

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

PRINTED: 06/11/2018

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 05/24/2018
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NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4400 EAST MICHIGAN BLVD MICHIGAN CITY, IN 46360
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(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 an Initial State Residential Licensure Survey.</p> <p>Survey date: May 24, 2018</p> <p>Facility number: 014052</p> <p>Residential Census: 53</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 5/29/18.</p>	R 0000		
R 0117 Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>(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</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 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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R 0119 Bldg. 00	<p>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 at least one staff member, with a current first aid certificate, was scheduled for 5 of 45 shifts reviewed. This had the potential to affect the 53 residents who resided in the facility.</p> <p>Finding includes:</p> <p>The facility's Nursing Staff Schedule was reviewed on 5/24/18 at 1:30 p.m. The schedule, dated 5/10/18 through 5/23/18, indicated there was no staff member that was first aid certified on the following shifts:</p> <p>Days:</p> <p>-5/11/18 -5/19/18 -5/20/18</p> <p>Evenings:</p> <p>-5/15/18 -5/22/18</p> <p>Interview with the Director of Nursing (DON), on 5/24/18 at 2:30 p.m., indicated she was unable to obtain documentation of first aid certification for the staff working on the shifts reviewed and there should have been at least 1 staff member on every shift certified in first aid.</p> <p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- Personnel - Noncompliance (d) Prior to working independently, each employee shall be given an orientation to the</p>	R 0117	<p>An audit of all Silver Birch of Michigan City employees was conducted on 6/4/2018 which resulted in no additional findings.</p> <p>To ensure ongoing compliance, a tracking document (Form is attached) similar to State Form 53877 has been created and is in use. The Administrator or their designee will use this form to record and track all 1st Aid & CRP certifications.</p> <p>Additional monitoring for compliance will take place in the form of a monthly audit to be performed by the Director of Nursing for a period of 6 months.</p>	06/06/2018

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	<p>facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all employees shall include the following:</p> <p>(1) Instructions on the needs of the specialized populations: (A) aged; (B) developmentally disabled; (C) mentally ill; (D) dementia; or (E) children; served in the facility.</p> <p>(2) A review of the facility's policy manual and applicable procedures, including: (A) organization chart; (B) personnel policies; (C) appearance and grooming policies for employees; and (D) residents' rights.</p> <p>(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures.</p> <p>(4) Review of ethical considerations and confidentiality in resident care and records.</p> <p>(5) For direct care staff, personal introduction to, and instruction in, the particular needs of each resident to whom the employee will be providing care.</p> <p>(6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation.</p> <p>Based on record review and interview, the facility failed to ensure Job Specific Orientation was completed for 4 of 5 employees whose files were reviewed. (LPN 1, CNA 1, QMA 1 and Housekeeper 1)</p> <p>Finding includes:</p>	R 0119	<p>The deficiency cited for the four employees has been corrected as of 6/1/2018.</p> <p>An audit of all Silver Birch of Michigan City employees was conducted on 6/4/2018 which resulted in no additional findings.</p> <p>To ensure ongoing compliance, a</p>	06/06/2018	

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R 0121 Bldg. 00	<p>The employee file for LPN 1, reviewed on 5/24/18 at 1:00 p.m., indicated the employee was hired on 3/7/18. The file lacked documentation that job specific orientation was completed.</p> <p>The employee file for CNA 1, reviewed on 5/24/18 at 1:10 p.m., indicated the employee was hired on 3/9/18. The file lacked documentation that job specific orientation was completed.</p> <p>The employee file for QMA 1, reviewed on 5/24/18 at 1:21 p.m., indicated the employee was hired on 3/7/18. The file lacked documentation that job specific orientation was completed.</p> <p>The employee file for Housekeeper 1, reviewed on 5/24/18 at 1:30 p.m., indicated the employee was hired on 3/7/18. The file lacked documentation that job specific orientation was completed.</p> <p>Interview with the Director of Nursing and the Business Office Manager, on 5/24/18 at 1:45 p.m., indicated job specific orientation should have been completed for all employees.</p> <p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid</p>		<p>tracking document (Form is attached) similar to State Form 53877 has been created and is in use. The Administrator or their designee will use this form to record and track all General Orientation and Job Specific Orientation.</p> <p>Additional monitoring for compliance will take place in the form of a monthly audit to be performed by the Business Office Manager for a period of 6 months.</p>	

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	<p>personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on record review and interview, the facility failed to ensure 2-step TB (Tuberculin) skin testing was completed for 3 of 5 employees whose files were reviewed. (LPN 1, Cook 1 and Housekeeper 1)</p> <p>Finding includes:</p> <p>The employee file for LPN 1, reviewed on 5/24/18 at 1:00 p.m., indicated the employee was hired on 3/7/18. A first step TB test was completed on 3/12/18. The record lacked documentation that a second step TB test was completed.</p>	R 0121	<p>The deficiency cited for the three employees has been corrected as of 6/1/2018.</p> <p>An audit of all Silver Birch of Michigan City employees was conducted on 6/4/2018 which resulted in no additional findings. To ensure ongoing compliance, a tracking document (Form is attached) similar to State Form 53877 has been created and is in use. The Administrator or their designee will use this form to</p>	06/06/2018

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	<p>The employee file for Cook 1, reviewed on 5/24/18 at 1:15 p.m., indicated the employee was hired on 4/1/18. A first step TB test was completed on 4/10/18. The record lacked documentation that a second step TB test was completed.</p> <p>The employee file for Housekeeper 1, reviewed on 5/24/18 at 1:30 p.m., indicated the employee was hired on 3/7/18. A first step TB test was completed on 3/13/18. The record lacked documentation that a second step TB test was completed.</p> <p>Interview with the Director of Nursing and the Administrator, on 5/24/18 at 2:45 p.m., indicated the two-step method for TB skin testing should be completed for all eligible employees.</p> <p>The facility policy titled, "Silver Birch of Michigan City Health Screening," identified as current and provided by the Administrator on 5/24/18 at 2:50 p.m., indicated "...Procedure: A. Upon hiring a new employee, the Nursing Supervisor will ensure that the employee's first tuberculin skin test is read prior to the employee starting work...the baseline tuberculin skin testing should employ the two-step method...."</p>		<p>record and track all two-step Tuberculin testing. Additional monitoring for compliance will take place in the form of a monthly audit to be performed by the Director of Nursing for a period of 6 months.</p>	