

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2012
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NAME OF PROVIDER OR SUPPLIER  TERRACE AT TOWNE CENTRE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD MERRILLVILLE, IN 46410
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: April 2, 3, and 4, 2012</p> <p>Facility Number: 002392 Provider Number: 002392 Aim Number: N/A</p> <p>Survey Team: Regina Sanders, RN, TC Kelly Sizemore, RN (04/03/12) Sheila Sizemore, RN (04/03/12)</p> <p>Census Bed Type: Residential: 50 Total: 50</p> <p>Census Payor Type: Other: 50 Total: 50</p> <p>Sample: 07 Supplemental sample: 2</p> <p>These State Residential findings are in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/5/12 Cathy Emswiller RN</p>	R0000	<p><b><u>DISCLAIMER: Preparation and implementation of this plan of correction does not constitute admission or agreement by The Terrace at Towne Centre of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated 04/04/2012. The Terrace at Towne Centre specifically reserves the right to move to strike or exclude this document as evidence in any civil action not related directly to the licensing and/or certification of this facility or provider.</u></b></p>	
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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.

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R0092	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift to familiarize all facility staff with signals and emergency action required, related to 4 months of fire drills conducted at different times were only attended by the same 6 residential staff members and 3 of the staff members indicated they were not present at two of the inservices. (Director of Nursing (DoN), Activity Director (AD), LPN #1, CNA #2, QMA #3, and</p>	R0092	R 092 1. Fire drills will be conducted as required. A fire drill will be conducted on each shift for each quarter. 2. A review was done of all fire drills and the remaining drills were conducted properly. Residents were not affected by not conducted fire drills properly. 3. The Director of Maintenance will now complete a Fire Summary Sheet to ensure to ensure that a fire drill is conducted each month for the correct shift. Use of the Fire Summary Sheet will require a	04/19/2012			

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	<p>CNA #4)</p> <p>Findings include:</p> <p>Review of the 2011 fire drill reports, received from the Maintenance Director, indicated fire drills were conducted 03/16/11 at 2 a.m., 04/08/11 at 10 a.m., 05/13/11 at 5:30 p.m., and 06/17/11 at 1 a.m. The reports indicated the all four fire drills were only attended by the DoN, AD, LPN #1, CNA #2, QMA #3, and CNA #4.</p> <p>During an interview on 04/02/12 at 2:50 a.m., the DoN stated, "I would not have been here for the 1 a.m. or early morning fire drill".</p> <p>During an interview on 04/03/12 at 10:40 a.m., LPN #1 indicated she primarily works 7 a.m. to 7 p.m.</p> <p>During an interview on 04/03/12 at 10:55 a.m., LPN #1 stated, "I would not have come in for a midnight fire inservice".</p> <p>During an interview on 04/03/12 at 11 a.m., the AD indicated she normally works 8:30 a.m. to 5 p.m. and occasionally stays over longer. She stated, "I am never here on the midnight shift. I am not here at 1 a.m., ever."</p>		<p>proper review of each fire drill and each report is complete. 4. The Fire Summary Sheet and the completed fire drills will be presented by the Director of Maintenance at the A.L. Quality Assurance meeting held quarterly. The Fire Summary Sheet will also be reviewed by the Administrator and initialed quarterly. This fire drill review will be conducted for the remaining part of 2012. At the first quarter Q.A. meeting in 2013 it will then be determined if further review and monitoring is necessary. The criteria for determining if further review of fire drills is needed includes, properly completion of fire drill reports, results and response from staff members and that all shifts receive fire drill each quarter.5. Completion date – April 19, 2012.</p>				

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	<p>Review of the residential schedules, received from the DoN, dated 03/16/11 (drill at 2 a.m.), indicated LPN #1 worked 7 a.m. to 7 p.m., CNA #2 worked 2 p.m. to 10 p.m., QMA #3 worked 7 a.m. to 7 p.m., the AD worked 8 a.m. to 4:30 p.m., and CNA #4 did not work this day.</p> <p>Review of the residential schedules, received from the DoN, dated 04/08/11 (drill at 10 a.m.), indicated LPN #1 did not work, CNA #2 worked 2 p.m. to 10 p.m., QMA #3 did not work, the AD worked 8 a.m. to 5 p.m., and CNA #4 did not work this day.</p> <p>Review of the residential schedules, received from the DoN, dated 05/13/11 (drill at 5:30 p.m.), indicated LPN #1 did not work, CNA #2 worked 2 p.m. to 10 p.m., QMA #3 did not work, the AD worked 8 a.m. to 5 p.m., and CNA #4 did not work this day.</p> <p>Review of the residential schedules, received from the DoN, dated 06/17/11 (drill at 1 a.m.), indicated LPN #1 did not work, CNA #2 worked 2 p.m. to 10 p.m., QMA #3 did not work, the AD worked 8 a.m. to 5 p.m., and CNA #4 worked 6 a.m. to 2 p.m. on this day.</p> <p>During an interview on 04/02/12 at 2:45 p.m., the Maintenance Director indicated</p>						

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	the person who did the fire drills was no longer employed at the facility. He indicated the fire drills were probably not completed. He acknowledged the signatures were the same residential employees on the four fire drills.			

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R0117	<p>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 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.</p> <p>Based on record review and interview, the facility failed to ensure there was at least one staff member with a current first aid and CPR (cardiopulmonary resuscitation) certificate scheduled for the day, evening, and night shift for 7 full shifts and 5 partial shifts in 10 of 16 days of schedules reviewed.</p> <p>Findings include:</p>	R0117	R 117 1. One nursing employee, with current CPR and first aide certified, shall be on site at all times. Facility will require all A.L. nursing staff to be certified in CPR and first aide. Once the licensed staff is certified, the remaining nursing staff will then become certified in CPR and first aide. The first training session has been completed with 50% of the licensed staff now certified. The remainder of the licensed nursing staff will be certified by	05/18/2012			

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	<p>Review of the facility's nursing staff schedules received from the Director of Nursing (DoN), dated 03/18/12 through 04/02/12, indicated day shift is 6 a.m. to 2 p.m., evening shift is 2 p.m. to 10 p.m., and night shift is 10 a.m. (sic) to 6 a.m. (sic) and the nurses work 7 a.m. to 7 p.m. and 7 p.m. to 7 a.m.. The schedule indicated the following shifts and times were without a staff member who was certified in first aid and CPR:</p> <p>03/19/12- 4 p.m. to 7 p.m. 03/20/12- 7 a.m. to 7 p.m. 03/24/12- evening and night shift 03/25/12- 7 p.m. to 7 a.m. 03/28/12- 4 p.m. to 7 p.m. 03/29/12- 4 p.m. to 7 p.m. 03/30/12- 7 a.m. to 7 p.m. 03/31/12- 4 p.m. to 7 p.m. 04/01/12- 4 p.m. to 7 p.m. 04/02/12- evening and night shift</p> <p>During an interview on 04/03/12 at 2:30 p.m., the DoN indicated she still had one other person to bring in a first aid/CPR certificate.</p> <p>During an interview on 04/04/12 at 12:15 p.m., the DoN indicated she had received only one other first aid/CPR certificate.</p>		<p>May 18, 2012.2. A review of the nursing staff certificates was done and all nursing personnel were certified in CPR. However, several nursing personnel were missing first aide certificates. No resident was directly affected by this deficiency. 3. The Resident Care Coordinator will maintain all nursing CPR and first aide certificates in a binder for quick review. The CPR and first aide certificates will be audited quarterly by the Resident Care Coordinator. 4. The nursing personnel CPR and first aide quarterly audit results will be reported to the Quality Assurance Committee. The CPR - first aid audit results will be presented at the next two Quality Assurance Committee meetings. The Committee meets quarterly. It will be determined if the audit is necessary at the second meeting. The criteria for determining if further review is necessary will be based on that 95% of the nursing staff is now CPR and first aide certified. 5. Completion date – May 18, 2012.</p>				



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