

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 05/28/2024
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NAME OF PROVIDER OR SUPPLIER VITA OF MARION	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 S ADAMS STREET MARION, IN 46953
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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
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00433772, IN00434311, and IN00435128.</p> <p>Complaint IN00433772 - State deficiencies related to the allegations are cited at R0116.</p> <p>Complaint IN00434311 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435128 - No deficiencies related to the allegations are cited.</p> <p>Survey date: 5/28/2024</p> <p>Facility number: 015081</p> <p>Residential Census: 75</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed June 3, 2024.</p>	R 0000		
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 ensure 5 out of 5 staff members had criminal background checks and references prior to starting work (Licensed Practical Nurse (LPN) 1</p>	R 0116	<p>Incident Overview On May 28, 2024, a review of employee records revealed that the records for several employees,</p>	07/05/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Logan Vance	Executive Director	06/18/2024

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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	<p>and 2, Qualified Medication Aide (QMA) 3 and 4, Certified Nursing Assistance (CNA) 5).</p> <p>Findings include:</p> <p>Employee records were provided by the administrator and reviewed on 5/28/24 at 12:45 p.m.</p> <p>A review of LPN 1's record indicated her start date was 3/7/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.</p> <p>A review of LPN 2's record indicated her start date was 3/15/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.</p> <p>A review of QMA 3's record indicated her start date was 4/10/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties and personal or professional references</p> <p>A review of QMA 4's record indicated her start date was 3/7/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.</p> <p>A review of CNA 5's record indicated her start date was 3/18/24. The records lacked completion of a background/criminal history check including all 92 Indiana counties.</p> <p>During an interview, on 5/28/24 at 1:12 p.m., the Administrator indicated QMA 3's background check had been just recently completed, but was unable to provide documentation of completion.</p>		<p>specifically LPN one, LPN's, QMA three, QMA four, and CNA five, lacked completion of required background/criminal history checks, including all 92 Indiana counties. Additionally, it was noted that the facility did not have a specific policy for screening new hires, relying instead on state regulations and rules. 1. Affected Parties: • Who was affected?• It was determined that no residents or staff were directly affected by the missing background checks. However, the oversight in the hiring process posed a potential risk to the safety and well-being of residents and staff. 2. Potential Impact: • Who had the potential to be affected?• All residents and staff had the potential to be affected by the lack of thorough background checks. 3. Systematic Changes: • What changes were made?• Policy Development and Implementation: A comprehensive employee screening policy has been developed, including specific procedures for background checks and criminal history checks for all prospective employees. • Training and Communication: All relevant staff have been trained on the new employee screening policy. • Retrospective Employee Screening: Background checks for all current employees who were hired without completed checks are being conducted. 4. Monitoring</p>	

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	<p>During an interview, on 5/28/24 at 2:30 p.m., the Administrator indicated the facility did not have a policy for screening new hires. They used the state regulations (rules).</p> <p>Review of an undated facility policy titled " Elder Abuse Policy and Procedure," provided by the DON on 5/28/24 at 10:12 a.m., indicating the following: "...A screen for potential employees is done prior to hire by doing reference checks, fingerprints in Indiana for employees who have lived in Indiana for more than 5 years and an FBI fingerprint check if not living in Indiana for 5 years. The community does not hire anyone who has been found guilty of abusing, neglect, or mistreating residents by court of law or have had a finding entered into the State Nurse Aide Registry. Background checks, reference checks from previous and/or current employers and verification of state licensing boards and registries. The facility places all new hires on a 90-day probationary period...."</p> <p>This citation relates to Complaint IN00433772.</p>		<p>and Compliance: • What tools will be used to ensure compliance?• Monitoring Process: The Director of Nursing (DON) or a designated representative will perform regular audits of employee records to ensure compliance with the new screening policy. Initially, checks will be conducted weekly for the first month, bi-weekly for the next two months, and then monthly for three months. Further background checks will be used for all new employees moving forward prior to employment. • Quality Assurance: The results of these audits will be presented to the Quality Assurance (QA) committee for further evaluation and ongoing monitoring. Date of Compliance: <u>7/5/2024</u></p>		