

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

PRINTED: 04/08/2025
FORM APPROVED
OMB NO. 0938-039

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|---|---|---|---------------------|--|--|--|--|
| 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 03/17/2025 | |
| NAME OF PROVIDER OR SUPPLIER JEWEL PLACE SENIOR LIVING | | | | STREET ADDRESS, CITY, STATE, ZIP COD 607 VIRGINIA AVE MADISON, IN 47250 | | | |
| (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 17, 2025</p> <p>Facility number: 004352</p> <p>Residential Census: 28</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 20, 2025.</p> | | R 0000 | | | | |
| R 0123 Bldg. 00 | <p>410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance</p> <p>Based on record review and interview, the facility failed to ensure a Qualified Medication Aide did not work with an expired certification for 26 of 46 days reviewed of personnel. (QMA 2)</p> <p>Findings include:</p> <p>During the review of staff licenses on 3/17/25 at 1:25 p.m., Qualified Medication Aide (QMA) 2's certification had expired on 1/31/25.</p> <p>The review of the January 2025 as worked schedule, indicated QMA 2 had worked on the following date:</p> <p>- On 1/31/25, the QMA worked from 2:00 p.m. to 10:00 p.m.</p> <p>The review of the February 2025 as worked schedule, indicated QMA 2 had worked on the</p> | | R 0123 | <p>Please accept this plan of correction as our credible allegation of compliance.</p> <p>The filing of this plan of correction does not constitute that the alleged deficiency did in fact exist. This Plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and continue to provide quality care.</p> <p>I. Action Taken for the residents identified:</p> <p>The Administrator identified QMA's certification had expired prior to the surveyor bringing it to the Administrator's attention. QMA 2 submitted the renewal to include</p> | | 03/26/2025 | |

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

TITLE

(X6) DATE

Cassandra Trueblood

Executive Director

03/27/2025

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>following dates:</p> <ul style="list-style-type: none"> - On 2/1/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/2/25, the QMA worked from 6:00 a.m. to 6:00 p.m. - On 2/4/25, the QMA worked from 2:00 p.m. to 10:00 p.m. - On 2/7/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/8/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/9/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/11/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/14/25, the QMA worked from 2:00 p.m. to 10:00 p.m. - On 2/15/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/16/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/18/25, the QMA worked from 2:00 p.m. to 10:00 p.m. - On 2/19/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/21/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/22/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/23/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/25/25, the QMA worked from 2:00 p.m. to 10:00 p.m. - On 2/26/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 2/28/25, the QMA worked from 6:00 a.m. to 2:00 p.m. <p>The review of the March 2025 as worked</p> | | | | <p>all required continuing education that had been completed throughout the year, prior to returning to work.</p> <p>QMA 2 received disciplinary action per policy.</p> <p>II. How other residents are identified</p> <p>No residents were affected by the QMA 2 expired certificate. QMA 2 had completed all Inservice education to meet the requirements of the certification renewal.</p> <p>An audit of all staff who have a nurse license, CNA, QMA or HHA certification was completed, no others were expired.</p> <p>III. System in place:</p> <ul style="list-style-type: none"> -Inservice completed on 3/25/25 for all licensed and certified staff regarding renewal of license and certifications. -Disciplinary Action completed for QMA 2. - All staff licenses and certifications will continue to be checked upon hire for status of license and certification. The Employee Handbook to include the policy on license and certification renewals will continue to be reviewed during initial orientation of all new hires, Confirmation of the Employee Handbook review will be placed in the employees file. A log will be maintained to include the expiration date of all required licenses and certifications. New | | |

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| | <p>schedule, indicated QMA 2 had worked the following dates:</p> <ul style="list-style-type: none"> - On 3/1/25, the QMA worked from 6:00 a.m. to 6:00 p.m. - On 3/12/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 3/13/25, the QMA worked from 2:00 p.m. to 10:00 p.m. - On 3/14/25, the QMA worked from 6:00 a.m. to 2:00 p.m. - On 3/15/25, the QMA worked from 6:00 a.m. to 6:00 p.m. - On 3/16/25, the QMA worked from 6:00 a.m. to 6:00 p.m. - On 3/17/25, the QMA worked from 2:00 p.m. to 10:00 p.m. <p>During an interview, on 3/17/25 at 2:15 p.m., the Executive Director (ED) indicated it was the responsibility of staff to renew their own certifications and QMA 2 should have renewed his certification prior to the expiration date.</p> <p>During an interview, on 3/17/25 at 2:25 p.m., QMA 2 indicated he thought he had renewed his certification within the last year, so he didn't think it was due yet. He now understood the certification needed renewed every two years.</p> <p>The current Licenses and Education Credentials policy, included, but was not limited to, "... Where specified by law and based on an employee's position requirements, you will be required to provide [facility name] with a copy of your current licenses, certification or other educational credentials prior to employment. Thereafter, you must submit your current and valid credentials after each renewal period. Maintaining the required licenses, certification or other credentials</p> | | | | <p>hires will be added to the log upon hire by the onboarding designee under the supervision and coordination of the Administrator.</p> <p>-Administrator/Designee will complete monthly audits of the License/Certification log.</p> <p>-All Licensed/Certified staff whom have a Certificate or License due to expire within 30 days will receive a reminder to renew their license/certificate.</p> <p>The Administrator/Designee will check the registry to validate renewal for those staff who are due to expire within 30 days weekly until renewal has been completed prior to expiration. Any Licensed/Certified staff who fail to renew the license/certification will be removed from the schedule per policy.</p> <p>IV. How the facility will monitor and quality assurance program:</p> <p>The facility will monitor by maintaining a log of all staff who have a license/certifications for their employment and job function of the facility. Should concern(s) be identified, immediate corrective action shall be taken per policy and the employee will be removed from the schedule and not be permitted to work upon expiration of their license/certification. The employee will be reminded 30 days prior to the expiration of their license/certification expiration to</p> | | |

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| | necessary to perform your job and as related to the requirements of your position is the sole and exclusive responsibility of the employee. If you allow your license or certification to expire or if it is revoked, you will not be eligible for continued employment and will be suspended or terminated based upon the situation..." | | | <p>renew their license/certification. Administrator/Designee will check the registry for those staff who are due to expire within 30 days weekly until renew has been completed to validate renewal prior to expiration. Any Licensed/Certified staff who fail to renew the license/certification will be removed from the schedule per policy.</p> <p>The Administrator /Designee will provide the results from the audits/log to the Quality Assurance Performance Improvement Committee (QAPI). These findings will be reviewed for recommendations by the Quality Assurance Performance Improvement Committee (QAPI). These findings and review will be completed monthly and submitted to QAPI for a period of 12 months. The Committee will provide guidance for further action as needed. The QAPI team will meet once a month until we reach 100%compliance for 12 consecutive months. The Administrator/Designee will be responsible for the coordination and monitoring.</p> <p>Date Complete 03/26/25</p> | | | |