

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

PRINTED: 04/19/2023
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 03/22/2023	
NAME OF PROVIDER OR SUPPLIER CHANDLER PLACE				STREET ADDRESS, CITY, STATE, ZIP COD 2879 S LIMA RD KENDALLVILLE, IN 46755			
(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.</p> <p>Survey dates: March 21, and 22, 2023</p> <p>Facility number: 004440</p> <p>Residential Census: 28</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 23, 2023</p>			R 0000			
R 0118 Bldg. 00	<p>410 IAC 16.2-5-1.4(c) Personnel - Deficiency (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide.</p> <p>Based on interview and record review, the facility failed to ensure a staff member providing care maintained required certification. This affected 28 of 28 residents residing in the facility.</p> <p>Findings include:</p> <p>During a record review on 3/22/23 at 10:39 AM Qualified Medical Assistant (QMA) 2's employee file was reviewed. A search on the Indiana</p>			R 0118	<p><i>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</i></p>		03/22/2023

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

TITLE

(X6) DATE

Laura Lovell

Executive Director

04/04/2023

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>Professional Licensure website indicated QMA 2's QMA license and CNA certification expired on 8/13/22.</p> <p>During an interview on 3/22/23 at 10:46 AM, the Care Services Manager (CSM) indicated all nursing staff must maintain current certification and/or licensure. The CSM indicated it was her responsibility to verify that all licensed and certified staff have current licenses and certification.</p> <p>During a record review beginning 3/21/23 at 9:50 AM, QMA 2 was on the current schedule to work. Payroll records indicated QMA 2 worked on the following dates: 2/22/23, 2/24/23, 2/25/23, 2/26/23, 2/28/23, 3/2/23, 3/7/23, 3/8/23, 3/10/23, 3/11/23, 3/12/23, 3/16/23, 3/21/23, during the last 30 days, and had maintained continuous employment since 3/20/2007. QMA 2 worked throughout the building during her days worked.</p> <p>QMA 2 was unavailable for interview and did not answer when telephone contact was attempted.</p> <p>During an interview on 3/22/23 at 10:46 AM, the Administrator indicated the policy regarding maintaining current licensure was covered in the job descriptions of applicable employees. A job description signed by QMA 2 on 8/27/09 indicated QMA 2 acknowledged responsibility to maintain a current license.</p>				<p><i>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 the survey agency.</i></p> <p>R 0118 Personnel – Deficiency</p> <p>/b> QMA 2's license is active as of 3/22/2023.</p> <p>2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: An audit of licenses and certifications of current staff was completed on 3/30/2023 by the Executive Director (ED) to ensure licenses are active. No issues identified.</p> <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 recur: The ED was re-educated on 3/23/2023 by the Regional Director of Care Services on the need to ensure licenses and certifications are active. The license binder will be reviewed monthly by the ED to</p>		

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R 0148 Bldg. 00	410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the				<p>ensure they remain active.</p> <p>4 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: Beginning 4/17/2023, the ED or designee will audit the license or certification of each new hire x 3 months to ensure active prior to working independently. Audits will be reviewed at monthly QI meeting. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going.</p> <p>5 By what date the systemic changes will be completed: Completion date: 04/17/2023</p>		

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	<p>residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, interview and record review the facility failed to ensure the heating and cooling system was inspected yearly. This affected 28 of 28 residents residing in the facility.</p> <p>Findings include:</p> <p>During an interview on 3/21/23 at 12:25 PM the Maintenance Director indicated he was unaware of the need for yearly inspections of the facility heating and cooling system.</p> <p>During an interview on 3/21/23 at 1:40 PM the Executive Director (ED) provided service records for the facility heating and cooling system. The service records were dated 10/26/2021.</p> <p>During a tour with the Maintenance Director on 3/21/23 at 1:45 PM an inspection log was observed on a heating and cooling system. The most recent inspection date was 10/26/2021.</p> <p>During an interview on 3/22/23 at 11:05 AM the ED indicated the facility did not have a policy related to heating and cooling system inspections.</p>			R 0148	<p>R 148 Sanitation and Safety Standards – Deficiency</p> <p>/b> The heating and ventilation system was inspected on 3/22/2023 by Gibson's Heating and Colling. No issues were identified.</p> <p>/b> An audit of preventative maintenance inspections was completed on 3/30/2023 by Maintenance Technician (MT) to ensure of the building, grounds, and equipment is maintained in a clean condition, in good repair, and free of hazards. No issues 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 recur: The ED and MT were re-educated</p>		03/22/2023

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	She provided a current facility maintenance checklist. The checklist indicated the heating and cooling system testing was to be completed semi annually by an outside vendor.				<p>on 3/23/2023 by the Regional Director of Care Services on the need to ensure equipment is maintained in a clean condition, in good repair, and free of hazards including yearly ventilation inspection.</p> <p>4 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: Beginning 4/17/2023, the ED or designee will audit the preventative maintenance checklists to ensure the building, grounds, and equipment is maintained in a clean condition, in good repair, and free of hazards. This audit will occur weekly for 4 weeks, then bi-weekly for 4 weeks, then monthly. Results will be reviewed at monthly QI meeting. The QI Committee will determine if continued audits are necessary based on 3 consecutive months of compliance. Monitoring will be on-going.</p> <p>5 By what date the systemic changes will be completed Completion date: 04/17/2023</p>		