

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 08/30/2023
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NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING OF YORKTOWN	STREET ADDRESS, CITY, STATE, ZIP COD 1400 S PATRIOT DRIVE YORKTOWN, IN 47396
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R 0000 Bldg. 00	<p>This visit was for an Initial State Residential Licensure Survey.</p> <p>Survey dates: 8/29/23 and 8/30/23</p> <p>Facility number: 014281</p> <p>Residential Census: 2</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed September 5, 2023.</p>	R 0000	<p>Plan and execution of the plan of correction for the survey does not constitute admission of agreement by this provider of the truth of facts alleged or the conclusion set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by Federal and State law. This provider maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of its residents; nor are they of such character as to limit the provider's capacity to render adequate resident care. This plan of correction serves as the facility's written credible allegation that it will be in substantial compliance on or before 10/18/2023.</p>	
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. Based on record review and interview, the facility failed to use acceptable pre-employment screening databases prior to employment for 3 unlicensed staff of 5 staff members reviewed for employee records. This deficiency had the</p>	R 0116	<p>This facility will perform pre-employment screenings using acceptable databases with company and state guidance on</p>	10/18/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Robin Huston	Executive Director	09/14/2023

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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R 0117 Bldg. 00	<p>potential to affect 2 of 2 residents who resided in the facility.</p> <p>Findings include:</p> <p>The employee files were reviewed on 8/30/23 at 11:10 a.m. and indicated the following:</p> <p>QMA 3's hire date was 7/17/23. Her criminal background check lacked a review of all Indiana counties.</p> <p>CNA 5's hire date was 8/7/23. His criminal background check lacked a review of all Indiana counties.</p> <p>CNA 6's hire date was 8/14/23. Her criminal background check lacked a review of all Indiana counties.</p> <p>During an interview with the Administrator on 8/30/23 at 12:46 p.m., she indicated her contact at the company they used to perform their background checks was only able to say they get the information from federal databases and were not able to access the Indiana State Police Central Repository or any other central repository for background checks. They were only able to search by county. Employees fill out the online form, which included filling in counties they have lived and worked in.</p> <p>During an interview on 8/30/23 at 2:00 p.m., the Administrator indicated there was no facility policy for background checks.</p> <p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with</p>		<p>each prospective employee as pre-employment screening.</p> <p>The Executive Director shall maintain the pre-employment screening process for each candidate before hire.</p>	

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	<p>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 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 interview and record review, the facility failed to ensure each shift was staffed with at least one staff member certified in cardiopulmonary resuscitation (CPR) and First Aid. This had the potential to affect 2 of 2 residents who resided in the facility.</p> <p>Findings include:</p> <p>1. Review of the employee schedule from 8/20/23 to 8/26/23 indicated the facility lacked a staff member on duty with a CPR certification for the following dates and shifts:</p> <p>a. 8/21/23 - third shift b. 8/25/23 - third shift c. 8/26/23 - third shift</p>	R 0117	<p>This facility does ensure residents are provided with proper staff to care for them.</p> <p>The review of company policy and state regulations is to provide each shift with a staff member certified in CPR and First Aid.</p> <p>The DON has been educated on this policy in staffing properly with staff certified in CPR and First Aid on each shift. All shifts will be staffed with at least 1 CPR and First Aid certified staff member.</p> <p>The community will continue to seek certified CPR and First Aid candidates when hiring. The community will continue training</p>	10/18/2023

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	<p>2. Review of the employee schedule from 8/20/23 to 8/26/23 indicated the facility lacked a staff member on duty with a First Aid certification for the following dates and shifts:</p> <ul style="list-style-type: none"> a. 8/20/23- third shift b. 8/21/23 - first, second, and third shifts c. 8/22/23 - second and third shifts d. 8/23/23 - second and third shifts e. 8/24/23 - second and third shifts f. 8/25/23 - first and third shifts g. 8/26/23 - first, second, and third shifts <p>During an interview on 8/30/23 at 12:05 p.m., the Administrator indicated the facility had residents in the building since 8/16/23. The facility should have had a staff member on duty each shift with CPR and First Aid certifications. She was aware some staff members lacked CPR and First Aid certifications.</p> <p>During an interview on 8/30/23 at 12:40 p.m., the DON indicated she completed the scheduling for staff. She had previously not been aware each shift required a staff member on duty with CPR and First Aid certifications.</p> <p>During an interview on 8/30/23 at 12:51 p.m., the Administrator indicated she was not able to provide any further certifications for CPR or First Aid for the staff members on duty for the above mentioned shifts the week of 8/20/23 through 8/26/23.</p> <p>During an interview on 8/30/23 at 1:26 p.m., the Administrator indicated the facility lacked a policy regarding the CPR and First Aid requirements for staff members. The facility followed the State guidelines regarding CPR and First Aid</p>		<p>staff members needing CPR and First Aid. Said staff members will not be scheduled to work a shift alone without CPR and First Aid training completed.</p> <p>The Executive Director will monitor the staff schedule for compliance.</p>	

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R 0119 Bldg. 00	<p>requirements for staff members.</p> <p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- Personnel - Noncompliance</p> <p>(d) Prior to working independently, each employee shall be given an orientation to the 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:</p> <p>(A) aged;</p> <p>(B) developmentally disabled;</p> <p>(C) mentally ill;</p> <p>(D) dementia; or</p> <p>(E) children;</p> <p>served in the facility.</p> <p>(2) A review of the facility's policy manual and applicable procedures, including:</p> <p>(A) organization chart;</p> <p>(B) personnel policies;</p> <p>(C) appearance and grooming policies for employees; and</p> <p>(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>A. Based on record review and interview, the facility failed to ensure general orientation and</p>	R 0119	This facility will provide employee files to reflect proper	10/18/2023
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	<p>specific orientation were completed for 5 of 5 employee files reviewed. (LPN 2, QMA 3, LPN 4, CNA 5, and CNA 6)</p> <p>B. Based on record review and interview, the facility failed to ensure job descriptions were reviewed for 5 of 5 employee files reviewed. (LPN 2, QMA 3, LPN 4, CNA 5, and CNA 6)</p> <p>Findings include:</p> <p>The employee files were reviewed on 8/30/23 at 11:10 a.m. and indicated the following:</p> <p>A. LPN 2 (hire date 7/31/23), QMA 3 (hire date 7/17/23), LPN 4 (hire date 7/17/23), and CNA 5 (hire date 8/7/23) all lacked both general orientation and job-specific orientation.</p> <p>CNA 6 (hire date 8/14/23) lacked job-specific orientation.</p> <p>B. LPN 2 (hire date 7/31/23), QMA 3 (hire date 7/17/23), LPN 4 (hire date 7/17/23), CNA 5 (hire date 8/7/23), and CNA 6 (hire date 8/14/23) all lacked acknowledged job descriptions.</p> <p>During an interview on 8/30/23 at 1:17 p.m., the Administrator indicated there was not have a facility policy for employee records, just a check list to follow.</p> <p>A current, undated, facility checklist reviewed on 8/30/23 at 1:22 p.m., provided by the Administrator on 8/30/23 at 1:14 p.m., indicated the following: "...Complete all necessary new hire documents in compliance with Company standards as well as meeting State and Federal laws....Schedule, job duties, and expectations (must be completed by end of first day)... Review job description, obtain</p>		<p>documentation. Files will be complete and maintained to reflect prudent employment practices. The files will contain documentation for all orientation procedures and training. This documentation will start at the beginning of the pre-employment process and complete by end of first hired day.</p> <p>Files will be updated as needed with ongoing training.</p> <p>The Executive Director along with the Administrative Assistant will keep the files maintained as needed for compliance.</p>	

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

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