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	01/19/2022

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VALPARAISO SENIOR VILLAGE	74 E JOURNEY WAY VALPARAISO, IN 46383

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R 0000 Bldg. 00	This visit was for an Initial State Residential Licensure Survey. Survey dates: January 18 and 19, 2022 Facility number: 015221 Residential Census: 12 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 1/21/22.	R 0000	**This Plan of Correction constitutes a written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We hope that you will find the remedies both thorough and sufficient. We respectfully request your consideration for granting the community paper compliance.**	
R 0117 Bldg. 00	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 over one hundred (100) residents regularly			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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 there was one staff member with a current first aid and CPR (cardiopulmonary resuscitation) certificate scheduled for 5 of 54 shifts reviewed. Finding includes: Facility staffing schedules for 1/3/22 through 1/20/22 were reviewed on 1/19/2022 at 8:51 a.m. The schedules indicated there were no staff members who were CPR and first aid certified on the following dates and shifts: Day shift on 1/8/22, 1/9/22, 1/15/22, and 1/16/22. Midnight shift on 1/15/22. Interview with the Director of Nursing (DON) on 1/19/2022 at 12:27 p.m., indicated there were CPR and first aid certificates that had not been returned to her yet. The DON could not provide any further certificates at this time.	R 0117	**Upon the alleged allegation of deficiency, Valparaiso Senior Village immediately began an investigation. Upon investigation it was discovered that there was sufficient clinical staff on:** **Day shift:** **1/8/22; BT (7a-3p) LPN – CPR certified; LA (7a-11p) QMA – First Aid/CPR certified** **1/9/22; BT (7a-3p) LPN – CPR certified; LA (7a-11p) QMA – First Aid/CPR certified** **1/15/22; SW (7a-8p) LPN– First Aid/CPR certified; LA (7a-11p) QMA – First Aid/CPR certified** **1/16/22; SW (7a-3p) LPN– First Aid/CPR certified; LA (7a-11p) QMA – First Aid/CPR certified** **Midnight shift:** **1/15/22 JM (11p-7:30a) LPN, DON – First Aid/CPR certified, RB (11p-7a) CNA – CPR certified, RH (3p-3a) CNA – CPR Certified** **The Director of Nursing was asked by surveyor to provided copies of First Aid/CPR certifications and a copy of the 2 week schedule. Once she provided these copies, she was**	02/28/2022

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			further asked to provide a copy of the certification for LB CNA for Midnight shifts for a total of 8 shifts. The surveyor told the Director of Nursing that once she could provide that documentation all shifts would be covered for First Aid/CPR. The Surveyors then went to lunch. Upon returning the Director of Nursing spoke with the Surveyor and stated while showing her the copy on the table that she had provided this documentation. No other staff verification was requested after that time. Daily schedule were never requested as these show who are First Aid and CPR certified. To ensure deficiency does not reoccur, going forth, a minimum of 1 awake staff person, with CPR and first aid certificates, shall be on site at all times for the staff/resident 1/50 ratio. The Director of Nursing will be responsible for verifying that compliance is met daily on each shift. Valparaiso Senior Village will provide First Aid/CPR training to all clinical staff that are not currently certified. The Director of Nursing will validate completion of course, verify a copy of certification is received and will continue to identify on the clinical daily schedule which staff is certified each shift. All newly hired	

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			clinical staff will be offered First Aid/CPR training at the next quarterly class scheduled. All Clinical staff will be offered First Aid/CPR training no later than 2/28/2021. The Director of Nursing will complete an audit of all current and newly hire Clinical employees for compliance. Any issues will be addressed at the time discovered and reported to the Executive Director. A QA meeting will be held monthly to ensure adequate clinical records are maintained related to staff being in sufficient numbers with First Aid/CPR certification of staff/resident 1/50 ratio at all times. QA will continue monthly x 6 months and then quarterly with no end date. If any discrepancy is noted, it will be addressed at the time found and the Executive Director/ Designee will then reevaluate if more frequent monitoring or reviews are needed. Any adjustments to monitoring will be discussed and put into place prior to exiting the QA meeting. Valparaiso Senior Village, as always, has the intent to be 100% in compliance with First Aid/CPR certification of staff/resident 1/50 ratio at all times.	
R 0247 Bldg. 00	410 IAC 16.2-5-4(e)(7) Health Services - Deficiency (7) Any error in medication administration shall be noted in the resident ' s record. The			

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	physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. Based on observation, record review, and interview the facility failed to ensure medications were given as ordered for 1 of 5 records reviewed. (Resident 6) Finding includes: The record for Resident 6 was reviewed on 1/18/22 at 3:56 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, anxiety disorder, and hypertension. A Progress Note, dated 1/17/22 at 10:10 p.m., indicated the Nurse Practitioner had provided new orders for melatonin (a sleep aid medication) 10 mg (milligrams) 1 tab at bedtime, Tylenol PM (acetaminophen, a pain medication) 500/25 mg 2 tabs at bedtime, Tylenol 500 mg 2 tabs in the morning, and to discontinue clonazepam (an anti-anxiety medication) 1 mg two times a day. The Medication Administration Record (MAR), dated 1/2022, indicated the resident had received the following medications on 1/18/22: - melatonin 5 mg at 8 p.m. - Tylenol 500 mg 2 tabs at 5 p.m. - clonazepam 1 mg at 5 p.m. Interview with the Director of Nursing (DON) on 1/19/22 at 1:20 p.m., indicated the orders had not been changed in the computer and the resident had received the medications according to his previous orders.	R 0247	Upon the discovery of this allegation of deficiency, Valparaiso Senior Village immediately began an investigation. Upon investigation it was discovered that all Clinical staff that handle medications should be re-educated on medication policy and procedures; this including order processing, order verification, re-ordering medications, transcribing in to Point click care and documentation with provider follow up for medication or order errors. To ensure deficiency does not reoccur, going forth, all Clinical staff that handle medication orders and administration will have re-education to include medication policy and procedures. The Priority Life Care Regional Support Team and Community Clinical Leaders have identified areas for re-education for all clinical staff with the responsibility of processing and administering medication, following up with ordering providers and documentation of medication errors. The Director of Nursing will be responsible for ensuring re-education. All clinical staff with the responsibility of administering	02/28/2022

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			medications will be required to complete this re-education no later than 2/28/2022. This education will be in the form of verbal and written in-servicing. Re-education will include transcribing medications into Point Click Care, following provider orders, documentation of administration in eMAR, documentation of provider follow up for order errors. The Director of Nursing/ designee will be responsible for monitoring and ensuring orders are processed and documented appropriately. This monitoring will be completed weekly and reported immediately to the Executive Director/ Designee if any medication error is found. A QA meeting will be held monthly to ensure adequate follow up is maintained related to medication administration and documentation of medication errors in the resident's clinical record. QA will continue monthly x 6 months and then quarterly with no end date. If any discrepancy is noted, it will be addressed at the time found and the Executive Director/ Designee will then reevaluate if more frequent monitoring or reviews are needed. Any adjustments to monitoring will be discussed and put into place prior to exiting the QA meeting. Valparaiso Senior Village, as always, has the intent to be 100% in compliance with medication administration guidelines.	

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R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation and interview, the facility failed to ensure proper food safety related to eggs. This had the potential to affect the 12 residents who resided in the facility and were served food from the kitchen. (Kitchen) Finding includes: During the initial tour of the Kitchen on 1/18/22 at 10:45 a.m., there was a large box of Grade A eggs in the walk in refrigerator. The eggs and the box were not labeled as pasteurized. Interview with the Executive Chef on 1/18/22 at 10:48 a.m., indicated he did not have any pasteurized eggs and was not aware of any requirements regarding the use of eggs.	R 0273	It is the intent of Valparaiso Senior Village to follow established guidance as it relates to food preparation and nutritional services. The identified area of concern was reviewed and corrected at the time of discovery. The alleged noncompliance had the potential to affect all residents. To correct the alleged noncompliance, the community promptly contacted their food supplier and ordered pasteurized eggs. To prevent recurrence, the Culinary Director, or his designee, will audit egg inventory at the time of delivery and as needed to ensure pasteurized eggs are being utilized. As a preventive measure, re-education will be provided to culinary staff by 2/28/22 on the topic of food safety. Any concerns from audits or re-education will be communicated to the QA committee.	02/28/2022
R 0349 Bldg. 00	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that			

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	responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on record review and interview, the facility failed to ensure clinical records were complete and organized related to lack of a follow up for a laboratory test for 1 of 5 records reviewed. (Resident 5) Finding includes: The record for Resident 5 was reviewed on 1/18/22 at 2:33 p.m. Diagnoses included, but were not limited to, repeated falls, type 2 diabetes mellitus, and hypertension. A Physician's Order, dated 1/11/22, indicated an order for a urinalysis with culture and sensitivity related to repeated falls. There was lack of any urinalysis results or follow up with the Physician.. Interview with the DON on 1/19/22 at 2:05 p.m., indicated the lab was not completed, they had been unable to obtain the urine. Staff should have documented follow up with the Nurse Practitioner.	R 0349	It is the intent of Valparaiso Senior Village to follow ISDH regulation related to maintaining the resident's clinical record. Identified areas of alleged noncompliance by staff were reviewed at the time of discovery. Upon review of the alleged noncompliance for lack of documentation of laboratory orders and documented follow up with the ordering provider, it was discovered that documentation of follow up with the ordering provider and specimen collection were not appropriately completed by clinical staff. The Priority Life Care Regional Support Team and Community Clinical Leaders have identified areas for re-education for all clinical staff with the responsibility of collecting laboratory specimens, following up with ordering providers and documentation of follow up . The team also reviewed other pertinent protocols related to maintaining clinical records on each resident. The Director of Nursing will be responsible for re-education to all clinical staff with the responsibility	02/28/2022

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			of maintaining and documenting clinical follow up, following provider orders and laboratory specimen process. Education will include ISDH regulations for maintaining clinical records for each resident, Clinical documentation expectations and laboratory specimen process. This will be in person with verbal and written education. This re-education will be completed no later than 2/28/2022. A QA meeting will be held monthly to ensure adequate clinical records are maintained related to laboratory results and the documentation for follow up with the provider. QA will continue monthly x 6 months and then quarterly with no end date. If any discrepancy is noted, it will be addressed at the time found and the Executive Director/ Designee will then reevaluate if more frequent monitoring or reviews are needed. Any adjustments to monitoring will be discussed and put into place prior to exiting the QA meeting. Valparaiso Senior Village, as always, has the intent to be 100% in compliance with maintaining the residents' clinical record.	
R 0407 Bldg. 00	410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following:			

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	(1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.			
	Based on record review and interview, the facility failed to ensure residents were offered the influenza and pneumonia vaccinations for 2 of 5 residents reviewed for influenza and pneumonia vaccinations. (Residents 2 and 7) Findings include: 1. Resident 2's record was reviewed on 1/19/2022 at 12:00 p.m. The diagnoses included, but were not limited to, hypothyroidism, major depressive disorder, kidney failure, primary hypertension, hyperlipidemia, foot drop, and hearing loss. The influenza vaccination and pneumonia vaccination had not been documented as administered or offered. There was lack of documentation that education was provided on the benefits and potential risks of the vaccinations to the resident or the resident's representative. During an interview on 1/19/2022 at 2:05 p.m., the Director of Nursing (DON) indicated that the facility did not have a declination or education form on file for either vaccination. The staff should have documented in the chart the refusal or consent to the vaccinations along with the education that was provided.	R 0407	It is the intent of Valparaiso Senior Village to follow established infection control policies and protocols including those pertaining to Influenza and Pneumonia vaccine guidelines. Identified areas of alleged noncompliance by staff were reviewed at the time of discovery. Upon review of the alleged noncompliance for lack of documentation of Influenza and Pneumonia Vaccines being offered to residents upon admission, it was discovered that documentation of education and offering immunizations were in need of improvement. The Priority Life Care Regional Support Team and Community Clinical Leaders have identified areas for re-education for all clinical staff with the responsibility on infection control guidelines related to offering and documenting Influenza and Pneumonia vaccinations. The team also reviewed other pertinent	02/28/2022

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	2. Resident 7's record was reviewed on 1/19/2022 at 11:35 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, anxiety disorder, primary hypertension, and major depressive disorder. The influenza vaccination and pneumonia vaccination had not been documented as administered or offered. There was lack of documentation that education was provided on the benefits and potential risks of the vaccinations to the resident or the resident's representative During an interview on 1/19/2022 at 2:05 p.m., the DON indicated that the facility did not have a declination or education form on file for either vaccination. The staff should have documented in the chart the refusal or consent to the vaccinations along with the education that was provided. The DON had attempted to contact family members regarding vaccination status but was unable to provide any further information. A facility policy, titled, "Flu Vaccination," received as current from the DON on 1/19/2022 at 12:59 p.m. indicated, "All employees and residents will be offered the opportunity to receive a flu vaccination every fall...employees/residents are informed of the benefits/risks..." A facility policy, titled, "Pneumonia Vaccination," received as current from the DON on 1/19/2022 at 12:59 p.m. indicated, "All residents may be offered the opportunity to receive the pneumonia vaccination...residents are informed of the benefits/risks..."		protocols related to Immunizations. The Director of Nursing will be responsible for re-education to all clinical staff with the responsibility of offering and documenting immunizations. Education will include immunization declination forms and educational immunization information statements from the CDC on said Immunizations. This will be in person with verbal and written education. This re-education will be completed no later than 2/28/2022. A QA meeting will be held monthly to ensure adequate training and documentation has been completed for every resident to have Immunizations of Influenza, Pneumonia and COVID-19 Vaccines offered and documented. QA will continue monthly x 6 months and then quarterly with no end date. If any discrepancy is noted, it will be addressed at the time found and the Executive Director/ Designee will then reevaluate if more frequent monitoring or reviews are needed. Any adjustments to monitoring will be discussed and put into place prior to exiting the QA meeting. Valparaiso Senior Village, as always, has the intent to be 100% in compliance with infection control.	

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