

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 09/22/2022
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NAME OF PROVIDER OR SUPPLIER YORK PLACE	STREET ADDRESS, CITY, STATE, ZIP COD 725 W 50TH ST MARION, IN 46953
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: September 21 and 22, 2022.</p> <p>Facility number: 004028</p> <p>Residential Census: 29</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 9/23/22.</p>	R 0000	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by survey agency.	
R 0328 Bldg. 00	<p>410 IAC 16.2-5-7.1(c)(1-3) Activities Programs - Noncompliance (c) An activities director shall be designated and must be one (1) of the following: (1) A recreation therapist. (2) An occupational therapist or a certified occupational therapy assistant. (3) An individual who has satisfactorily completed or will complete within one (1) year an activities director course approved by the division.</p> <p>Based on interview and record review, the facility failed to employ an Activity Director who is either qualified by education or certification. This deficient practice had the potential to impact 29 of 29 residents who resided in the facility.</p>	R 0328	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The Activity Director enrolled</p>	10/22/2022

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 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>Finding includes:</p> <p>A facility completed "Employee Record" form, dated 9/21/22, indicated the Activity Director's employment start date was 6/21/2012. During a 9/22/2022 employee record review, the Activity Director did not have a certification in the licenses and certificate book provided by the facility.</p> <p>During an interview on 9/22/22 at 2:30 p.m., the Administrator indicated the Activity Director did not possess a diploma or certification for her position. She indicated the Activity Director had worked in the activity department for 10 years and had been the department director the majority of the time. She indicated the facility had recommended the current Activity Director attend the class but she had not enrolled.</p>		<p>in the activity director course offered by Rowlett & Laker, Inc. on 9/28/2022. The course will be completed within 16 weeks.</p> <p>2) How the facility will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken: An audit of credentials for current employees was completed on 9/28/2022 by Executive Director (ED) to ensure employees are qualified by certification or education. No concerns identified</p> <p>3) What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur? The ED was retrained by the Regional Director of Care Services on 9/28/2022 on the need to ensure employees, including the activity director, are qualified by certification or education.</p> <p>4) How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, i.e. what quality assurance program will be put into place. Effective 10/22/2022, the ED will audit the credentials of new hires and 5 current employees to ensure employees are qualified by certification or education. The auditing will occur weekly X4</p>	

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

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			weeks, bi-weekly X 4 weeks, then monthly. Results of the monitoring and audits will be reviewed at the monthly QI meeting. The QI Committee will determine if continued audits are necessary based on 3 consecutive months of compliance. Monitor will be on-going.		