

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

PRINTED: 06/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155807		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/07/2023	
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1747 N RURAL ST INDIANAPOLIS, IN 46218			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00409762.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00403448 completed on April 28, 2023.</p> <p>Complaint IN00409762 - Federal/State deficiencies related to the allegations are cited at F839.</p> <p>Complaint IN00403448-Corrected</p> <p>Survey date: June 7, 2023</p> <p>Facility number: 000388 Provider number: 155807 AIM number: 100454140</p> <p>Census bed type: SNF/NF: 37 Total: 37</p> <p>Census payor type: Medicare: 1 Medicaid: 34 Other: 2 Total: 37</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 9, 2023</p>			F 0000	We are requesting a desk review for the following POC.		
F 0839 SS=D Bldg. 00	483.70(f)(1)(2) Staff Qualifications §483.70(f) Staff qualifications.						

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

TITLE

(X6) DATE

Olivia Winston

HFA

06/23/2023

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 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 30 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>§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 facility failed to ensure a staff member held the required license to be employed as a nurse at the facility for 1 of 1 staff member reviewed for licensure. (Staff Member 2)</p> <p>Findings include:</p> <p>An interview was conducted with the ED (Executive Director) on 6/7/23 at 10:26 a.m. She indicated there was a staff member, Staff Member 2, who'd been working as an LPN (Licensed Practical Nurse) at the facility for about 3 weeks. The FBI (Federal Bureau of Investigation) had a history with Staff Member 2, and 2 FBI detectives came to the facility on 5/31/23 to arrest her. The ED was informed by the FBI that Staff Member 2 had been using a fake nursing license and she was not the person whose nursing license she was using. The FBI was at the facility for approximately 20 minutes. They arrested her in the parking lot of the facility when she arrived for work. The residents were all inside of the facility and did not witness Staff Member 2's arrest. Staff Member 2 was released later that day, around 4:00 p.m., and came back to the facility to pick up her car, at which time, Staff Member 2 informed the facility it was a case of mistaken identity. The ED called one of the FBI detectives who informed her it was not a case of mistaken identity and not to hire her back. Staff Member 2 provided an identification card and active nursing license</p>			F 0839	<p>· what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>- Staff member 2 no longer works for the facility.</p> <p>· how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>- All Residents have the potential to be affected by the alleged deficient practice. Staff member 2 no longer works for the facility.</p> <p>· what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>- The facility completed an audit of all currently employed active nursing licenses against</p>		06/25/2023

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	<p>upon hire. Staff Member 2 was acting as an LPN while working at the facility, administering medications, insulin, and assessing residents. The BOM (Business Office Manager) at the facility was responsible for verifying licenses and processing applications.</p> <p>The BOM provided the employee file for Staff Member 2 on 6/7/23 at 10:58 a.m. It included a copy of an LPN license for an LPN who shared the same first name as Staff Member 2, but indicated a different last name. The license was active with an expiration date of 10/31/24.</p> <p>The employee file included a 4/3/23 background check for Staff Member 2. The background check indicated a 7/30/18 dismissed felony offense of synthetic identity deception; a 7/30/18 plea by agreement felony offense of forgery with intent to defraud; and a 10/21/04 guilty felony offense of theft. The Comprehensive Person Report section of the background check included 2 other observed names for Staff Member 2, neither of which were the name indicated on the LPN license Staff Member 2 was using; 5 different dates of birth; 17 different Indiana Driver's License numbers; and 9 different social security numbers.</p> <p>The employee file included Staff Member 2's 3/31/23 completed application for employment at the facility. The application indicated she had previously used the same last name as the LPN license she was using. The employment section of the application indicated she previously worked at another nursing home and "Performed all nursing duties, G-Tubes [gastrostomy tubes,] IV [intravenous,] Med [medication] pass, etc." The position she held at 2 other nursing homes was listed as "Activity Director/LPN."</p>				<p>their personal identification documentation, no other deficiencies found.</p> <ul style="list-style-type: none"> - The Business Office Manager and Director of Nursing were educated on the revised facility Policy: Credentialing of Licensed Nursing Service Personnel on _____ by the Administrator. - how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and <p>The Administrator/Designee will double check all LPN and RN licenses prior to a job Offer being made to ensure that the license belongs to that person (i.e. matches their Identification) X 6 months. Administrator/Designee will report all findings to the QA/QAPI committee monthly for a minimum of 6 months. After 6 months, the committee will decide the need for further monitoring and/or frequency.</p> <ul style="list-style-type: none"> - by what date the systemic changes for each deficiency will be completed. - June 25th, 2023 		

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	<p>The employee file included a copy of a social security card and Indiana Identification Card. The first and last names on the cards were that of Staff Member 2 and did not match the last name of the LPN license Staff Member 2 was using.</p> <p>The Indiana license search website found at https://mylicense.in.gov/everification/Search.aspx did not reveal a nursing license for Staff Member 2.</p> <p>An interview was conducted with the BOM on 6/7/23 at 12:44 p.m. She indicated she verified Staff Member 2's nursing license by matching the maiden name on her application with the license number she provided. She'd never previously had to verify a name change with a marriage license or other legal documentation. She was unsure whether to question the different last names as Staff Member 2 could have been married multiple times for all she knew. As far as Staff Member 2's background check, she questioned the felony charges and convictions, the names listed, the multiple birth dates, the multiple social security numbers, "pretty much everything" about the background check. The BOM took the application information to the ED, who suggested she have corporate review it. Corporate responded to her via email. The BOM pulled up the email on her computer at this time and indicated they informed her Staff Member 2 could technically be hired, but the facility did not have to hire her. They were leery about the theft and forgery charges and whether they had anything to do with her work. They thought the forgery felony would have gotten her license put on probation. If they decided to proceed with hiring, to make sure references and past employers were contacted. The BOM indicated she also questioned the previously held Activity Director/LPN positions</p>						

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	<p>indicated on her application.</p> <p>The BOM provided the time sheets for Staff Member 2 on 6/8/23 at 1:15 p.m. They indicated she worked at the facility 26 days in the nursing department beginning 4/26/23 through 5/29/23.</p> <p>The May, 2023 MAR (medication administration record) and TAR (treatment administration record) for Resident L indicated Staff Member 2 completed pain assessments on him 7 times; checked his blood sugar 29 times; and administered him insulin 5 times.</p> <p>The Employee Screening policy was provided by the BOM on 6/8/23 at 1:25 p.m. It read, "At a minimum, Business Office Manager ("BOM") or designee will: ...Check with all applicable State licensing and certification authorities to ensure that employees hold the requisite license and/or certification status to perform their job function."</p> <p>This Federal Tag relates to Complaints IN00409762.</p> <p>3.1-14(s)</p>						