

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

PRINTED: 06/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155833	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/30/2024
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL			STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032		
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00430886, IN00434435, IN00434464 and IN00435005.</p> <p>Complaint IN00430886-No deficiencies related to the allegations were cited. Complaint IN00434435-No deficiencies related to the allegations were cited. Complaint IN00434464-No deficiencies related to the allegations were cited. Complaint IN00435005-Federal/State deficiency related to the allegations is cited at F839.</p> <p>Survey dates: May 29 and 30, 2024</p> <p>Facility number: 013444 Provider number: 155833 AIM number: 201294880</p> <p>Census bed type: SNF/NF: 50 Residential: 33 Total: 83</p> <p>Census payor type: Medicare: 23 Medicaid: 16 Other: 11 Total: 50</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on June 5, 2024.</p>	F 000			
F 839 SS=D	<p>Staff Qualifications</p> <p>CFR(s): 483.70(f)(1)(2)</p>	F 839			

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 839	<p>Continued From page 1</p> <p>§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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a staff member had the appropriate qualifications and current certification to perform the duties of a Certified Nursing Assistant (CNA) and a Qualified Medication Aide (QMA) during the 34 day time period he was hired at the facility and failed to ensure a job specific orientation checkoff list for his CNA was completed and signed by the trainer prior to working alone on the floor as a CNA for 1 of 5 employees reviewed. (Employee 1) The deficient practice was corrected on 5/18/24, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Findings include:</p> <p>1. An anonymous complaint was sent to the Indiana Department of Health, which indicated Employee 1 was working as a Licensed Practical Nurse (LPN) without a license at the facility.</p> <p>Employee 1's employee record was requested during the entrance conference on 5/29/24 at 10:20 a.m.</p> <p>During an interview, on 5/29/24 at 12:30 p.m., the Executive Director (ED) and the Nursing Clinical</p>	F 839	<p>Past noncompliance: no plan of correction required.</p>		

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F 839	<p>Continued From page 2</p> <p>Specialist (NCS) were in attendance. The ED indicated Employee 1 worked at the facility as a Certified Nursing Assistant (CNA) and Qualified Medication Aide (QMA). He worked at the facility, from 11/15/23 to 12/20/23, for a total of 34 days. One week of the 34 days he did not work due to COVID-19 and one week he was suspended for a staff-to-staff incident, then he was terminated for poor job performance. He worked a total of 14 shifts while employed at the facility. A news reporter was outside on the facility property, on 5/17/24, and reported Employee 1 had worked at the facility as an LPN without a license. At that time, the facility discovered he had worked as a QMA and CNA under the name of another person. He was not working at the facility at the present time, he had been terminated for poor job performance in December 2023.</p> <p>On 5/29/24 at 2:30 p.m., the employee file of Employee 1 was requested and received.</p> <p>On 5/30/24 at 11:48 a.m., Employee 1's CNA certification was provided by the ED, which had a different last name than the last name the employee was hired by. When the ED was asked why Employee 1's name was different on his certification then on his employment records, she indicated he told the facility when asked why his names were different on his CNA and QMA certification than his driver's license and social security card, that he had gotten married.</p> <p>A document, titled "Investigation Summary," dated 5/18/24, indicated on 5/17/24 at 10:00 p.m., Channel 13 News aired a live report from in front of the facility at 6:00 p.m. The news report indicated a hospice company had an employee using someone else's LPN license to practice.</p>	F 839			

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F 839	<p>Continued From page 3</p> <p>The news report indicated he was a former employee of the facility and there were licensure concerns when this employee worked at the facility. The Summary of the Investigation indicated Employee 1 was employed at the facility from 11/15/23 and terminated on 12/20/23, due to unsatisfactory performance and poor interactions with staff. He was hired at the facility under one name and indicated his name was another name due to him getting married and he had changed his last name. He provided the CNA and QMA certification under his maiden name and the payroll person noted the name was his maiden name on top of his certifications.</p> <p>There was no marriage license found in his employee file.</p> <p>2. On 5/30/24 at 1:15 p.m., Employee 1's file was reviewed and there were no completed and signed job specific orientation checklists signed by the trainer and employee, for his CNA or QMA job titles. Those job specific orientation checklists were requested from the Nursing Clinical Specialist.</p> <p>An employee profile indicated, on 11/15/24, he was hired as a Certified Resident Care Associate or a CNA.</p> <p>An employee profile indicated, on 11/21/24, his job was reclassified to a Certified Resident Medication Assistant or a QMA</p> <p>An employee profile indicated, on 12/20/24, he was terminated for unsatisfactory Medication Assistant performance.</p> <p>Employee 1's IN Licensed Package background</p>	F 839			

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F 839	<p>Continued From page 4</p> <p>check had his name on it. There was a red flag on the subject data which indicated he went by another name as well. That name he went by was also on his social security card. All the other areas of the background check he passed with his name and social security number, including the Professional Licensing section. Under the Professional Licensing section there were some research history notes, which were as follows: Tuesday 11/7/23 at 6:29 a.m., problem notification sent to client/applicant services Wednesday 11/8/23 at 11:48 a.m., organization uses automated system-processing request Wednesday 11/8/23 at 11:48 a.m., quality control review</p> <p>A document, titled "Employee Corrective Action Form," dated 12/5/23 and signed on 12/7/23, indicated Employee 1 was being given a verbal warning for his job performance. On 12/5/23, after he left the facility for the day, it was brought to the Director of Nursing and the Executive Director's attention Employee 1 failed to perform his duties as a CNA, worked within his scope of practice only, and followed the direction of the nurse on duty or any other member of management and nursing supervision. He was expected to pick up room trays, linens, and trash at the end of each shift, per policy. Failure to do so would result in further corrective, progressive disciplinary action, up to and including termination from employment with the campus.</p> <p>A document, titled "Personnel Action Form," dated 12/14/23, indicated Employee 1 was suspended due to poor interaction with peers, poor patient care, and poor job performance.</p> <p>A document, titled "Personnel Action Form,"</p>	F 839			

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F 839	<p>Continued From page 5</p> <p>dated 12/21/23, indicated Employee 1 was terminated for unsatisfactory performance and he was not eligible for rehire.</p> <p>On 5/30/24 at 1:37 p.m., the Nursing Clinical Specialist provided a blank copy signed by Employee 1 of the "Job Specific Orientation Checklist" for the QMA position at that time. She indicated this copy had been uploaded onto the computer, so it was not in his employee file. The facility did not have the signed copy with the trainer's initials showing what he had been checked off on thus far because the employees kept the signed original copies with them until the orientation was complete. When they were all checked off, their trainer signed his or her name and the employee handed the paper in to be uploaded to their file. All new employees signed a blank job specific orientation checklist for each job description when they were hired, then it was uploaded into the computer in their file.</p> <p>There was no CNA job specific orientation checklist provided at that time.</p> <p>The deficient practice was corrected by 5/18/24, after the facility implemented a systemic plan that included the following actions: A house wide audit of all employees' records checking all licenses and certifications back to 11/15/23 was completed. An audit was to be completed by the ED on 5 new employee records, if available, to ensure licenses and certifications and names matched. The payroll person would audit 100% of new hires for valid and matching names with certifications and licenses and any concerns will be brought to the ED.</p> <p>This citation relates to Complaint IN00435005.</p>	F 839			

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F 839	Continued From page 6 3.1-14(s)	F 839			