

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 12/29/2022
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NAME OF PROVIDER OR SUPPLIER  WYNDMOOR ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP COD 1465 EAST CROSSING BLVD TERRE HAUTE, IN 47802
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: December 27, 28, and 29, 2022</p> <p>Facility number: 013389</p> <p>Residential Census: 130</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on January 5, 2023</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</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Valaurie Nesbit	Administrator	01/14/2023

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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	<p>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 a minimum of one staff person was CPR (cardiopulmonary resuscitation-an emergency procedure consisting of chest compressions often combined with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest) and first aid (help given to a sick or injured person until full medical treatment is available) certified during a night shift for 7 of 18 scheduled days reviewed.</p> <p>Findings include:</p> <p>On 12/29/22 at 10:41 a.m., review of the facility's CPR and first aid certification manual and staffing schedules, dated 12/11/22 through 12/28/22, were reviewed to ensure that at least one on-duty staff person, certifies with both CPR and first aid, had been scheduled. The review revealed the following:</p> <p>a. On the night shift of 12/11/22, Qualified Medication Aide (QMA) 13, along with Certified Nursing Assistants (CNAs) 11 and 12, had been the on-duty staff. The CPR and first aid certification manual lacked documentation of the on-duty staff having first aid certification.</p> <p>b. On the night shift of 12/12/22, QMAs 17 and 18, along with CNAs 11, 14, and 15, had been the on-duty staff. The CPR and first aid certification</p>	R 0117	<p>Director of Nursing / Assist Director of Nursing educated on state regulation for having CPR/ First Aid staff on site at all times. Staff that had only CPR , renewed their certification to include First aid.</p> <p>New Policy created that all Nursing Staff LPN, QMA, CNA and HHA will have CPR and First aid certification.</p> <p>Audit completed by Administrator on 1/14/2023 that all current staff has updated their certification and it includes both CPR and First Aid.</p> <p>Log created and will be monitored monthly by DON/ADON year round</p> <p>Employees will be notified a month prior to expiration that they will need to complete a renewal and provide new certification to DON/ADON.</p> <p>New employees hired will be added to the log and have 30 days to complete CPR/ First aid if they do not have upon hire. The new employees will be scheduled with another employee who has Current CPR and First aid.</p>	01/14/2023

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	<p>manual lacked documentation of the on-duty staff having first aid certification.</p> <p>c. On the night shift of 12/13/22, QMAs 13 and 18, along with CNAs 11, 12, and 14, were the on-duty staff. The CPR and first aid certification manual lacked documentation of the on-duty staff having first aid certification.</p> <p>d. On the night shift of 12/19/22, QMA 17, along with CNAs 11, 12, and 14, were the on-duty staff. The CPR and first aid certification manual lacked documentation of the on-duty staff having first aid certification.</p> <p>e. On the night shift of 12/24/22, QMA 13, along with CNAs 11 and 12, had been the on-duty staff. The CPR and first aid certification manual lacked documentation of the on-duty staff having first aid certification.</p> <p>f. On the night shift of 12/25/22, QMAs 13 and 17, along with CNAs 11 and 12, had been the on-duty staff. The CPR and first aid certification manual lacked documentation of the on-duty staff having first aid certification.</p> <p>g. On the night shift of 12/28/22, QMA 13, along with CNA 12 and Home Health Aide (HHA) 16, had been the on-duty staff. The CPR and first aid certification manual lacked documentation of the on-duty staff having first aid certification.</p> <p>During an interview, on 12/29/22 at 1:17 p.m., the Director of Nursing (DON) indicated there were staff who did not have any CPR/First Aid certification and some, who had CPR, but lacked first aid certification. The facility had scheduled to a renewal class back in August, but the facility was in a COVID-19 outbreak and the instructor</p>			

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

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	<p>refused to come in the facility to hold the class.</p> <p>During an interview, on 12/29/22 at 1:36 p.m., the Administrator (ADM) indicated she did not believe the facility had a specific policy related to the need to always have a CPR/First Aid certified staff on duty. She was aware of what the regulation stated. Her expectation was the facility would follow the regulation.</p> <p>Indiana Residential Regulation 410 IAC 16.2-5-1.4(b), dated 2008, indicated, "...A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times...."</p>				