

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

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 10/02/2024
NAME OF PROVIDER OR SUPPLIER STORYPOINT SCHERERVILLE		STREET ADDRESS, CITY, STATE, ZIP COD 7770 BURR STREET SCHERERVILLE, IN 46375		
(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 IN00441444.</p> <p>Complaint IN00441444 - State deficiency related to the allegations is cited at R0119.</p> <p>Survey date: 10/2/24</p> <p>Facility number: 013825</p> <p>Residential Census: 92</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 10/4/24.</p>	R 0000		
R 0119 Bldg. 00	<p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- Personnel - Noncompliance</p> <p>Based on record review and interview, the facility failed to ensure an employee received resident rights orientation prior to working independently in the facility for 1 of 6 employees hired in the past six months. (CNA 1)</p> <p>Finding includes:</p> <p>Employee files were reviewed on 10/2/24 at 2:45 p.m. CNA 1 had a start date of 4/24/24. There was a lack of documentation that indicated CNA 1 had been educated on resident rights upon starting employment at the facility.</p> <p>During an interview on 10/2/24 at 3:27 p.m., the Wellness Director (Director of Nursing) indicated CNA 1 had not had resident rights training.</p>	R 0119	<p>R119</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility. This plan of correction is submitted as the facility's credible allegation of compliance.</p> <p>R119 Personnel Noncompliance</p> <p>StoryPoint of Schererville ensures that all employees receive a job specific orientation upon employment.</p>	10/15/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Natasha Dawkins

Wellness Director

10/15/2024

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.

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	This citation relates to Complaint IN00441444.		<p>The Corrective Actions which were accomplished for those residents found to have been affected by the deficient practice. No residents were affected by the deficient practice.</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>All residents could be affected by staff not receiving specific job orientation.</p> <p>C.N.A. 1 has completed their job specific orientation checklist.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recure.</p> <p>An ad hoc safety/quality meeting was held with all department leaders to discuss the deficient practice.</p> <p>All department leaders will audit new employee files and present audit forms to the Executive Director upon completion monthly for 6 months.</p> <p>Any deficiencies noted on internal audits will be addressed at the monthly safety/quality meeting.</p> <p>Date of Compliance: October 15, 2024</p>	