STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
AVALON SENIOR LIVING	6021 S ARLINGTON AVENUE INDIANAPOLIS, IN 46237

(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
R 0000 Bldg. 00	This visit was for an Initial State Residential Licensure Survey. Survey dates: February 28 and 29, 2024 Facility number: 015486 Residential Census: 18 This State Residential Finding was cited in accordance with 410 IAC 16.2-5. Quality review completed March 1, 2024.	R 0000	Submission of this plan of correction shall serve as credible evidence of substantial compliance with the alleged deficiency. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency Based on interview and record review, the facility failed to ensure all shifts had at least one staff member working who was First Aid certified for 1 of 14 shifts reviewed for First Aid certification coverage. Finding includes: On 2/29/24 at 10:00 a.m., the Administrator provided a copy of the "as worked" staff schedule from 2/18/24 through 2/24/24. A review of the document indicated the following: - The work schedule identified 2 - twelve hour shifts per day. The "first shift" hours were from 7:00 a.m. to 7:00 p.m. and the "third shift" hours were from 7:00 p.m. to 7:00 a.m.	R 0117	1. No residents were affected by the alleged deficiency. 2. Business Office Manager or designee will collect First Aid certification cards from each new clinical staff member before that staff has completed onboarding. 3. Business Office Manager or designee will audit current clinical staff employee files for First Aid certification. Current clinical staff who do not have First Aid certification will only be scheduled with clinical staff members who hold current First Aid certification. 4. Business Office Manager or designee will audit clinical staff	03/18/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	- The daily schedule identified each staff member who worked that particular shift and who was designated as the certified First Aid (training course that provides individuals the knowledge and skills to respond to a medical emergency until more qualified help arrives) staff member for that shift. - Licensed Practical Nurse (LPN) 5 was identified as having worked the "third shift" on 2/22/24 and was identified as the certified First Aid staff member for that particular shift. - No other certified First Aid staff members were identified as having worked during the "third shift" on 2/22/24. The record lacked verification of LPN 5's First Aid certification authorization. During an interview on 2/29/24 at 11:40 a.m., the Administrator indicated she was unable to provide verification that LPN 5 was First Aid certified. No other staff working the "third shift" on 2/22/24 were First Aid certified. During an interview on 2/29/24 at 12:10 p.m., the Administrator indicated the facility followed the State regulations regarding the certified First Aid staffing requirements. The facility lacked a specific policy that required at least one certified First Aid staff member for every shift.		employee files and clinical schedules monthly for three months, then quarterly for six months, to ensure that regulation is met. Audit results will be reviewed by Executive Director or designee for compliance. 5. Change will be completed on or before March 18, 2024.	