

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/12/2014
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 SOLDIERS HOME RD WEST LAFAYETTE, IN 47906
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F000000	<p>This survey was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00140694.</p> <p>Complaint IN00140694 unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 7, 8, 9, 10, 13, 14 and 15, 2014</p> <p>Facility number: 000271 Provider number: 155402 AIM number: 100291260</p> <p>Survey team: Rita Mullen, RN, TC Maria Pantaleo, RN Bobbette Messman, RN (January 8, 9, 10, 13, 14 and 15, 2014)</p> <p>Census bed type: SNF/NF: 82 Total: 82</p> <p>Census payor type: Medicare: 13 Medicaid: 60 Other: 9 Total: 82</p> <p>These deficiencies reflect State</p>	F000000		

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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F000241 SS=E	<p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on January 21, 2014.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on interview and record review, the facility failed to ensure the dignity of each resident when in direct interaction with staff members during care for 3 of 4 residents interviewed for dignity. (Residents # 42, 48 and 45)</p> <p>Findings include:</p> <p>1. During an interview with Resident #42 on 1/9/14 at 2:40 p.m., she indicated one of the CNAs (Certified Nursing Assistant) has been rude to her and has a bad attitude when she doesn't get enough sleep and another CNA is always in a hurry when helping to transfer the Resident.</p>	F000241	<p>1. Corrective action for the residents affected by the alleged deficient practice: Residents #42, 45 and 48 were interviewed by nursing administration and it was determined they did have some concerns with respect and dignity. They were informed that the staff involved was educated on 1/14/14 by the SDC. The listed residents were interviewed to determine harm, with none noted. 2. Corrective actions taken for those residents having the potential to be affected: Residents have the right to live in an environment that maintains or enhances each residents dignity and respect in full recognition of his/her individuality. Residents that reside in the facility will be interviewed prior to 2/11/14 to determine any potential needs of</p>	02/11/2014			

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	<p>During a follow up interview on 1/14/14 at 10:00 a.m., the Resident indicated, "I didn't know who to tell about how some of the staff act. It needs to stop." The Resident did not know the CNAs names.</p> <p>The clinical record of Resident #42 was reviewed on 1/14/14 at 9:00 a.m. A quarterly MDS (Minimum Data Set) assessment, dated 11/16/13, indicated the Resident had a BIMS (Brief Interview for Mental Status) score of 14 (cognitively intact).</p> <p>2. During an interview with Resident #45 on 1/10/14 at 2:37 p.m., she indicated the staff treat her with dignity and respect most of the time but sometimes "I'm told what to do and that's the way it is." The resident would not identify the CNA.</p> <p>The clinical record of Resident #45 was reviewed on 1/14/14 at 11:00 a.m. A significant change MDS assessment, dated 11/12/13, indicated a BIMS score of 14 (cognitively intact).</p> <p>3. During an interview with Resident #48 on 1/10/14 at 9:13 a.m., she indicated a certain CNA is always in</p>		<p>other residents as well. Residents will be informed that the facility will in service staff on dignity and respect by the Social Service Director/Designee by date of compliance. A resident council meeting will be held on 2/7/14 by the SSD/Designee and education provided on when and how to report concerns and grievances.3. Measures/Systemic changed put into place to assure the alleged deficient The Social Service Director/Designee will in service staff on the policy and procedure of treatment of residents with dignity and respect by date of compliance. Staff will be inserviced prior to date of compliance. 4. Corrective actions to be monitored to ensure the alleged deficient practice does not re occur:Social Service or designee will interview 5 residents weekly x 4 weeks, then 5 residents' bi-weekly x 4 weeks then monthly until 95 % compliance is achieved. Any negative patterns will be presented to PI monthly for review and or recommendations.</p>		

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	<p>a hurry during transfers and doesn't make the residents bed the way she would like it to be made. "The CNA has been told several times about the bed but ignores me." The Resident did not know the CNA's name.</p> <p>The clinical record of Resident #48 was reviewed on 1/13/14 at 10:00 a.m. A quarterly MDS assessment, dated 12/4/13, indicated the Resident had a BIMS score of 12 (cognitively intact).</p> <p>During an interview with the Facility Administrator, on 1/10/14 at 2:00 p.m., he indicated he was unaware of the CNAs conduct but would look into the situation. This kind of behavior was not what is expected of the staff.</p> <p>An "Associate Handbook," dated September 2013, indicated the following:</p> <p>"...Our Values</p> <p>To Residents:</p> <p>We believe residents are our highest priority.</p> <p>We believe in the preservation of</p>				

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F000250 SS=D	<p>dignity, self-respect, and resident rights in a loving and caring environment...."</p> <p>3.1-3(t)</p> <p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review and interview, the facility failed to follow the "Behavior Management" policy regarding the system of monitoring the frequency and circumstances of behaviors for 1 of 5 Residents reviewed for unnecessary medications related to behaviors. (Resident#26)</p> <p>Findings include:</p> <p>The clinical record of Resident #26 was reviewed on 1/13/14 at 9:30 a.m.</p> <p>Diagnoses included, but were not limited to, anxiety, congestive heart failure, and reflux.</p>	F000250	<p>1. Corrective action for those residents affected by alleged deficient practice:Resident # 26 medical record has been reviewed and MD contacted regarding a dose reduction with new orders received to discontinue the medication with no negative outcomes. Resident will continue to be monitored through the behavior management program for adverse reactions and psychosocial well being.2. Corrective action for those residents having the potential to be affected:Residents on psychoactive medications will have medical record reviewed including pharmacy recommendations, nurses notes, behavior flow sheets and social service documentation to</p>	02/11/2014

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	<p>A Quarterly Minimum Data Set (MDS) assessment, dated 10/2/13, indicated a BIMS (Brief Interview for Mental Status) score of 4 (severe cognitive impairment).</p> <p>A Pharmacy Consultation Report, dated 11/6/13, indicated a GDR (Gradual Dose Reduction) ,for Citalopram 10 mg (milligrams) q (every) day be considered, the Resident had been on the medication since 11/11. A hand written note, no signature, indicated "Still has episodes of crying and self isolation." The Physician indicated, on 11/8/13, the Citalopram 10 mg q day was to be continued.</p> <p>Behavior/Intervention Records, dated for the months of September and October 2013, did not indicate the Resident had been self isolating or crying.</p> <p>A review of the Nursing notes, dated September 2013 through November 6, 2013, did not indicate the resident was self isolating or crying.</p> <p>A Social Service note, dated 10/1/13, indicated "...Resident scored a 8/27 on PHQ-9 [mood interview conducted regarding the</p>		<p>determine that it portrays an accurate reflection of the resident.3. Measures/Systems put in place to assure alleged deficient practice does not re occur: The Social Service Director/Designee will in service staff on the policy and procedure of the behavior management program by date of compliance. Staff will be inserviced prior to date of compliance. 4. Corrective actions will be monitored to ensure the alleged deficient practice does not re occur by:Social Service Director/Designee will audit 5 clinical records weekly for residents on behavior management program to ensure the policy and procedure is being followed until 95% compliance is achieved. Any negative trends or patterns will be presented to PI monthly for review/recommendations.</p>				

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	<p>last two weeks]= mild depression. Resident stated feeling down several days r/t [related to] not being able to walk, resident stated difficulty sleeping daily r/t sleeping in her bed and not her recliner. Resident stated feeling bad about her self several day [sic] r/t wishing that she was able to return to the community, but understanding that her health status prevents it...Resident stated increased anxiety half the time r/t worry over her daughter who is sick...."</p> <p>During an interview with the Director of Social Services, on 1/13/14 at 10:30 a.m., she indicated she had talked with the Pharmacist and had put the handwritten note on the Pharmacy Consultation Report, dated 11/6/13, regarding the continuation of Citalopram 10 mg q day. She had done a assessment on 10/1/13 and thought the Resident should stay on the antidepressant. "The behavior sheets did not indicate she was having behaviors but I know she was, I did an assessment." The director of Social Services did not know the frequency of Resident #26's behaviors of self isolation and/or crying.</p> <p>A "Behavior Management" policy</p>			

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	<p>received from the Director of nursing, on 1/13/14 at 11:00 a.m., dated 6/17/08, indicated the following:</p> <p>"Policy</p> <p>The facility behavior management system address residents with behavior patterns that interfere with their functional capacity...</p> <p>Procedure</p> <p>Through observation, interview, record review, and inquiry, Social Services staff assess the resident's behavior(s) that are potentially harmful to the resident or others....</p> <p>Social Services staff coordinate a system of monitoring the frequency and circumstances surrounding the behavior to assist in determining the following:</p> <p>Symptoms</p> <p>Cause</p> <p>Patterns</p> <p>Severity of behavior</p> <p>The Social Services staff should be</p>			

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F000329 SS=D	<p>trained on how to use the monitoring system and regularly review the system for proper use....."</p> <p>3.1-34(a) 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to follow a Pharmacy Consults recommendation for a Gradual Dose Reduction for 1 of 5 Residents reviewed for unnecessary medications. (Resident #26)</p>	F000329	1. Corrective action for those residents affected by alleged deficient practice:Resident # 26 medical record has been reviewed and MD contacted regarding a dose reduction with new orders received to discontinue the medication with no negative outcomes. Resident will continue to be monitored	02/11/2014

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	<p>Findings include:</p> <p>The clinical record of Resident #26 was reviewed on 1/13/14 at 9:30 a.m.</p> <p>Diagnoses included, but were not limited to, anxiety, congestive heart failure, and reflux.</p> <p>A Quarterly Minimum Data Set assessment, dated 10/2/13, indicated a BIMS (Brief Interview for Mental Status) score of 4 (severe cognitive impairment).</p> <p>A Physicians Summary, dated for the month of January 2014, indicated the Resident had been on Citalopram (an antidepressant) 10 mg (milligrams) q day (everyday) since November 2011 for situational depression.</p> <p>A Pharmacy Consultation Report, dated 11/6/13, indicated a GDR (Gradual Dose Reduction) ,for Citalopram 10 mg q day be considered, the Resident had been on the medication since 11/11. A hand written note, no signature, indicated "Still has episodes of crying and self isolation." The Physician indicated, on 11/8/13, the</p>		<p>through the behavior management program for adverse reactions and psychosocial well being.2. Corrective action for those residents having the potential to be affected:Residents on psychoactive medications will have medical record reviewed including pharmacy recommendations, nurses notes, behavior flow sheets and social service documentation to determine that it portrays an accurate reflection of the resident.3. Measures/Systems put in place to assure alleged deficient practice does not re occur: The Social Service Director/Designee will in service staff on the policy and procedure of the behavior management program by date of compliance. Staff will be inserviced prior to date of compliance. 4. Corrective actions will be monitored to ensure the alleged deficient practice does not re occur by:Social Service Director/Designee will audit 5 clinical records weekly for residents on behavior management program to ensure the policy and procedure is being followed until 95% compliance is achieved. Any negative trends or patterns will be presented to PI monthly for review/recommendations.</p>		

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	<p>Citalopram 10 mg q day was to be continued.</p> <p>Behavior/Intervention Records, dated for the months of September and October 2013, did not indicate the Resident had been self isolating or crying.</p> <p>A review of the Nursing notes, dated September 2013 through November 6, 2013, did not indicate the resident was self isolating or crying.</p> <p>A Social Service note, dated 10/1/13, indicated "...Resident scored a 8/27 on PHQ-9 [mood interview conducted regarding the last two weeks]= mild depression. Resident stated feeling down several days r/t [related to] not being able to walk, resident stated difficulty sleeping daily r/t sleeping in her bed and not her recliner. Resident stated feeling bad about her self several day [sic] r/t wishing that she was able to return to the community, but understanding that her health status prevents it...Resident stated increased anxiety half the time r/t worry over her daughter who is sick...."</p> <p>During an interview with the Director of Social Services, on 1/13/14 at</p>						

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	<p>10:30 a.m., she indicated she had talked with the Pharmacist and had put the handwritten note on the Pharmacy Consultation Report, dated 11/6/13, regarding the continuation of Citalopram 10 mg q day. She had done an assessment on 10/1/13 and thought the Resident should stay on the antidepressant. "The behavior sheets did not indicate she was having behaviors but I know she was, I did an assessment."</p> <p>3.1-48(a)(3)</p>				