

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

PRINTED: 01/05/2023

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 12/13/2022	
NAME OF PROVIDER OR SUPPLIER  DIGBY PLACE				STREET ADDRESS, CITY, STATE, ZIP COD 167 CR W 240 S LAFAYETTE, IN 47905			
(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 the Investigation of Complaint IN00393586.</p> <p>Complaint IN00393586 - Substantiated. State Residential Finding related to the allegations is cited at R0117</p> <p>Survey dates: December 12 and 13, 2022</p> <p>Facility number: 004392</p> <p>Residential Census: 22</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on December 20, 2022.</p>			R 0000			
R 0117  Bldg. 00	<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</p>						

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

TITLE

(X6) DATE

Andrea Lynn Buchanan

BSN RN RCS

12/29/2022

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 disclosable 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>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 record review and interview, the facility failed to ensure the staff on duty met the requirements of cardiopulmonary resuscitation (CPR) and first aid training certification. This deficient practice had the potential to affect 22 of 22 residents residing in the facility.</p> <p>Finding includes:</p> <p>A record review of the employee work schedules, on 12/13/2022 at 12:30 a.m., indicated, during the weeks of 11/27/2022 through 12/3/2022, the facility had 6 shifts without a CPR certified staff member in the facility, and 10 shifts without a first aid certified staff member in the facility out of 21 shifts.</p> <p>A record review of the employee work schedules, on 12/13/2022 at 12:40 a.m., indicated, during the weeks of 12/4//2022 through 12/10/2022, the facility had 4 shifts without a CPR certified staff member in the facility, and 11 shifts without a first aid certified staff member in the facility out of 21 shifts.</p> <p>A record review of the employee work schedules, on 12/13/2022 at 12:48 a.m., indicated, during the weeks of 12/11/2022 through 12/17/2022, the facility had 1 shift without a first aid certified staff member in the facility out of 21 shifts.</p>			R 0117	<p>R0117-Personel Deficiency</p> <p>On 12/13/2022 The Executive Director (ED) and Care services Manager (CSM) audited current staff files for CPR certification and basic first aid certificates 12/13/2022. Staff identified through audit completed CPR and first aid certification on 12/14/2022. On 12/13/2022 ED conducted audit of current staff schedule to ensure a minimum of one (1) awake staff with current CPR and first aid certificates were assigned onsite. No additional shifts were noted without required minimum staff certified.</p> <p>The ED and/or designee will coordinate training certification for CPR and first aid for newly hired staff during basic orientation to meet the minimum requirements.</p> <p>On 12/13/2022 the Regional Director of Care Services (RD/CS) in-serviced the ED and CSM requirements to have a minimum of one (1) awake person with current CPR and first aid</p>		12/14/2022

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	<p>During an interview, on 12/13/2022 at 1:15 a.m., the Director of Nursing indicated CPR and first aid training certified staff members were not on duty at the facility for the shifts indicated on the staffing schedule reviewed for 11/27/2022 through 12/17/2022.</p> <p>This State deficiency relates to complaint IN00393586.</p>				<p>certification on site. Effective 12/13/2022, the ED and/or designee will provide biannual CPR and first aid certification trainings for current staff and add training for newly hired staff. ED and/or designee will review staff schedules prior to implementation to ensure a minimum of one (1) awake staff is assigned on site with current CPR and first aid certificates.</p> <p>ED and/or designee is responsible for compliance. ED and/or designee will audit 5 staff personnel records weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure current CPR and first certification. ED and/or designee will audit staff schedules weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure a minimum of one (1) awake person is assigned on site with current CPR and first aid certificates. Results will be reviewed monthly during QI meeting. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.</p>		