

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155104	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/09/2014
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NAME OF PROVIDER OR SUPPLIER  HERITAGE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 W BUENA VISTA RD EVANSVILLE, IN 47710
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: 12/1/14, 12/2/14, 12/3/14, 12/4/14, 12/9/14</p> <p>Facility Number: 000043 Provider Number: 155104 AIMS Number: 100290960</p> <p>Survey Team: Barbara Fowler RN TC Diane Hancock RN 12/9/14 Diana Perry RN 12/1/14, 12/2/14, 12/3/14, 12/4/14 Denise Schwandner RN Anna Villain RN</p> <p>Census Bed Type: SNF: 19 SNF/NF: 119 Total: 138</p> <p>Census Payor Type: Medicare: 32 Medicaid: 71 Other: 35 Total: 138</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC</p>	F000000	<p>F0000 This Plan of Correction is submitted under Federal and State regulations and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The Submission of the Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. Furthermore, we request this 2567 (Plan of Correction) serve as our credible allegation of compliance. We respectfully request paper compliance on the Plan of Correction.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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F000431 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on December 10, 2014 by Jodi Meyer, RN</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in</p>						

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	<p>Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were not stored longer than recommended for 2 of 7 medication carts, in that, medications stored on the medication carts had expired. (Reflections Unit - North Hall, Harbor Unit - East Hall)</p> <p>Findings include:</p> <p>1. On 12/4/14 at 1:35 p.m., the Reflections unit, North hall medication cart was observed. The medication cart contained Siltussin SA (a medication used for cough) syrup 100 mg (milligram) with an expiration date of 10/2014.</p> <p>During an interview on 12/4/14 at 1:37 p.m., LPN # 1 indicated the medication should have been discarded when it expired.</p> <p>2. On 12/4/14 at 1:50 p.m., the Harbor unit, East hall medication cart was observed. The medication cart contained</p>	F000431	<p>F0431 The facility failed to ensure medications were not stored longer than recommended, 2 medications had expired.</p> <p>Immediate Action – Upon notification from ISDH these 2 medications were destroyed and notation was made on residents Medication Disposition Record.</p> <p>Review of Residents –These medications had not been administered to residents, no resident was adversely affected. Medication Carts were inspected for expired medications, no further medications were discovered.</p> <p>Corrective Action – Reviewed Medication Storage in the Facility Policy and Procedure. Section O. states ‘medication storage conditions are monitored on a (monthly) basis and corrective action taken if problems are</p>	01/08/2015

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F000465 SS=D	<p>an Advair Diskus Inhaler with an open date of 11/1/14.</p> <p>During an interview on 12/4/14 at 1:53 p.m., LPN #2 indicated the Advair was good until the manufacturer's expiration date on the container. Upon further query, LPN #2 indicated the medication should be discarded after 30 (thirty) days from when it was opened.</p> <p>The manufacturer's recommendation was reviewed on 12/4/14 at 2:30 p.m. and indicated the Advair Diskus is to be discarded after 1 (one) month from the time it was removed from the foil package.</p> <p>3.1-25(o)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p>		<p>identified'. Discussed this practice with Consultant Pharmacist Jacob Mayer. The monitoring will be increased to two (2) times a month for a period of 12 months. This monitoring will be provided by Paul's Pharmacy. Reviewed The Heritage Center's Medication Storage and Security Policy &amp; Procedure. Revised Policy to include 'Nursing staff will routinely check cart for expired medications'. Nurses/QMA will be in serviced on revised Policy &amp; Procedure.</p> <p>On-Going Monitoring – Utilizing the Medication Cart Audit the UD/AUD/Designee will perform monthly random checks of Medication Cart to inspect for expired medications. This process will continue for a minimum of 12 months.</p> <p>Completed by January 8, 2015</p>		

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	<p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to provide a safe, functional, and sanitary environment for 2 of 38 resident rooms reviewed, in that, 1 resident room had 2 (two) unlabeled toothbrushes in the bathroom and 1 resident room had an exposed wall air freshener. (Room #315, Room #109)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During a stage 1 observation on 12/2/14 at 9:45 a.m., Room #315 was observed to have an unlabeled toothbrush in a cup and an unlabeled toothbrush in a basket on the sink. Two (2) residents resided in the room.</li> <li>2. During stage 1 observation of Room #109 on 12/2/14 at 10:57 a.m., an air freshener was observed on the wall of the bathroom with the cover off. The cover was observed to be sitting on the back of the sink. A battery was exposed and the fan in the air freshener unit was spinning and exposed. An observation on 12/4/14 at 2:33 p.m., indicated the same.</li> <li>3. During an interview on 12/9/14 at 1:38 p.m., CNA #1 indicated the nursing</li> </ol>	F000465	<p>F0465 The facility failed to provide a safe, functional, and sanitary environment for residents. Room #315 was found to have 2 unlabeled toothbrushes in the bathroom. Room #109 had an exposed wall air freshener. 1 of 2 Immediate Action – Upon notification from ISDH housekeeper #1 repaired the air freshener in room #109. Review of Residents – An audit of all resident’s rooms was completed. Air fresheners without covers were both removed from wall and discarded, or the cover was placed on air freshener. Corrective Action – Maintenance staff will remove all air fresheners from resident’s rooms. On-Going Monitoring – No air fresheners will be replaced in resident’s rooms.</p> <p>2 of 2</p> <p>Immediate Action – During Exit Conference there was no mention made of room number where Surveyor ‘<b>observed to have an unlabeled toothbrush in a cup and an unlabeled toothbrush in a basket on the sink. Two (2) residents resided in the room’.</b> After receiving the 2567 room #315</p>	01/08/2015

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	<p>staff was responsible for labeling the resident's personal items.</p> <p>4. During an interview on 12/9/14 at 1:40 p.m., Hskr (Housekeeper) #1 indicated the housekeeping department was responsible for checking the air fresheners in the resident rooms. Hskr #1 indicated he would repair the air freshener at that time.</p> <p>5. A housekeeping "Skills Competency" form obtained from the DON (Director of Nursing) on 12/9/14 at 3:05 p.m., indicated the bathroom walls were to be checked and personal items were to be wiped off.</p> <p>3.1-19(f)</p>		<p>was inspected. It was learned that the toothbrushes belonged to the same resident. The resident who owned the toothbrushes stores her personal toiletries in the bathroom cabinet. The toothbrush that she had used for oral care was in the cup, the other toothbrush that had not been used was stored in her basket. The other resident in the shared room chooses to store her personal toiletries in her bedside table. Her toothbrush is placed in a storage bag and kept at her bedside.</p> <p>Review of Residents – Staff members inspected resident’s rooms/bathrooms to ensure all personal toiletries were stored appropriately. No issues were found.</p> <p>Corrective Action – Reviewed Oral Hygiene Policy. Revised Policy to add ‘After oral care is provided place toothbrush in storage bag, and return to residents preferred area of storage’. Nursing staff will be in serviced on revised Policy &amp; Procedure.</p> <p>On-Going Monitoring – Utilizing the Resident Room/Bathroom Audit the</p>	

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			UD/AUD/Designee will perform monthly random checks of residents room/bathroom to ensure compliance with the storage of resident's personal toiletries. This process will continue for a minimum of 12 months.  Completed by January 8, 2015	