

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/11/2024	
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF MARION, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 2452 W KEM RD MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00443931.</p> <p>Complaint IN00443931 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 10 and 11, 2024.</p> <p>Facility number: 010682</p> <p>Residential Census: 76</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed October 18, 2024.</p>		R 0000				
R 0118 Bldg. 00	<p>410 IAC 16.2-5-1.4(c) Personnel - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure direct care staff had current certification for 2 of 30 employees reviewed for certification or licensure.</p> <p>Finding includes:</p> <p>A review of employee records was performed on 10/10/24 at 3:06 p.m. and indicated the following:</p> <p>Certified Nursing Aide (CNA) 4's certification expired on 9/7/24.</p> <p>A staff daily shift roster, provided by the Director of Nursing (DON) on 10/10/24 at 10:56 a.m., indicated CNA 4 worked on 10/5/24 for one 8-hour</p>		R 0118	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were affected by the deficient practice. The CNA's expired license did not impact any resident care. Once we were made aware of the CNA's expiration, we immediately removed the CNA's from schedule until the license was updated on registry.</p> <p>How will the facility identify</p>		10/11/2024	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cassandra Dixon

executive director

11/13/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>shift and 10/6/24 for one 8-hour shift</p> <p>CNA 5's certification expired on 9/21/24.</p> <p>The roster indicated CNA 5 worked on 9/30/24 for one 8-hour shift, 10/2/24 for one 8-hour shift, 10/4/24 for one 8-hour shift, 10/7/24 for one 8-hour shift, and 10/9/24 for one 8-hour shift.</p> <p>During an interview with the DON on 10/11/24 at 11:37 a.m., she indicated CNAs provided personal care for residents including incontinence care, bathing and showering, and dressing. The level of care they provided was more than minimal care. She was aware of the expired certifications.</p>				<p>other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Facility implemented binder with all licensed staff with tabs displaying each month with those licensed individuals' expiration dates that we will review monthly.</p> <p>What measures will be put into place or what systemic changes will make sure to ensure that the deficient practice does not recur?</p> <p>Facility will monitor licensed staff monthly.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: and</p> <p>Facility will review the binder of licensed staff to ensure we are aware of each licensed staff expiration dates, so we can remind them to update their license on registry. If licensed staff fail to renew their license prior to expiration they will be removed from schedule until the license is updated on registry.</p> <p>By what date will the systemic changes be completed?</p>		

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R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>Based on record review and interview, the facility failed to ensure Qualified Medication Aides (QMA) had current certifications for 2 of 30 employees reviewed for certification and/or licensure.</p> <p>Finding includes:</p> <p>A review of employee records was performed on 10/10/24 at 3:06 p.m. and indicated the following:</p> <p>QMA 2's certification expired on 3/7/24.</p> <p>A staff daily shift roster, provided by the Director of Nursing (DON) on 10/10/24 at 10:56 a.m., indicated QMA 2 worked on 10/5/24 for two 8-hour shifts and on 10/6/24 for two 8-hour shifts. QMA 2 was listed on the roster as assigned to the role of medication administrator on these dates and shifts.</p> <p>QMA 3's certification expired on 9/13/24. The QMA was listed on the roster as working on 10/3/24 for two 8-hour shifts, 10/4/24 for one 8-hour shift, 10/7/24 for one 8-hour shift, 10/8/24 for one 8-hour shift, and 10/9/24 for one 8-hour shift. QMA 3 was assigned the role of medication administrator on these dates and shifts.</p> <p>During an interview with the DON on 10/11/24 at 11:37 a.m., she indicated she had been made aware of the expired licenses and was working on a system to help her track the expiration of licenses</p>			R 0241	<p>The binder was created on 10/10/2024</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were affected by the deficient practice. The QMA's expired license did not impact any resident care. Once we were made aware of the QMA's expiration, we immediately removed the QMA's from schedule until the license was updated on registry.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Facility implemented binder with all licensed staff with tabs displaying each month with those licensed individuals' expiration dates that we will review monthly.</p> <p>What measures will be put into place or what systemic changes will make sure to ensure that the deficient practice does not recur?</p>		10/11/2024

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	and certifications.				<p>Facility will monitor licensed staff monthly.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: and</p> <p>Facility will review the binder of licensed staff to ensure we are aware of each licensed staff expiration dates, so we can remind them to update their license on registry. If licensed staff fail to renew their license prior to expiration they will be removed from schedule until the license is updated on registry.</p> <p>By what date will the systemic changes be completed?</p> <p>The binder was created on 10/10/2024</p>		