STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	10/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LEGACY LIVING LEASING JASPER, LLC	1850 WEST STATE ROAD 56 JASPER, IN 47546

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00388822 and Complaint IN00390337. Complaint IN00388822 - Substantiated. State Residential Findings are cited at R246. Complaint IN00390337 - Substantiated. State Residential Findings are cited at R246. Survey dates: October 3, 4, 2022 Facility number: 014383 Residential Census: 98 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 11, 2022.	R 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request desk review in lieu of a post survey review.	
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure that a qualified CPR and first aid staff member was on site at all times for 2 of 7 days reviewed. Findings include: On 10/4/22 at 8:30 A.M., the facility's nursing staff schedule (as worked) from 9/19/22 through 9/25/22 was reviewed, and indicated the following: 9/23/22 no CPR or first aid staff coverage from 10 P.M. until 6 A.M. 9/24/22 no CPR or first aid staff coverage from 10 P.M. until 6 A.M. During an interview on 10/4/22 at 9:55 A.M., the DON (Director of Nursing) indicated the facility was supposed to have a CPR and first aid qualified staff at all times. During an interview on 10/4/22 at 12:53 P.M., the Executive Director indicated the facility did not have a policy related to staff CPR or first aid coverage, and followed the regulation.	R 0117	No residents were found to have been affected by this deficiency. All residents have the potential to be affected by this deficiency. First aid and CPR certification class was held on 10/13/22 to bring community to compliance with this regulation effective on that date. Ongoing monthly audits during Quality Assurance Meeting will ensure facility remains in compliance with this regulation.	10/13/2022
R 0216 Bldg. 00	410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy			

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	manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on interview and record review, the facility failed to ensure residents were evaluated for self administration of medications for 2 of 3 residents reviewed. (Resident 5, Resident B) Findings include: 1. On 10/3/22 at 10:00 A.M., Resident 5 was observed sitting in her room in a recliner. At that time, an unlabelled inhaler was observed on a table next to the recliner within arm's length of the resident. At that time, Resident 5 indicated staff had provided the inhaler. On 10/4/22 on 7:06 A.M., Resident 5 was observed lying in bed. LPN (licensed practical nurse) 7 and QMA (qualified medication aide) 15 were observed to administer Resident 5 medications, then left the room. At that time, an inhaler was observed on a table by the bed. On 10/3/22 at 11:45 A.M., Resident 5's clinical record was reviewed. Diagnosis included, but was not limited to, asthma. Current orders include, but not limited to: Albuterol Inhaler, inhale 2 (two) puffs every 6 (six) hours as needed for wheezing or shortness of	R 0216	No residents were found to have been affected by this deficiency. All residents have the potential to be affected by this deficiency. Evaluation completed for residents who are appropriate for a partial self-administration of medications assessment. Care plans updated accordingly and orders for such obtained from physician. Nursing staff signed acknowledgement expressing understanding of this policy. Facility to be compliant with this rule by November 4, 2022. Self Administration assessments reviewed at change of condition or every 6 months with service plan review.	11/04/2022

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	breath. Resident 5 lacked an order to self administer medication. Resident 5 lacked a self administration of medication assessment. During an interview on 10/4/22 at 10:00 A.M., the DON (Director of Nursing) indicated medications brought in by families were supposed to be taken to the nurses station. She further indicated staff was unaware of inhaler in Resident 5 room. 2. During an observation on 10/3/22 at 10:36 A.M., Resident B was observed sitting in her wheelchair in her room. At that time, 7 (seven) pills were observed in a medicine cup by the sink. During an observation on 10/3/22 at 11:25 A.M., Resident B was observed sitting in her wheelchair in her room. At that time, the same 7 (seven) pills were observed in a medicine cup by the sink. Resident B indicated the nurse always brought the pills and set them on the counter. Resident B was unsure what pills were in the medicine cup. On 10/3/22 at 11:45 A.M., Resident B's clinical record was reviewed. Resident B's diagnoses included, but were not limited to, Multiple Sclerosis and arthritis. Resident B's record lacked an order to self administer medications. The clinical record lacked a self administration of medication assessment. During an interview on 10/4/22 at 10:13 A.M., the DON indicated medications should not be left in Resident B's room and Resident B should have been observed while taking medications.			

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	A current non-dated self administration of medications policy was provided 10/4/22 at 10:35 A.M. and indicated "A resident who takes his or her own medications must be evaluated the Clinical Director by means of the Self Medication Assessment tool ... The resident after being deemed safe to administer medication will take his or her medications without supervision..."			
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of			

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	the services to be provided. Based on record review and interview, the facility failed to ensure the service plans were signed and dated by the resident or resident's representative for 2 of 7 residents reviewed for service plans. (Resident D, Resident 2) Findings include: 1. On 10/4/22 at 10:00 A.M., Resident D's clinical record was reviewed. The diagnoses included, but were not limited to, Parkinson's Disease. The updated service plan, dated 5/7/22, lacked a resident or responsible party signature. 2. On 10/4/22 at 11;15 A.M., Resident 2's clinical record was reviewed. The diagnoses included, but were not limited to, Parkinson's Disease and dementia. The updated service plan, dated 5/7/22, lacked a resident or responsible party signature. During an interview on 10/4/22 at 1:30 P.M., the Executive Director indicated when service plans were updated, the facility would obtain a resident or representative signature on the service plan form. On 10/4/22 at 10:18 A.M., a current non-dated service plan policy was provided and indicated "If the assessment review indicates a level of care change, signed or verbal consent from the family must be obtained"	R 0217	No residents were found to have been affected by this deficiency. All residents have the potential to be affected by this deficiency. In service for staff members who update service plans explaining service plan protocol conducted on 10/13/22. An audit of service plans conducted to obtain signatures from residents and/or family members when changes to the service plans occur. Facility to be compliant with this rule by November 4, 2022. Service plan changes or updates, or those due for review, will be reviewed during monthly Quality Assurance Program meeting.	11/04/2022
R 0246 Bldg. 00	410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or			

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	physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact. Based on interview and record review, the facility failed to ensure PRN (as needed) medications that were administered by a QMA (qualified medication aide) were authorized by a licensed nurse or physician. The QMA did not receive authorization for each administration of a PRN medication for 2 of 7 resident records reviewed. (Resident D, Resident B) Findings include: 1. On 10/4/22 at 10:07 A.M., Resident D's clinical record was reviewed. Current physician orders included but were not limited to: Tramadol 50 mg (milligrams) every 8 (eight) hours PRN, ordered 4/18/22. Resident D's MAR (medication administration record) from 4/22/22 through 9/17/22 indicated the following administration of PRN Tramadol given by a QMA without documented authorization from a licensed nurse: 4/22/22 at 7:00 A.M. 6/4/22 at 7:00 A.M. 6/5/22 at 7:00 A.M. 6/13/22 (unreadable time) 7/22/22 at 7:00 P.M. 7/25/22 at 7:00 P.M. 8/17/22 at 7:00 P.M. During an interview on 10/3/22 at 2:05 P.M., RN	R 0246	No residents were found to have been affected by this deficiency. All residents have the potential to be affected by this deficiency. An in-service was held on 10/10/22 to educate QMA staff on responsibilities related to this rule. A 3 question quiz was completed to demonstrate competency. Wellness Director or designee will monitor PRN medication compliance including all three shifts and both weekdays and weekends 3 times per week for the first four weeks, two times per week for the next four weeks and one time per week for the following four weeks. If non compliance remains an issue during the audits, facility will continue to monitor once weekly until facility reaches four consecutive weeks of full compliance.	10/11/2022

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	(Registered Nurse) 3 indicated a licensed nurse should document authorization of any PRN medications given by a QMA. 2. On 10/3/22 at 11:45 A.M., Resident B's clinical record was reviewed. Current physician orders included, but were not limited to: Milk of Magnesia suspension 30 ml (milliliters) by mouth once daily as needed for constipation, ordered 8/20/20. Resident B's August 2022 MAR indicated on 8/4/22 Milk of Magnesia was given by a QMA without documented authorization from a licensed nurse. During an interview on 10/4/22 at 9:55 A.M., the DON (Director of Nursing) indicated when PRN medications were administered by a QMA, a licensed nurse should document as reviewed. On 10/4/22 at 12:55 P.M., a current non dated PRN medications policy was provided and indicated "PRN medications should be administered by a Qualified Medication Aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication" This Residential tag relates to Complaint IN00388822 and Complaint IN00390337.			
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.			

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	Based on observation, interview, and record review the facility failed to ensure hand sanitization was correctly performed and hair was contained in hair nets while preparing and serving food in the kitchen and dining room. Staff did not have entirety of hair under hair nets, staff touched silverware and the inside of a bowl with bare hands, and placed items on cooked food for 2 of 2 observations of meal service. Findings include: 1. During a continuous observation of the kitchen on 10/3/22 from 10:49 A.M. to 11:00 A.M., the following was observed: Cook 4's hair was observed on the nape of her neck out of her hairnet while plating food. Cook 4 dropped a marker into a tray of steam water when lifting a pan up, then reached into the water to get the marker with a gloved hand. With the same gloved hand, Cook 4 then took the temperatures of the food that was going to be served. Cook 4 was observed to wipe the probe of a thermometer with an alcohol wipe, then while obtaining the temperature of a pot of gravy, dropped the thermometer into the pot. Cook 4 washed her hands with a 15 (fifteen) second lather. While washing hands, Server 9 obtained soap from the dispenser, then immediately rubbed hands together under running water without lathering the soap. Server 9 scratched her head with bare hands then	R 0273	No residents were found to have been affected by this deficiency. All residents have the potential to be affected by this deficiency. Infection control in service including hand washing competency evaluations held for all kitchen staff on 10/11/22. A 5 question quiz completed for competency. Remaining staff to complete in service, hand washing competency evaluation, and 5 question quiz no later than October 28, 2022. Dietary Manager or designee will monitor infection control compliance during both morning and evening shift 3 times per week for the first four weeks, two times per week for the next four weeks and one time per week for the following four weeks. If non compliance remains an issue during the audits, facility will continue to monitor once weekly until facility reaches four consecutive weeks of full compliance.	11/04/2022

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	put a coffee filter into the coffee maker with the same bare hand she scratched her head with. Server 9 washed hands with a 4 (four) second lather, pushed a cart with visible debris out the door with bare hands, and proceeded to transfer clean bowls from the cart to the counter with bare hands. At that time, the Food Director indicated those bowls would be used to serve soup during that meal. The Assistant Food Manager was observed with hair out of her hairnet in the front and on the sides of her face while preparing food. 2. During a continuous observation of the kitchen on 10/4/22 from 10:49 A.M. to 11:15 A.M., the following was observed: Server 10 was observed with his beard uncovered while doing dishes and walking around the kitchen during meal preparation. The Assistant Food Manager was observed with hair out of her hairnet in the front and on the sides of her hair net while preparing food, and washed hands with a 6 (six) second lather with soap before rinsing. Cook 4 was observed with hair hanging out of her hair net in the front and nape of her neck while plating food for the meal. The Assistant Food Manager was observed with gloves on, pushing a food cart out of the kitchen, and then opened the refrigerator and obtained 2 (two) pitchers. She handled the spouts of the pitchers with the same gloved hand. The Assistant Food Manager did not change contaminated gloves prior to touching the pitcher			

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	spouts that contained the drinks to be served for the meal. Server 21 was observed delivering a plate to a resident, then obtained a drink from the drink machine and a straw for another resident, then touching another resident's table and a pen and notepad. Server 21 was then observed grabing a condiment container from a cabinet and opened it for a resident. Server 21 proceeded to obtain 2 (two) more drinks and straws for other residents. She touched the rim of those drinks then continued to serve other residents. Handwashing was not observed. During an interview on 10/4/22 at 10:55 A.M., Cook 4 indicated they were supposed to clean the whole thermometer with an alcohol wipe to sanitize it when food temperatures were obtained. During an interview on 10/4/22 at 11:00 A.M., the Dietary Manager indicated staff should wash hands for 20 seconds and hair nets worn in the kitchen should not have hair sticking out. On 10/4/22 at 12:55 P.M., a current non dated handling of food policy was provided and indicated "...To provide quality food that is handled in a safe and sanitary manner ... Staff must sanitize hands after handling contaminated dishes or touching residents or self, prior to handling clean dishes ... Staff must wear hair nets when in kitchen handling food" The policy failed to indicate length of time to wash hands.			