

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 11/15/2023
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NAME OF PROVIDER OR SUPPLIER SWEET GALILEE AT THE WIGWAM	STREET ADDRESS, CITY, STATE, ZIP COD 1315 JOHN STREET ANDERSON, IN 46016
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00419644 and IN00421234.</p> <p>Complaint IN00419644 - State deficiencies related to the allegations are cited at R0243.</p> <p>Complaint IN00421234 - State deficiencies related to the allegations are cited at R0116, R0118, R0119, and R0120.</p> <p>Survey dates: November 14 and 15, 2023</p> <p>Facility number: 014706</p> <p>Residential Census: 82</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed November 21, 2023.</p>	R 0000	<p>This Plan of Correction constitutes the 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. The Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Sweet Galilee at the Wigwam desires this Plan of Correction to be considered the facility's Allegation of Compliance.</p> <p>Sweet Galilee respectfully asks for Paper Compliance</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.</p> <p>Based on interview and record review, the facility failed to complete reference requests for 3 newly hired employees of 5 employee records reviewed (CNA 4, HHA 3, and CNA 2) . This deficient practice had the potential to impact 82 of 82 residents who resided in the facility.</p>	R 0116	<p>All residents have the potential to be affected by this alleged deficient practice. All hiring managers and Business office Manager will be re educated/trained on appropriate</p>	12/18/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Daphne New	Administrator	12/11/2023

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 0118 Bldg. 00	<p>Findings include:</p> <p>Review of employee records on 11/14/23 indicated the following employees did not have reference requests completed as follows:</p> <p>CNA 4, with a start date of 10/12/23, had no reference checks in their employee record file. HHA 3 (Home Health Aide), with a start date of 10/3/23, had no reference checks in their employee record file. CNA 2, with a start date of 11/12/23, had no reference check in their employee record file.</p> <p>During an interview on 11/15/23 at 11:15 a.m., the BOM indicated CNA 4, HHA 3, and CNA 2 did not have reference checks completed upon hire.</p> <p>A current, 11/2023, facility policy titled "Personnel Records," provided by the Administrator on 11/15/23 at 1:01 p.m., indicated the following: "...The following documents will be retained in the personnel file....Reference inquiry..."</p> <p>This citation relates to complaint IN00421234.</p> <p>410 IAC 16.2-5-1.4(c) Personnel - Deficiency (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide. Based on record review and interview, the facility</p>	R 0118	<p>hiring policy and procedure and provided with a checklist to ensure all items are checked off before an applicant begins employment.</p> <p>All employee files will be audited for completion & compliance. Any found to be out of compliance will be immediately corrected.</p> <p>All new hires will be entered and tracked via checklist audit tool by BOM or Designee, daily x 4 weeks, then weekly x 3 months, then monthly x 1 year. To be brought to daily morning meeting to be shared with the IDT team, to ensure flow and completion.</p> <p>New hire audit form will be brought to daily manager meetings. To be included in monthly QA meetings until 100% compliance is met x 1 yr 12/18/23</p> <p>All residents have the</p>	12/18/2023			

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R 0119 Bldg. 00	<p>failed to ensure employees providing direct resident care had an active license or certificate for 1 of 5 employees reviewed for active certification (CNA 4). This deficient practice had the potential to impact 82 of 82 residents who reside in the facility.</p> <p>Findings include:</p> <p>Review of employee records, on 11/14/23, indicated CNA 4's start date was 10/12/23. The facility had a certification verification letter that reflected her CNA certification expired on 10/10/23, two days before she started her position as a CNA at the facility. This resulted in CNA 4 being employed for 33 days without an active CNA certification.</p> <p>During an interview on 11/15/23 at 11:15 a.m., the BOM provided a current certification letter, which indicated CNA 4's certification had been renewed on 11/14/23 (after the survey start date).</p> <p>During an interview on 11/15/23 at 1:10 p.m., the Administrator indicated the expired CNA certification had been missed. The facility should have checked the registry prior to employment.</p> <p>This citation relates to complaint IN00421234.</p> <p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- Personnel - Noncompliance (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: (1) Instructions on the needs of the specialized populations:</p>		<p>potential to be affected by this alleged deficient practice. BOM and all applicable hiring managers to be re educated/trained as to verifying license and certifications All licensed and certified staff were audited to ensure their certifications were current, with no further concerns noted A new hire audit form was created with checklist that includes license/certification check to ensure all new hires are current. All certified and licensed staff will be audited monthly by DON or Designee, to ensure they stay current. To be included in monthly QA meeting by DON or Designee until 100% compliance is met x 1yr 12/18/23</p>	

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	<p>(A) aged; (B) developmentally disabled; (C) mentally ill; (D) dementia; or (E) children; served in the facility.</p> <p>(2) A review of the facility's policy manual and applicable procedures, including: (A) organization chart; (B) personnel policies; (C) appearance and grooming policies for employees; and (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>Based on interview and record review, the facility failed to ensure general and specific orientations were completed for 2 of 2 employees reviewed for orientation. (CNA 4 and HHA 3). This deficient practice had the potential to impact 82 of 82 residents who resided in the facility.</p> <p>Findings include:</p> <p>Review of CNA 4's (start date of 10/12/23) "Employee Orientation Checklist", indicated it lacked completion of review of the following categories: Administration, Marketing/Sales Director, Culinary Services Director, Nursing</p>	R 0119	<p>All residents have the potential to be affected by this alleged deficient practice. BOM and all hiring managers to be re educated/trained as to general and orientation checklist completions.</p> <p>All employee files to be audited for completion & compliance. Any found to be out of compliance will be immediately corrected.</p> <p>All new hires will be entered and tracked via checklist audit tool, to be brought to daily</p>	12/18/2023

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R 0120 Bldg. 00	<p>Supervisor, Resident Services Coordinator, and Environmental Services Director. The document was unsigned by the employee.</p> <p>Review of Home Health Aide (HHA) 3's (start date of 10/3/23), "Employee Orientation Checklist", indicated it lacked completion of review of the following categories: Administration, Marketing/Sales Director, Culinary Services Director, Nursing Supervisor, Resident Services Coordinator, and Environmental Services Director. The document was unsigned by the employee.</p> <p>During an interview on 11/15/23 at 11:15 a.m., the BOM indicated the facility did not have any additional documentation regarding general and specific orientation for CNA 4 and HHA 3.</p> <p>A current, 11/2023, facility policy titled "General Orientation," provided by the Administrator on 11/15/23 at 1:01 p.m., indicated the following: "...All new employees will receive general orientation within their first 30 days of employment...Each new Employee will be scheduled by the Department Head/Supervisor to receive orientation ...which is to be completed no later than by the 30th day of employment..."</p> <p>This citation relates to complaint IN00421234.</p> <p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication</p>		<p>morning meeting by BOM or Designee. Checklist will be shared with the IDT team, to ensure flow and completion.</p> <p>General and Specific Orientation checklist audit form will be brought to daily manager meetings by BOM or applicable hiring manager or their designee, daily x 4 weeks, then monthly x 3 months, then 1 yr. Orientation checklist audit forms to be brought to monthly QA meeting until 100% compliance is met x 1 yr.</p> <p>12/18/23</p>	

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	<p>administration, and nursing care, when appropriate, as follows:</p> <p>(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following:</p> <p>(A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice.</p> <p>The employee will acknowledge attendance by written signature.</p> <p>Based on interview and record review, the facility failed to ensure inservice education was offered and a record of the education maintained for 1 of 1 inservice reviewed to correct unsafe physical transfers.</p> <p>Findings include:</p> <p>Review of an 11/4/23 facility self-reported incident regarding safe physical transferring techniques indicated the facility's plan to prevent future</p>	R 0120	<p>All residents have the potential to be affected by this alleged deficient practice. All inservice trainings will be organized as to time, date, location, instructor name and will have program content as well as attendance signatures</p> <p>A re training of applicable staff will be conducted to meet compliance with policies and</p>	12/18/2023

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	<p>events of a similar nature was inservice training regarding safety when transferring.</p> <p>Review of an 11/4/23 inservice record indicated the date and title of the training, and the printed first name and last initial of eight (8) facility direct care employees. The record lacked the time and location of the training, the name and title of the instructor, the program content, and employee acknowledgement of attendance by written signature.</p> <p>Review of the 11/14/23, "Residential Care Employee Records" document, completed by the facility, indicated 17 direct care staff members were employed on 11/4/23, when the event and need for training occurred.</p> <p>During an interview on 11/14/23 at 3:00 p.m., the Administrator indicated the DON called the staff on the inservice training form or saw them individually in the facility.</p> <p>During an interview on 11/15/23 at 2:50 p.m., the DON indicated she did not have the content, attendance record, or additional information to provide regarding the inservice training regarding safe transfers.</p> <p>A current, 11/2023, facility policy titled "Staff Training Policy and Procedure," provided by the Administrator on 11/15/23 at 1:01 p.m., indicated the following: "...It is the responsibility of the Administrator or designee to maintain training, education, and inservice content and attendance...."</p> <p>This citation relates to complaint IN00421234.</p>		<p>procedures.</p> <p>An updated inservice/training form was created to ensure all listed requirements are addressed and meet with regulatory requirements for compliance, including; Date, Time, Location, Instructor name, Program content and attendance log with written signatures.</p> <p>All inservice training materials will be included in monthly QA meetings, to ensure that all requirements are satisfactorily met.</p> <p>12/18/23</p>	

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R 0243 Bldg. 00	<p>410 IAC 16.2-5-4(e)(3) Health Services - Deficiency (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on interview and record review, the facility failed to ensure medications were administered and documented in the resident medication administration record for 3 of 3 residents reviewed for facility administered medications. (Residents B, C, and D)</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 11/14/23 at 11:04 a.m. Current diagnosis included Lewy Body Dementia, diabetes mellitus, hypertension, and Parkinson's disease.</p> <p>Review of the resident's Medication Administration Record (MAR) for November 1 to 13, 2023 indicated the following medications were not administered as follows:</p> <p>Baclofen 20 mg (a muscle relaxer) -take one tablet daily at 6:00 a.m. and 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Buspirone 10 mg (an anti anxiety medication) -take one tablet daily at 6:00 a.m. and 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Carbidopa-Levidopa ER 50 (a Parkinson's medication)-Take 2 tablets daily at 6:00 a.m., take 1</p>	R 0243	<p>Residents B, C and D did not have any adverse affects related to the alleged deficient practices of medication administration.</p> <p>All residents that receive medication administration have the potential to be affected by this alleged deficient practice</p> <p>All nursing staff that administer medication will be inserviced by DON on medication administration, including correct documentation. Nurse/QMA will check medication dashboard prior to end of shift to ensure all medication administered is documented.</p> <p>DON and/or Designee will audit EMAR weekly x 4 weeks, then bi-monthly x 4 weeks, monthly x 6 months. DON to re-educate staff after each audit if needed, as well as complete late entry. Audits will be reviewed during monthly QA meeting x 6 months and made recommendations if needed.</p> <p>12/15/23</p>	12/15/2023			

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	<p>tablet daily at 11:00 a.m., take 1/2 tablet daily at 4:00 p.m., and 1 tablet daily at 8:00 p.m., on 11/10/23 at 8:00 p.m. and on 11/13/23 at 11:00 a.m.</p> <p>Clonazepam 2 mg (sedative used to treat seizures, panic disorders, and anxiety)- take 1 tablet daily at bedtime, on 11/10/23 at 8:00 p.m.</p> <p>Diclofenac sodium 1% gel (pain reliever) apply to shoulder topically daily at 6:00 a.m., and 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Duloxetine 30 mg (an antidepressant) - take 1 tablet daily twice daily at 6:00 a.m. and 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Entresto 49 mg-51 mg (a heart medication)-take 1 tablet daily at 6:00 a.m. and 8:00 p.m., on 11/1/23 at 8:00 p.m. and 11/10/23 at 8:00 p.m.</p> <p>Gabapentin 300 mg (an antiseizure medication also used to treat nerve pain)- take 1 tablet daily at 6:00 a.m., 4:00 p.m., and 8:00 p.m., on 11/1/23 at 4:00 p.m. and 8:00 p.m. 11/10/23- 8:00 p.m.-blank</p> <p>Humalog 100 U/ML (a diabetic medication)- inject 3 units 4 times daily at 6:00 a.m., 11:00 a.m., and 4:00 p.m., on 11/1/23 at 4:00 p.m. 11/13/23- 11:00 a.m.- blank</p> <p>Humalog 100 U/ML- inject subcutaneous using a sliding scale 3 times daily before meals at 6:00 a.m., 11:00 a.m., and 4:00 p.m., on 11/13/23 at 11:00 a.m.</p> <p>Levetiracetam 1000 mg-(an antiseizure medication) - take 1 tablet daily at 6:00 a.m. and 8:00 p.m., on 11/1/23 at 8:00 p.m.</p>			

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	<p>Levetiracetam 750 mg- take 1 tablet daily at 6:00 a.m. and 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Memantine 5 mg (a medication to treat dementia) -take 1 tablet daily at 6:00 a.m. and 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Montelukast 10 mg (an allergy medication)- take one tablet daily at bedtime, on 11/10/23 at 8:00 p.m.</p> <p>Novolin N 110 U/ML (a diabetic medication)- inject 50 units daily at 8:00 p.m. on 11/10/23 at 8:00 p.m. and 11/12/23 at 8:00 p.m.</p> <p>Quetiapine 100 mg (an antipsychotic medication)- take 1 tablet daily at 6:00 a.m. and 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Ropinirole 2 mg (a medication to treat Parkinson's disease) take 1 tablet daily at 6:00 a.m. and 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Tamsulosin 0.4 mg (a prostate gland medication)- take 2 tablets daily at bedtime 8:00 p.m., on 11/10/23 at 8:00 p.m.</p> <p>Trazodone 50 mg (an antidepressant also used to treat insomnia) take 1 tablets daily at bedtime 8:00 p.m., at 11/10/23 at 8:00 p.m.</p> <p>A current 10/25/23 "Level of Service Assessment/Evaluation" indicated the facility administered the resident's medications.</p> <p>2. Resident C's clinical record was reviewed on 11/14/23 at 12:09 p.m. Current diagnosis included hypothyroidism, anxiety, depression, and hypertension.</p>			

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	<p>The resident's Medication Administration Record (MAR) for November 1 to 13, 2023 indicated the following medications were not administered as follows:</p> <p>Hydrocodone-Acetaminophen 7.5-325 mg -take 1 tablet every 4 hours daily at 2:00 a.m., 6:00 a.m., 10:00 a.m., 2:00 p.m., 6:00 p.m., and 10:00 p.m., on 11/10/23 at 12:00 p.m.</p> <p>Hydroxyzine 10 mg (an antihistamine used to treat anxiety, nausea, allergies, and rashes)- take 1 tablet daily at bedtime, on 11/4/23 at 8:00 p.m.</p> <p>Melatonin 5 mg (a sleep aid)- take one tablet daily daily at bedtime, on 11/4/23 at 8:00 p.m.</p> <p>Trazodone 100 mg (an antidepressant also used to treat insomnia)- take one tablet daily daily at bedtime, on 11/4/23 at 8:00 p.m.</p> <p>A current, 9/22/23, "Level of Service Assessment/Evaluation" indicated the facility administered the resident's medications.</p> <p>3. Resident D's clinical record was reviewed on 11/15/23 at 9:57 a.m. Current diagnosis include anxiety, diabetes mellitus, and hypertension.</p> <p>The resident's Medication Administration Record (MAR) for November 1 to 13, 2023 indicated the following medications were not documented as having been administered follows:</p> <p>Lantus Solostar 100 U/ML (a diabetic medication) inject 60 units at bedtime, on 11/4/23 at 8:00 p.m., 11/5/23 at 8:00 p.m., and 11/13/23 at 8:00 p.m.</p> <p>Midodrine 10 mg (used to treat low blood pressure) take 1 tablet 3 times daily 8:00 a.m., 12:00</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 11/15/2023
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NAME OF PROVIDER OR SUPPLIER SWEET GALILEE AT THE WIGWAM	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 JOHN STREET ANDERSON, IN 46016
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>p.m., and 4:00 p.m., on 11/4/23 at 12:00 p.m.</p> <p>A current, 9/25/23, "Level of Service Assessment/Evaluation" indicated the facility administered the resident's medications.</p> <p>During an interview on 11/15/23 at 12:54 p.m., the DON indicated the staff had said they had administered Resident B, C, and D's medications as ordered and documented the information on the 24-hour report sheet as well. The facility and staff believed there might be some "glitch" somewhere.</p> <p>During an interview on 11/15/23 at 1:15 p.m., QMA 5 indicated all medications were to be documented on the resident's medication administration record each time.</p> <p>During an interview on 11/15/23 at 1:19 p.m., LPN 1 indicated the person who administered the medication should document the administration each time they give a medicine.</p> <p>During an in interview on 11/15/23 at 1:21 p.m. LPN 6 indicated the employee must document each medication they administer in each resident's individual medication administration record.</p> <p>A current, 11/2023, facility policy titled, "Medication Management, Administration & Storage," provided by the DON on 11/15/23 at 12:54 p.m., indicated the following: "...Documentation: At the time to administration, the licensed nurse or QMA administering the medication will document the administration in the medication administration record...."</p> <p>This citation related to complaint IN00419644.</p>			