

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 08/27/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AVIVA VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP COD 1300 VALE PARK RD VALPARAISO, IN 46383
--	---

(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	<p>This visit was for the Investigation of Complaint IN00438560 and IN00440107.</p> <p>Complaint IN00438560 - State deficiency related to the allegations is cited at R0273.</p> <p>Complaint IN00440107 - State deficiency related to the allegations is cited at R0091.</p> <p>Survey date: August 27, 2024</p> <p>Facility number: 012181</p> <p>Residential Census: 79</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 8/28/24.</p>	R 0000	<p>Aviva Valparaiso provides the following Plan of Correction "POC" without admitting or denying the validity or existence of the alleged deficiencies. The POC is prepared and/or executed solely because it is required by the provisions of federal and state laws</p>	
R 0091 Bldg. 00	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance</p> <p>Based on record review and interview, the facility administration failed to implement the Narcotic and Controlled Medication Management policy, related to offing facility nursing personnel not completing a narcotic count with the oncoming nursing staff during each change of shift.</p> <p>Finding includes:</p> <p>During an interview on 8/27/24 at 10:05 a.m., LPN 1 indicated the nursing staff were supposed to do a narcotic count with each change of shift, however the corporate staff had recently informed the</p>	R 0091	<p>R091 What Corrective Action will be accomplished for those residents found to have been affected by the deficient practice On 9/6/2024, RCD and ED conducted a count of each narcotic in the community to verify that the counts were correct. No additional findings were noted, and the count was documented on the narcotic count sheet. How the facility will identify other residents having the potential to</p>	09/23/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Debby Atsas	Executive Director	09/16/2024

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 08/27/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AVIVA VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP COD 1300 VALE PARK RD VALPARAISO, IN 46383
--	---

(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>nursing staff they were to clock out 30 minutes earlier. When this was implemented, the nursing staff were no longer supposed to do a medication count with the oncoming shift in order to cut time off. LPN 1 had tried to arrange meetings with the corporate staff to voice her concerns with this process, but that had not been successful.</p> <p>During an interview on 8/27/24 at 10:51 a.m., QMA 1 indicated the company had informed the facility staff that they were to leave at the scheduled time no matter what. QMA 1 was scheduled to work from 6:00 a.m. until 2:00 p.m., so she would have to clock out at exactly 2:00 p.m. During a change of shift, the nursing staff had to go over the 24-Hour Shift Report which contained any changes for residents in the last 24 hours and they were supposed to do a narcotic count. The change of shift process took a while, as she was caring for many residents during her shift. In order to clock out right on time, they were instructed to stop doing the narcotic counts with the oncoming shift. On the morning of 8/27/24, the midnight shift left and QMA 1 performed a narcotic count by herself. She would count the pills and sign off on the Narcotic Count sheet for her oncoming shift without another staff member present. She used a pill counter application on her phone to keep back up documentation of the medication counts, since no one was present while counting the medications. She has had several instances when the staff have refused to do medication counts when she comes in to relieve midnights and day shift. QMA 1 indicated the Narcotic Count sheet was signed off on every shift, but the staff members were not actually performing the counts together as they used to do.</p> <p>During an interview on 8/27/24 at 2:28 p.m., the Director of Nursing indicated the corporation had</p>		<p>be affected by the same deficient practice and what corrective action will be taken</p> <p>Each current resident has the potential to be affected by deficient practice.</p> <p>On 9/6/24, RCD re-educated nursing and medication staff on the process of verifying and signing narcotic count sheets at the beginning and end of each shift, or as possession of the medication keys changes hands. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur</p> <p>Beginning 9/6/24, RCD or designee will conduct audits of the narcotic count sheet weekly x12 weeks to ensure ongoing compliance.</p> <p>Beginning 9/12/24 RCD or designee will spot check random change of shift on a rotating basis for compliance three days a week x2 months, then two days a week x2 months, then one day a week x2 months with results discussed during monthly QA.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e; what quality assurance program will be put in place</p> <p>Results of Narcotic count audits will be reviewed during</p>	

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 08/27/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AVIVA VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP COD 1300 VALE PARK RD VALPARAISO, IN 46383
--	---

(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>informed her that the facility staff could only work a 7.5 hour shift. They were no longer allowed to stay for any extra time. The staff were informed they should still be giving report to the oncoming shift, however medication counts should be performed with staff members working on their same shift. For example, two nurses working the day shift would perform a medication count prior to the evening shift nurses arrival to the floor. The evening shift nurse could do her own medication count during her shift to verify the medication counts were accurate. Nursing staff were never supposed to do medication counts by themselves. She indicated they had not had any problems with misappropriation of medications and she did spot check the carts to make sure they were accurate as well.</p> <p>A facility policy titled, "Narcotic and Controlled Medication Management," effective date 12/22/22, indicated "...Change of shift Narcotic count: A narcotic count will be completed at the change of every shift between the qualified medication associates: Tech/Aide/Nurse going off duty with Tech/Aide/Nurse coming on duty. This includes any time possession of the keys is transferred mid-shift between Tech/Aides/Nurses. 1. Tech/Aide/Nurse going off shift will locate the count sheet, while the Tech/Aide/nurse coming on shift locates the medication. 2. Tech/Aide/Nurse going off shift will state the resident name, medication, dose, and quantity left in the package. 3. The Tech/Aide/Nurse coming on shift reviews the count sheet to verify the amount stated matches the count. a. The oncoming medication associate will also visually verify that all blisters are intact and there is no tape on the back of the card for each individual medication card in the drawer. b. Medications delivered in forms other than blister packs should</p>		<p>monthly QA and will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.</p> <p>By what date the systemic changes will be completed: 9/23/2024.</p>	

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 08/27/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AVIVA VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP COD 1300 VALE PARK RD VALPARAISO, IN 46383
--	---

(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
R 0273 Bldg. 00	<p>also be reviewed to ensure that the package has not been tampered with in any way. i. Unopened medication should also be reviewed to ensure all seals are intact. 4. Upon completion of verification of all narcotic/controlled substances with the person delivering the medication, two associates will count and sign the Narcotic Count verification document indicating that the count is correct for all meds and that packaging is intact."</p> <p>This citation relates to Complaint IN00440107.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation and interview, the facility failed to ensure food equipment, food storage areas, and food preparation areas were clean for 1 of 1 kitchen observed. (The Main Kitchen)</p> <p>Finding includes:</p> <p>During the brief kitchen sanitation tour on 8/27/24 at 8:58 a.m. with the Dietary Food Manager (DFM), the following was observed:</p> <p>a. There was a large amount of dried and burned food on the stove top grates.</p> <p>b. Four out of four ovens had spillage and build up of food debris on the inside and outside of the oven doors.</p> <p>c. The walk-in cooler had multiple produce items and debris on the floor and under the shelving units.</p> <p>d. The walls throughout the kitchen, near the food preparation areas, and near the dish sanitizing area had food splashes and dirt accumulation.</p>	R 0273	<p>R273</p> <p>What Corrective Action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>On 9/3/24, CSD (Culinary Services Director) re-educated dining staff on requirement for food equipment, food storage areas, and foods preparation areas to remain clean.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>Each current resident has the potential to be affected by deficient practice.</p> <p>On 9/9/24, ED completed sanitation and cleanliness audit on kitchen-any areas found to be out of compliance will be cleaned by</p>	09/23/2024

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 08/27/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AVIVA VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP COD 1300 VALE PARK RD VALPARAISO, IN 46383
--	---

(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>During an interview on 8/27/24 at 9:15 a.m., the DFM indicated all of the above was in need of cleaning.</p> <p>This citation relates to Complaint IN00438560.</p>		<p>9/12/24.</p> <p>By 9/12/2024, CSD or designee will clean the stove top grates, the inside and outside of four oven doors, the walk-in cooler, and the walls throughout the kitchen.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur</p> <p>Beginning 9/3/24, dining staff will be responsible for adhering to a prescribed cleaning schedule to ensure ongoing compliance.</p> <p>Beginning 9/12/24, CSD will conduct an audit of the kitchen area and cleaning schedule documentation weekly x12 weeks to ensure that the kitchen remains clean and sanitary and dining staff are documenting cleaning tasks once completed.</p> <p>Beginning 9/16/24 CSD or designee will spot check random areas of the kitchen for cleanliness on both shifts on a rotating basis for compliance three days a week x2 months, then two days a week x2 months, then one day a week x2 months with results discussed during monthly QA.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e.; what quality assurance program will be</p>	

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

PRINTED: 09/25/2024
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 08/27/2024
NAME OF PROVIDER OR SUPPLIER AVIVA VALPARAISO			STREET ADDRESS, CITY, STATE, ZIP COD 1300 VALE PARK RD VALPARAISO, IN 46383		
(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>put in place</p> <p>Results of kitchen area and cleaning schedule audits will be reviewed during monthly QA and will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.</p> <p>By what date the systemic changes will be completed: 9/23/2024.</p>		