

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 05/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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: May 11 and 12, 2021.</p> <p>Facility number: 013978</p> <p>Residential Census: 34</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on May 14, 2021.</p>	R 0000		
R 0095 Bldg. 00	<p>410 IAC 16.2-5-1.3(l)(1-2) Administration and Management -Noncompliance</p> <p>(l) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3)</p>			

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.

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 05/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to: (1) meet the needs or preferences, or both, of cognitively impaired residents; and (2) gain understanding of the current standards of care for residents with dementia.</p> <p>Based on observation, interview and record review, the facility failed to complete the "Alzheimer's/Dementia Special Care Unit" disclosure form and the facility failed to employ a qualified and trained coordinator for the memory care unit.</p> <p>Findings include:</p> <p>During the initial tour of the second floor on 5/11/21 at 10:00 a.m., the doors were closed to the unit, entry was assessable by pulling the door open, there was signage that indicated to make sure the door latched after closing.</p> <p>During an interview with CNA 4 on 5/11/21 at 10:12 a.m., she indicated the second floor was the memory care unit, it was a locked unit and you had to use a badge to leave the unit.</p> <p>During an interview with QMA 7 on 5/11/21 at 10:23 a.m., she indicated if the residents left the unit they needed to be with a staff member, but there were two residents that had keycards and were able to go as they pleased, they knew not to let any residents off the unit. They were already residents of the second floor prior to it becoming a locked unit and they didn't want to move.</p> <p>During an interview with the Administrator, on 5/11/21 at 10:46 a.m., she indicated they used</p>	R 0095	<p>R0095</p> <p>This plan of correction is prepared and executed because it is required by the provisions of State and Federal law and not because Saint Anne Home agrees with the allegations and citations listed. St. Anne Home maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. As a consideration of the survey results the facility respectfully requests a paper review of the plan of correction.</p> <p>Saint Anne Victory Noll will complete the Alzheimer's/Dementia Special Care Unit application and submit to the Division of Aging by June 25, 2021. The memory care coordinator, who has a Bachelor of Science degree in Elementary Education, will complete the required 12 hours of dementia</p>	06/25/2021

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 05/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>the second floor as a memory care unit and there was a coordinator. The doors were locked, but not all the residents were memory care residents. They planned to make it a complete memory care unit.</p> <p>A review of the daily census, provided by the Administrator, indicated there were 16 resident that resided on the second floor memory care unit.</p> <p>During an interview on 5/11/21 at 12:20 p.m., the Administrator indicated they did not have the disclosure form titled "Alzheimer/Dementia Special Care unit" and it became the memory care/locked unit January of 2020.</p> <p>During an interview with the Administrator on 5/12/21 at 12:10 p.m., she indicated the memory care coordinator had received her six hours of dementia training and would be getting more training, the memory care was not a specialized unit they locked it due to the resident's who wandered.</p> <p>During an interview on 5/12/21 at 12:35 p.m., the Administrator indicated the Memory Care Coordinator was not a specialist, she was the Memory Care Coordinator and she provided the Memory Care Coordinator's application and job description and indicated she met their requirements.</p> <p>A review of the Memory Care Coordinator's application for employment at the facility indicated she had graduated from high school, she had a Bachelors degree in elementary education and she became a CNA in 2011.</p> <p>Her 12/30/20 signed job description for the</p>		<p>specific training by this same date (6/25/21). Administrator has provided current memory care coordinator with information for registering for a social service designee course through IHCA and the coordinator has 90 days from 5/28/21 to complete this course and receive certificate of completion.</p>	

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 05/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0300 Bldg. 00	<p>Memory Care Coordinator position, indicated the following: "...Essential Functions: 1. This person would be responsible for coordinating and providing activities for a 20-bed, secured memory care on an assisted living floor...Job Qualifications: An Associate's degree or Bachelor's degree is preferred but not required...Dementia/Alzheimer's experience/certification...."</p> <p>A 2/07 revised policy, titled "Dementia Specific Training, " and provided by the DON on 5/12/21 at 2:52 p.m., indicated the following: "Procedure...3. The Administrator, DON, Behavior Program Nurse, Floor Supervisors (if possible the Charge Nurses), and Cherished Memories Coordinator must have the following training: Twelve (12) hours of dementia specific training within three months of hire. Six (6) hours of dementia specific training annually thereafter...."</p> <p>410 IAC 16.2-5-6(c)(4) Pharmaceutical Services - Deficiency (4) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date.</p> <p>Based on observation and interview, the facility failed to ensure topical medication and skin care items were stored in a secure location in the memory care unit for 1 of 2 spa rooms observed (second floor spa room).</p> <p>Findings include: During the initial tour of the facility, on 5/11/21</p>	R 0300	<p>R 0300</p> <p>This plan of correction is prepared and executed because it is required by the provisions of State and Federal law and not because Saint Anne Home agrees with the allegations and citations listed.</p>	06/04/2021

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 05/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>at 10:07 a.m., the second floor spa room was unlocked. On a shelf in the cabinet near the massage table was a partially used tube of lidocaine plus pain relieving cream 4% lidocaine Maximum Strength plus 10% benzyl alcohol and a partially used bottle of grapeseed oil 100% pure sensitive skin care.</p> <p>During an interview with CNA 4, on 5/11/21 at 10:12 a.m., she indicated the second floor spa room was used for a massage therapist which had not been at the facility in a long time. She was not sure what the lidocaine and grapeseed oil would had been used for.</p> <p>During an interview with the Administrator, on 5/12/21 at 12:10 p.m., she indicated she was not sure why there was lidocaine in the spa room on the second floor, they had contracted a massage therapist to give massages to the residents and the massage therapist had not been back to the facility since COVID had started.</p> <p>A policy was not provided related to items stored in the cabinet prior to exit from the facility.</p>		<p>St. Anne Home maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. As a consideration of the survey results the facility respectfully requests a paper review of the plan of correction.</p> <p>The second floor spa room, where an over-the-counter medication was found inside a cabinet in this room, will have a new lock installed on the main entry door of this room to prevent any residents from entering. The new lock has been purchased and will be installed before 6/4/21. This spa room will not be accessible to anyone other than designated staff.</p>	