

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 06/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING OF YORKTOWN	STREET ADDRESS, CITY, STATE, ZIP COD 1400 S PATRIOT DRIVE YORKTOWN, IN 47396
--	--

(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>his visit was for the Investigation of Complaints IN00432070 and IN00436620.</p> <p>Complaint IN00432070 - State deficiencies related to the allegations are cited at R0116.</p> <p>Complaint IN00436620 - No State Residential Findings related to the allegations were cited.</p> <p>Survey date: June 14, 2024</p> <p>Facility number: 014281</p> <p>Residential Census: 28</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed June 17, 2024</p>	R 0000		
R 0116 Bldg. 00	<p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on interview and record review the facility failed to ensure criminal history background checks for 7 out of 7 employees were performed in accordance with state regulation requirements.</p> <p>This deficient practice resulted in the employment of an unlicensed dietary employee with a felony conviction. (Cook 1, Dietary Aide 2, QMA 3,</p>	R 0116	<p>No resident's effected by cited deficiency, but all resident's have potential to be effected.</p> <p>No resident's effected by cited deficiency, but all resident's have potential to be effected.</p>	07/26/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Susan Wiley	RDCS	08/16/2024

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.

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 06/14/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING OF YORKTOWN	STREET ADDRESS, CITY, STATE, ZIP COD 1400 S PATRIOT DRIVE YORKTOWN, IN 47396
--	--

(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>QMA 4, CNA 5, CNA 6 and QMA 7)</p> <p>Findings include:</p> <p>Review of the employee records on 6/14/24, indicated criminal history background checks did not include all 92 counties the state of Indiana. Review of the Employee Records indicated the following:</p> <ul style="list-style-type: none"> a. Cook 1 hired 1/23/24; Pending felony charges; Record lacked review of all 92 counties. b. Dietary Aide 2 hired 4/17/24. Record lacked review of all 92 counties. c. QMA 3 hired 4/30/24. Record lacked review of all 92 counties. d. QMA 4 hired 3/20/24. Record lacked review of all 92 counties. e. CNA 5 hired 5/21/24. Record lacked review of all 92 counties. f. CNA 6 hired 3/12/24. Record lacked review of all 92 counties. g. QMA 7 hired 3/12/24. Record lacked review of all 92 counties. <p>Review of the employee record for Cook 1 indicated a pending felony charge for dealing a controlled substance. The offense date was 6/25/21 and charges were filed on 6/30/21. A trial date was set for 2/1/24. The record had no other information related to the outcome of this scheduled trial.</p> <p>The court records for Employee 1 were reviewed on "Mycase.IN.gov". The records indicated a conviction for dealing a controlled substance was made on 6/12/24.</p> <p>During an interview on 6/14/24 at 12:30 p.m., the Administrative Assistant indicated she did not know which databases the company contracted to</p>		<p>New screening back ground check has been developed to include all 92 counties of Indiana.</p> <p>Training has been conducted on new screening for back ground checks for new hires. For current employees new screen back ground check for all 92 counties of Indiana are being conducted.</p> <p>Will perform regular audits for the next 6 months. weekly for the first month bi weekly for the following 2 months then monthly for the next three month.</p> <p>Will discuss the results of these audits in monthly QA meetings for ongoing monitoring to ensure compliance.</p>	

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

PRINTED: 08/26/2024
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 06/14/2024	
NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING OF YORKTOWN				STREET ADDRESS, CITY, STATE, ZIP COD 1400 S PATRIOT DRIVE YORKTOWN, IN 47396			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>do criminal history background checks used. The Administrative Assistant indicated she would look into it and get back with the surveyor. No other information was provided.</p> <p>During an interview on 6/14/24 at 4:09 p.m., the Administrator, DON and Regional Director of Clinical Services, indicated they had not been aware of Cook 1's pending charges. They also indicated they had not been aware of the criminal history background checks had not met state regulatory mandates. They indicated Cook 1 would be terminated.</p> <p>This State tag relates to Complaint IN00432070.</p>						