, Universal Precautions and Medication Administration Safety and any current experience.</li> <li>· The facility will obtain and maintain a file on each person working in the facility as a staffing agency</li> <li>· The facility will obtain a copy of their vaccination card or evidence of an approved medical or religious exemption.</li> <li>· The facility will obtain current state license verification prior to the nurse starting the shift.</li> <li>· The facility will obtain validation of OIG exclusion list</li> </ul>	

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	<p>LPN. She indicated she had passed medications at the facility, and that most staff at the agency were uncertified and worked as aides, QMA's, and LPN's. Agency Staff 1 indicated most staff of the agency were members of the owner's family.</p> <p>During an interview on 2/9/22 at 4:15 P.M. with the Director of Nursing, she indicated she did not check nursing licenses nor certifications for staff who worked for the local staffing agency, and the facility probably should have checked to ensure licensure before the agency staff worked with facility residents.</p> <p>During an interview on on 2/11/22 at 12:27 P.M., the Director of Nursing , provided documentation that indicated Agency Staff 1 worked in the capacity of a CNA on 11/23/21, and 11/26/21, and in the capacity of an LPN on 11/27/21, 11/28/21, 11/30/21, 12/1/21, 12/29/21, 12,31/21, 1/3/22, 1/7/22, 1/8/22, 1/9/22, 1/10/22, and 1/11/22. A license was unable to be verified through the State of Indiana's Professional Licensing Agency.</p> <p>On 11/27/21 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 100 Hall from 2:00 P.M. to 10 P.M., where she administered medications and insulin to residents.</p> <p>On 11/28/21 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 100 Hall from 6:00 A.M. to 2:00 P.M., where she administered medications and insulin to residents.</p> <p>On 11/30/21 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 400 Hall from 2:00 P.M. to 10: 00 P.M., where she administered medications to residents.</p> <p>On 12/1/21 Agency Staff 1 worked in the</p>		<p>employees</p> <ul style="list-style-type: none"> <li>· The facility will not utilize staffing agency that appears on the OIG exclusion list or has a known felony record</li> <li>· The facility will utilize nurses who are competent and qualified to work in the facility working with a current and valid state nursing license or as a compact license state, if appropriate</li> <li>· The facility will provide an orientation for each agency staff member and tour of the facility prior to the start of the first worked shift in the facility</li> <li>· The content of the orientation program will depend on the nature of the job functions to be performed by the contracted nursing staff. Established facility policies, procedures and protocols will be used as the content material for the orientation</li> <li>· The facility will make available to the agency staff, the telephone/contact information for the immediate supervisor on that shift and the D.O.N. to call should questions or concerns arise during or after the shift</li> </ul> <p>3. The Division Director of Clinical Operations (DDCO)/Designee has completed education on Staffing Agency Use with the Executive Director, Director of Nursing, Scheduler, human Resources manager, and clinical managers.</p> <p>4. The ED/Designee will</p>	

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	<p>capacity of a Licensed Practical Nurse on the 100 Hall from 2:00 P.M. to 10:00 P.M. where she administered medications and insulin to residents.</p> <p>On 12/29/21 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 300 Hall from 2:00 P.M. to 10:00 P.M. where she administered medications to residents.</p> <p>On 12/31/21 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 100 Hall from 2:00 P.M. to 10: 00 P.M. and then 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>On 1/3/22 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 200 Hall from 2:00 P.M. to 10:00 P.M., where she administered medications to residents.</p> <p>On 1/7/22 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>1/8/22 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>1/9/22 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>1/10/22 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>1/11/22 Agency Staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on</p>		<p>validate in the daily staffing meeting five times a week any agency staff contracted have a file on each person working in the facility as a staffing agency, a copy of their vaccination card or evidence of an approved medical or religious exemption, and a current state license verification prior to the nurse starting the shift. The RDO/Designee will audit the process weekly for 3 months. The results of the audits will be reviewed at monthly QAPI meeting. The QAPI committee will determine if further monitoring is required or if 100% compliance is obtained.</p>	

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	<p>2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/28/21, 10/29/21, 11/1/21, 11/3/21, 11/4/21, 11/5/21, 11/9/21, 11/29/21, 12/8/21, 12/9/21, 12/15/21, 12/16/21, 12/17/21, 12/28/21, 12/29/21, 12/30/21 and indicated Agency Staff 2 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/20/21, 10/21/21, 10/23/21, 10/24/21, 10/26/21, 10/27/21, 10/28/21, 10/30/21, 10/31/21, 11/1/21, 11/3/21, 11/4/21, 11/6/21, 11/7/21, 11/15, 11/16/21, 11/17/21, 11/20/21, 11/21/21, 11/22/21, 11/23/21, 11/26/21, 11/27/21, 11/28/21, 11/29/21, 11/30/21, 12/4/21, 12/5/21, 12/7/21, 12/8/21, 12/9/21, 12/11/21, 12/15/21, 12/16/21, 12/18/21, 12/19/21, 12/20/21, 12/22/21, and 12/23/21. Agency Staff 3 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/1/21, 10/2/21, 10/4/21, 10/5/21, 10/14/21, 10/15/21, 10/17/21, 10/18/21, 10/19/21, 10/20/21, 10/21/21, 10/22/21, 10/24/21, 10/25/21, 10/26/21, 10/27/21, 10/28/21, 10/29/21, 10/30/21, 11/3/21, 11/4/21, and 11/5/21. Agency Staff 4 worked on those dates in the capacity of a Certified Nursing Assistant. A current license could not be verified.</p>			

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	<p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/1/21, 10/2/21, 10/31/21, 11/4/21, 11/5/21,11/6/21, 11/7/21, 11/14/21, 11/16/21, 11/17/21, 11/19/21, 11/20/21,11/23/21, 11/24/21, 11/25/21, 11/26/21, 11/27/21,11/30/21, 12/1/21, 12/3/21,12/4/21, 12/6/21, 12/7/21, 12/8/21, 12/9/21, 12/11/21, 12/21/21, 12/22/21, 12/23/21, 12/24,21, 12/26/21, 12/27/21, 12/28/21, and 1/22/22. Agency Staff 5 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/21 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/15/21, 10/18/21, 10/19/21, 10/20/21, 10/22/21, 10/23/21, 10/28/21, 10/29/21, 10/30/21, 11/1/21, 11/2/21, 11/3/21, 11/4/21, 11/6/21, 11/7/21, 11/22/21, 11/23/21, 11/24/21, 11/25/21, 11/27/21, 12/1/21, 12/2/21, 12/3/21, 12/4/21, 12/18/21, 12/20/21, 12/21/21, 12/22/21, 12/23/21, 12/24/21, and 12/25/21. Agency Staff 6 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was unsigned by the agency employee but signed by the agency supervisor and facility employee for 12/4/21 and signed by the agency employee and facility staff on 12/7/21, 12/10/21, and 12/11/21. Agency Staff 7 worked on those dates</p>			



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	<p>in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 10/4/21, 10/5/21, 10/13/21,10/14/21, 10/16/21, 10/17/21, 10/18/21, 10/24/21, 11/1/21, 11/2/21, 11/3/21, 11/6/21, 11/23/21, 11/24/21, 11/25/21, 11/27/21, 12/6/21, 12/7/21, 12/8/21, and 12/9/21. Agency Staff 8 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 10/20/21, 10/21/21, 10/22/21, 10/23/21, 10/30/21, 10/31/21, 11/2/21, 11/3/21, 11/4/21, 11/5/21 and 11/7/21. Agency Staff 9 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 12/24/21. Agency Staff 10 worked on this date in the capacity of a Certified Nursing assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility</p>			

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	<p>staff and dated for 10/19/21, 10/20/21, 10/31/21, 11/1/21, 11/4/21, 11/6/21, 11/7/21, 11/8/21, 12/7/21, 12/9/21, 12/11/21, 12/16/21, 12/17/21, 12/27/21, 12/31/21 and 1/1/22. Agency Staff 11 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 10/9/21, 10/15/21, 10/16/21, 10/18/21, 10/26/21, 10/27/21, 11/3/21, 11/4/21 and 11/5/21. Agency Staff 12 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee and facility staff and dated for 11/3/21, and 11/4/21. Agency Staff 13 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by agency employee and facility staff and dated 9/29/21, 11/28/21, 11/29/21, 11/30/21, and 12/2/21. Agency Staff 14 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed</p>			

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	<p>by agency employee and facility staff and dated 11/3/21, 11/4/21 and 11/5/21. Agency Staff 15 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by the agency employee and facility staff and dated 11/3/21, 11/4/21, 11/5/21, 11/6/21, 12/16/21, 12/17/21, 12/18/21, 12/19/21 and 12/31/21. Agency Staff 16 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by the agency employee and facility staff and dated 12/20/21, 12/21/21 and 12/29/21. Agency Staff 17 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by the agency employee and facility staff and dated 10/10/21, 10/11/21, 10/12/21, 10/13/21, 10/14/21, 10/17/21, 10/30/21, 11/1/21, 11/2/21, 11/4/21 and 11/6/21. Agency Staff 18 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by the agency employee and facility staff and</p>			

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F 0839 SS=L Bldg. 00	<p>dated 11/2/21 and 11/5/21. Agency Staff19 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>The Facility Assessment Tool dated 10/2021 through 9/2022, was provided by the Administrator on 2/14/22 at 11:00 A.M., and reviewed at that time. The Facility Assessment Tool directs the facility to,"...Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies...Attachment 1 Medicare and Medicaid Programs; Reform of Requirement for Long-Term Care Facilities Federal Register/Vol.81, No.192/Tuesday, October 4 2016/Rules and Regulations...Nursing Services 483.35 - The facility must have sufficient nursing staff with the appropriate competencies and skill set to provide nursing and related services to assure resident safely and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident..."</p> <p>This Federal tag relates to complaint IN00372368.</p> <p>483.70(f)(1)(2) Staff Qualifications §483.70(f) Staff qualifications. §483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.</p> <p>§483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. Based on interview and record review, the</p>	F 0839	No response required	03/18/2022

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	<p>facility failed to ensure agency staff who worked in the facility as Certified Nursing Assistants and a Licensed Practical Nurse were certified and/or licensed according to Federal and State law from 9/29/21 to 1/15/22. The facility had 18 individuals working as Certified Nursing Assistants who were not certified. The facility also had 1 individual who worked as an LPN who was not licensed. These individuals performed the functions as if they were licensed. License and certifications were not verified by the facility. This deficient practice had the potential to affect all residents who resided in the facility from 9/29/21 to 1/15/22.</p> <p>The immediate jeopardy began on 9/29/21 when the first uncertified nursing assistant began working with residents. The Administrator was notified of the immediate jeopardy on 2/11/22 at 2:25 P.M.</p> <p>Finding includes: During an interview, conducted with Agency Staff 1, on 2/9/22 at 2:08 P.M., she indicated she had taken a job with a local staffing agency after applying for a dietary position. The agency owner told her they needed Certified Nursing Assistants (CNA), Qualified Medication Aides (QMA), and Nurses. She told the owner she did not have training in those areas and the agency owner told her she could train her, and she was given one day of training. She indicated she guessed she should have known better but she didn't.</p> <p>During an interview, conducted with the Administrator of the facility, on 2/9/22 at 2:40 P.M., he indicated some of the staff from (local staffing agency) worked as CNA's, QMA's, and nurses in the facility. Agency staff 1 worked as an LPN on 12/31/21, 1/7/22, 1/8/22, 1/9/22,</p>			

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	<p>1/10/22, and 1/11/22. He indicated there were other staff from the same agency that worked in the facility without licenses or certifications, but he did not say how many. When asked who was responsible for checking licenses, he indicated himself and the human resources department. He indicated the facility did not check certification or licenses immediately. The discovery came when they began preparing for F888 and doing research on Agency staff, immunizations, education, and licenses with the intent to make files for the agency staff. He Indicated this was when he discovered Agency Staff 1 did not have a nurse's license, they began looking into the other agency employees at that time.</p> <p>During a second interview with Agency staff 1, on 2/9/22 at 2:46 P.M., she indicated she worked at (local facility) for a couple of months as a CNA and LPN. She indicated she had passed medications at (local facility), and that mostly everyone from the staffing agency was uncertified and working as aides and QMA's, and LPN's, she alleged most staff of the agency were members of the owner's family.</p> <p>During a second interview, conducted with the Administrator of the facility on 2/10/22 at 4:36 P.M., he indicated he had not reported the occurrence to the State of Indiana, and he probably should have.</p> <p>During an interview, with the Director of Nurses (DON), on 2/11/22 at 12:27 P.M., she provided documentation that indicated Agency staff 1 worked in the capacity of a CNA on 11/23/21, 11/26/21 and in the capacity of a Licensed Practical Nurse on 11/27/21, 11/28/21, 11/30/21, 12/1/21, 12/29/21, 12,31/21, 1/3/22, 1/7/22, 1/8/22, 1/9/22, 1/10/22, and 1/11/22. A</p>			

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	<p>license was unable to be verified.</p> <p>On 11/27/21 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100 Hall from 2:00 P.M. to 10 P.M., where she administered medications and insulin to residents.</p> <p>On 11/28/21 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100 Hall from 6:00 A.M. to 2:00 P.M., where she administered medications and insulin to residents.</p> <p>On 11/30/21 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 400 Hall from 2:00 P.M. to 10: 00 P.M., where she administered medications to residents.</p> <p>On 12/1/21 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100 Hall from 2:00 P.M. to 10:00 P.M. where she administered medications and insulin to residents.</p> <p>On 12/29/21 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 300 Hall from 2:00 P.M. to 10:00 P.M. where she administered medications to residents.</p> <p>On 12/31/21 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100 Hall from 2:00 P.M. to 10: 00 P.M. and then 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>On 1/3/22 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 200 Hall from 2:00 P.M. to 10:00 P.M., where she administered medications to residents.</p> <p>On 1/7, 22 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>1/8/22 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she</p>			

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	<p>administered medications to residents.</p> <p>1/9/22 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>1/10/22 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>1/11/22 Agency staff 1 worked in the capacity of a Licensed Practical Nurse on the 100/400 Hall from 10:00 P.M. to 6:00 A.M., where she administered medications to residents.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/28/21, 10/29/21, 11/1/21, 11/3/21, 11/4/21, 11/5/21, 11/9/21, 11/29/21, 12/8/21, 12/9/21, 12/15/21, 12/16/21, 12/17/21, 12/28/21, 12/29/21, 12/30/21 and indicated Agency staff 2 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/20/21, 10/21/21, 10/23/21, 10/24/21, 10/26/21, 10/27/21, 10/28/21, 10/30/21, 10/31/21, 11/1/21, 11/3/21, 11/4/21, 11/6/21, 11/7/21, 11/15, 11/16/21, 11/17/21, 11/20/21, 11/21/21, 11/22/21, 11/23/21, 11/26/21, 11/27/21, 11/28/21, 11/29/21, 11/30/21, 12/4/21, 12/5/21, 12/7/21, 12/8/21, 12/9/21, 12/11/21, 12/15/21, 12/16/21, 12/18/21, 12/19/21, 12/20/21, 12/22/21, and 12/23/21. Agency staff 3 worked on those dates</p>			



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	<p>in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/1/21,10/2/21, 10/4/21, 10/5/21, 10/14/21, 10/15/21, 10/17/21, 10/18/21, 10/19/21, 10/20/21, 10/21/21, 10/22/21, 10/24/21, 10/25/21, 10/26/21, 10/27/21, 10/28/21, 10/29/21, 10/30/21, 11/3/21, 11/4/21, and 11/5/21. Agency staff 4 worked on those dates in the capacity of a Certified Nursing Assistant. A current license could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/1/21, 10/2/21, 10/31/21, 11/4/21, 11/5/21,11/6/21, 11/7/21, 11/14/21, 11/16/21, 11/17/21, 11/19/21, 11/20/21,11/23/21, 11/24/21, 11/25/21, 11/26/21, 11/27/21,11/30/21, 12/1/21, 12/3/21,12/4/21, 12/6/21, 12/7/21, 12/8/21, 12/9/21, 12/11/21, 12/21/21, 12/22/21, 12/23/21, 12/24,21, 12/26/21, 12/27/21, 12/28/21, and 1/22/22. Agency staff 5 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/21 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by the agency employee and facility staff and dated for 10/15/21, 10/18/21, 10/19/21, 10/20/21, 10/22/21, 10/23/21, 10/28/21, 10/29/21, 10/30/21, 11/1/21, 11/2/21, 11/3/21,</p>			

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	<p>11/4/21, 11/6/21, 11/7/21, 11/22/21, 11/23/21, 11/24/21, 11/25/21, 11/27/21, 12/1/21, 12/2/21, 12/3/21, 12/4/21, 12/18/21, 12/20/21, 12/21/21, 12/22/21, 12/23/21, 12/24/21, and 12/25/21. Agency staff 6 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was unsigned by the agency employee but signed by the agency supervisor and facility employee for 12/4/21 and signed by the agency employee and facility staff on 12/7/21, 12/10/21, and 12/11/21. Agency staff 6 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 10/4/21, 10/5/21, 10/13/21, 10/14/21, 10/16/21, 10/17/21, 10/18/21, 10/24/21, 11/1/21, 11/2/21, 11/3/21, 11/6/21, 11/23/21, 11/24/21, 11/25/21, 11/27/21, 12/6/21, 12/7/21, 12/8/21, and 12/9/21. Agency staff 8 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 10/20/21, 10/21/21, 10/22/21, 10/23/21, 10/30/21, 10/31/21, 11/2/21, 11/3/21, 11/4/21, 11/5/21 and 11/7/21. Agency staff 9 worked on those dates in the</p>			

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	<p>capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 12/24/21. Agency staff 10 worked on those dates in the capacity of a Certified Nursing assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 10/19/21, 10/20/21, 10/31/21, 11/1/21, 11/4/21, 11/6/21, 11/7/21, 11/8/21, 12/7/21, 12/9/21, 12/11/21, 12/16/21, 12/17/21, 12/27/21, 12/31/21 and 1/1/22. Agency staff 11 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee staff and facility staff and dated for 10/9/21, 10/15/21, 10/16/21, 10/18/21, 10/26/21, 10/27/21, 11/3/21, 11/4/21 and 11/5/21. Agency staff 12 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M. The time sheet was signed by agency employee and facility staff and dated for 11/3/21, and 11/4/21. Agency staff 13</p>			

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	<p>worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by agency employee and facility staff and dated 9/29/21, 11/28/21, 11/29/21, 11/30/21, and 12/2/21. Agency staff 14 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by agency employee and facility staff and dated 11/3/21, 11/4/21 and 11/5/21. Agency employee 15 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by the agency employee and facility staff and dated 11/3/21, 11/4/21, 11/5/21, 11/6/21, 12/16/21, 12/17/21, 12/18/21, 12/19/21 and 12/31/21. Agency Employee 16 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by the agency employee and facility staff and dated 12/20/21, 12/21/21 and 12/29/21. Agency employee 17 worked on those dates in the capacity of a Certified Nursing Assistant. A</p>			

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	<p>current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by the agency employee and facility staff and dated 10/10/21, 10/11/21, 10/12/21, 10/13/21, 10/14/21, 10/17/21, 10/30/21, 11/1/21, 11/2/21, 11/4/21 and 11/6/21. Agency employee 18 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Employee Time Sheet, provided by the DON, on 2/11/22 at 9:30 A.M., was reviewed on 2/11/22 at 12:35 P.M., the time sheet was signed by the agency employee and facility staff and dated 11/2/21 and 11/5/21. Agency employee 19 worked on those dates in the capacity of a Certified Nursing Assistant. A current certification could not be verified.</p> <p>An Agency Agreement/Contract, dated 8/24/21, was provided by the DON on 2/11/22 at 2:00 P.M. The policy indicated " ...Provider's Responsibilities: 2. Provider shall only provide personnel who meet the requirements of Customer as defined in Attachment A. d. Verification that evidence of the professional licensure identification, as applicable has been seen and examined. 4. Provider is responsible for evaluating skills and experience of its nursing personnel. Provider will match the skills and experience level of its employees to the specific needs of the customer. Customer Responsibilities: 5. Customer agrees the Provider's duty to fill assignments is subject to the availability of qualified personnel. III. Mutual Responsibilities: 1. The parties shall comply with all federal, state and local laws and</p>			

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F 0881 SS=F Bldg. 00	<p>regulations including but not limited to, Title VII of the Civil Rights Act, The National Labor Relations Act, and the Health Insurance Portability and Accountability Act of 1996 ...."</p> <p>A policy, titled " ...Staffing Agency Use", with a revision date of 11/22/21, was provided by the DON on 2/11/22 at 2:00 P.M. The policy indicated " ...The purpose of this policy is to provide guidance for using an outside agency to provide qualified and competent staff during periods when additional staff is required. The Director of Nursing (D.O.N.) will be responsible for providing safe and competent staff to fill positions with interim or agency staff. Procedure: C. The D.O.N./designee will obtain, at a minimum, basic information from the agency including name, contact information, license information including license number and type, COVID vaccination card or medical or religious exemption, previous training including HIPPA, Universal Precautions and Medication Administration Safety and any current experience. D. The facility will obtain and maintain a file on each person working in the facility as a staffing agency. F. The facility will obtain current state license verification prior to the nurse starting the shift ...."</p> <p>This Federal tag relates to Complaint IN00372368.</p> <p>3.1-14(s)</p> <p>483.80(a)(3) Antibiotic Stewardship Program §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that</p>			

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	<p>must include, at a minimum, the following elements:</p> <p>§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. Based on record review and interview, the facility failed to implement an Antibiotic Stewardship Program that monitored the appropriate use of antibiotics, and failed to track and monitor infections for outbreaks. This deficient practice had the potential to affect 86 of 86 residents who reside in the facility.</p> <p>Finding includes:</p> <p>On 2/10/22 at 10:00 A.M., the Director of Nursing (DON), indicated she is the facility's Infection Preventionist (IP), and is in charge of the Antibiotic Stewardship program. The DON indicated tracking of antibiotics should be complete, but the process is behind.</p> <p>The Infection Control Surveillance book was requested on 2/10/22 at 10:00 A.M. On 2/10/22 at 2:06 P.M., the DON provided incomplete antibiotic tracking sheets for 12/21 and 1/22 that were reviewed at that time. The Infection Control Surveillance Log for 12/21 and 1/22 were void of any information.</p> <p>The Line Listing of resident infections, dated 12/21, indicated 7 residents with infections. 7 of 7 residents had the antibiotic they were using listed, but did not include the dose and strength, and the antibiotic start date. 2 residents also had an antibiotic stop date. 7 of 7 residents did not have listed the infection site, culture date or results, organisms from cultures, necessary isolation, information meeting McGreer's</p>	F 0881	<ol style="list-style-type: none"> <li>1. The 86 residents residing at the facility were not harmed.</li> <li>2. The DON completed the antibiotic tracking sheets for 12/21 and 1/22/2022. The Infection Control Surveillance Log for 12/21 and 1/22 were updated with information. The Facility maps attached to the Infection Control Surveillance Log and the Antibiotic Review sheets for 12/21 and 1/22, were completed with mapping and information.</li> <li>3. The DON was educated by the Division Infection Control and Prevention RN on Surveillance and the policy indicating: The IP/IP Designee will a. Review new antibiotic ordered: i. Review proper information including but not limited to: 1. Reason for the antibiotic a. Empirically ordered i. Include Antibiotic Time-Out Review b. Lab validation prescribed. 2. Length of duration including start and stop dates 3. Dose and strength 4. Name and date of prescriber. II. Monitoring Infection activity: a. The infection log is used to identify and record infections and symptoms i. The tracking of Healthcare associated infections and infections of residents admitted to the center</li> </ol>	03/18/2022

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	<p>Criteria, and care plans. 5 of 7 residents did not have a stop date or duration time.</p> <p>The Line Listing of resident infections, dated 1/22, indicated 7 residents with infections. 7 of 7 residents had the antibiotic they were using listed, but did not include dose and strength. 5 of 7 resident had the antibiotic start date. 5 of 7 residents had an antibiotic stop date. 2 of 7 residents had the infection site noted. 0 of 7 had culture date, 1 of 7 indicated no organism. 6 of 7 had no or results, organisms from cultures. 2 of 7 indicated isolation. 0 of 7 included information meeting McGreer's Criteria, and care plans. information meeting McGreer's Criteria, or care plans. 2 of 7 residents did not have a stop date or duration time.</p> <p>Facility maps attached to the Infection Control Surveillance Long and the Antibiotic Review sheets for 12/21 and 1/22, where void of any mapping or information.</p> <p>On 2/11/22 at 10:19 A.M., the DON provided a policy entitled, "Policies and Standard Procedures Subject: Surveillance for Infections," dated 10/29/2013 and reviewed 1/16/2020, was reviewed at that time. The policy indicated, "...1. The IP/IP Designee will a. Review new antibiotic ordered: i. Review proper information including but not limited to: 1. Reason for the antibiotic a. Empirically ordered i. Include Antibiotic Time-Out Review b. Lab validation prescribed. 2. Length of duration including start and stop dates 3. Dose and strength 4. Name and date of prescriber. II. Monitoring Infection activity: a. The infection log is used to identify and record infections and symptoms i. The tracking of Healthcare associated infections and infections of residents admitted to the center are recorded</p>		<p>are recorded with the resident name, room #, admission date, date of onset, site, signs and symptoms, culture results, and treatment. ii. Data is monitored and patterns of cross-contamination identified, if able.</p> <p>4. The DON/Designee will complete and submit weekly the infection log to the Regional Director of Clinical Operations (RDCO) for validation that the infection control log is complete and the facility mapping. Any findings will be reviewed with the DON and reported to the QAPI committee monthly. The QAPI committee will determine when compliance is achieved or if ongoing monitoring is required.</p>	



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F 0882 SS=F Bldg. 00	<p>with the resident name, room #, admission date, date of onset, site, signs and symptoms, culture results, and treatment. ii. Data is monitored and patterns of cross-contamination identified, if able..."</p> <p>This Federal tag relates to complaint IN00370151.</p> <p>483.80(b)(1)-(4)(c) Infection Preventionist Qualifications/Role §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control.</p> <p>§483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. Based on interview and record review, the</p>	F 0882	1. The 86 residents residing at	03/18/2022

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	<p>facility failed to ensure the designated Infection Preventionist had completed specialized training in infection prevention and control. This deficient practice had the potential to affect 86 of 86 residents who resided in the facility.</p> <p>Finding includes:</p> <p>In an interview on 2/14/22 at 8:30 A.M., the Director of Nursing (DON) indicated she began employment at the facility on 12/20/21 and was instructed to complete her Infection Preventionist Training to become the facility's infection preventionist. The DON indicated she is working as the facility's Infection Preventionist, and that she had not had time to complete the training. The DON indicated she was aware the Infection Preventionist required specialized training and certification. The DON indicated the facility did not currently have a fully trained and certified Infection Preventionist.</p> <p>On 2/11/22 at 10:19 A.M., the DON provided the facility policy entitled, "Policies and Standard Procedures Subject: Infection Prevention Program," and was reviewed at that time. The policy indicated, "...IP: Infection Preventionist-An RN qualified by training and experience to oversee the infection prevention program for the facility...Procedure 1. e. iii A dedicated Infection Preventionist with specialized training for surveillance, educations and monitoring...i.i. Infection Preventionist is a dedicated nurse with the ability to assess and analyze resident data...l.iii. The IP has knowledge , competence, interest in infection prevention, and appropriate qualifications...."</p> <p>This Federal tag relates to complaint</p>		<p>the facility were not harmed.</p> <p>2. The facility has dedicated Infection Preventionist with specialized training for surveillance, educations and monitoring. Infection Preventionist is a dedicated nurse with the ability to assess and analyze resident data.</p> <p>3. The Administrator, HRM, and DON were educated by the RDCO regarding the requirement for: Infection Preventionist-An RN qualified by training and experience to oversee the infection prevention program for the facility. 1. A dedicated Infection Preventionist with specialized training for surveillance, educations and monitoring. Infection Preventionist is a dedicated nurse with the ability to assess and analyze resident data. The IP has knowledge , competence, interest in infection prevention, and appropriate qualifications. A dedicated Infection Preventionist with specialized training for surveillance, educations and monitoring. Infection Preventionist is a dedicated nurse with the ability to assess and analyze resident data. The IP has knowledge, competence, interest in infection prevention, and appropriate qualifications.</p> <p>4. The ED/Designee will ensure an Infection Preventionist-An RN qualified by</p>	

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	IN00370151.		training and experience to oversee the infection prevention program for the facility is employed by the facility. Any findings will be reviewed with the RDO/RDCO and reported to the QAPI committee monthly. The QAPI committee will determine when compliance is achieved or if ongoing monitoring is required.		