

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155332	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/01/2011
NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 281 S CO RD 200 E CONNERSVILLE, IN47331		
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00092575.</p> <p>Complaint IN00092575 Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 27, 28, 29, 30, July 1, 2011</p> <p>Facility number: 000225 Provider number: 155332 AIM number: 100267670</p> <p>Survey team: Angel Tomlinson RN TC Sharon Lasher RN June 27, 28, 30, July 1, 2011 Barbara Gray RN June 28, 29, 30, July 1, 2011</p> <p>Census bed type: SNF/NF: 90 Total: 90</p> <p>Census payor type: Medicare: 12 Medicaid: 56 Other: 22 Total: 90</p>	F0000	The creation and submission of this plan of correction does not constitute an admission by this provider or any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a post certification review on or after 7/22/11. We are requesting a desk review.		

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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F0282 SS=D	<p>Sample: 17</p> <p>These deficiencies also reflect State findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/5/11 Cathy Emswiler RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to train staff on the use of an Invacare lift according to the operating instructions for 1 of 2 residents observed for Invacare transfers, in the sample of 17. (Resident #81)</p> <p>Findings include:</p> <p>1.) Resident #81's record was reviewed on 6/29/11 at 8:45 A.M. Diagnoses included but were not limited to anxiety, Parkinson's, and severe osteoarthritis.</p> <p>An admission Minimum Data Set assessment dated 5/28/11, indicated Resident #81 had lower extremity impairment, required total dependence of 2 persons for bed mobility and transfers, and did not walk.</p>	F0282	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?Nursing staff has been trained on transferring Resident #81 with Invacare Lift using manufacturing's guidelines with return demonstration. SDC in-serviced staff on 7/5, 7/7 and 7/8/11 on how to use the lift. Only Invacare Lifts are used in this facility.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?All residents reviewed using care plans/assessment sheets to indicate if Invacare Lift is being used. Nursing staff has been trained on transferring Residents with Invacare Lift using manufacturing guidelines.What measures will be put into place or what systemic changes you will make to ensure that the deficient</p>	07/22/2011	

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	<p>Resident #81 was observed being transferred from his bed to a geriatric chair on 6/28/11 at 3:10 P.M., with the assistance of CNA #1 and QMA #2, using an Invacare lift. CNA #1 positioned the Invacare legs under the bed in the closed position. The Invacare sling was attached to the lift and Resident #81 was lifted off his air mattress. CNA #1 started to pull the Invacare lift away from the bed and QMA #2 informed CNA #1 to open the lift legs. CNA #1 opened the Invacare lift legs under the bed without difficulty. CNA #1 indicated she normally lifted residents from their bed with the lift legs in the closed position because some residents had a bar underneath their bed that prevented the legs from opening.</p> <p>Resident #81 was observed being transferred from his geriatric chair to his bed on 6/30/11 at 3:05 P.M., with the assistance of CNA #3 and CNA #4, using an Invacare lift. CNA #4 spread the Invacare lift legs in the opened position around Resident #81's geriatric chair. The Invacare sling was attached to the lift and CNA#4 locked both rear wheel casters. CNA #4 lifted Resident #81, then CNA #3 moved the geriatric chair backwards away from the lift. CNA #4 unlocked both rear wheel casters and maneuvered Resident #81 over his air mattress. Resident #81</p>		<p>practice does not recur?Policy/procedure and validation checklist were revised to meet manufaturer's guidelines and to match each other to indicate caster not to be locked. All new nursing staff will be in-serviced during orientation. Care plan/assessment sheets have been updated.How will the corrective action(s) be monitored to ensure the deficient practice will not recure, i.e. what quality assurance program will be put into place?QA&A will monitor 5 days per week for 1 month; 3 days per week for 1 month; 2 days per week for 1 month; then monthly for the next 6 months and then will be evaluated by QA&A members. Using 10% of the population and different shifts. ASC/designee will monitor. Deadline is 7/2/11</p>		

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	<p>was lowered onto his mattress. An interview with CNA #4 indicated she always locked the Invacare lift rear casters when she lifted a resident. CNA #4 indicated she was trained to lock the rear wheel casters before lifting a resident. An interview with CNA #3 indicated she always locked the Invacare lift rear casters when she lifted a resident. CNA #3 indicated she was trained to lock the rear wheel casters before lifting a resident.</p> <p>An interview with the Staff Development Coordinator on 6/30/11 at 3:35 P.M., indicated she trained staff to operate the Invacare lift with the legs in the opened position and lock the rear wheel casters of an Invacare lift before lifting a resident. The Staff Development Coordinator indicated the facility policy stated to lock the rear wheel casters of the Invacare lift before lifting a resident.</p> <p>The most current Mechanical lift procedure provided by the Staff Development Coordinator on 6/30/11 at 3:48 P.M., indicated the following. "Place lift frame so that legs are under bed/lock wheels"....</p> <p>The most current Mechanical lift policy provided by the Director of Nursing on 7/1/11 at 11:48 A.M., indicated the following: ...13). "Begin lifting per</p>				

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F0323 SS=D	<p>manufactures instructions"....</p> <p>The Invacare operation manual provided by the Staff Development Coordinator on 6/30/11 at 3:48 P.M., indicated the following: Warning - Only operate this lift with the legs in maximum open position and locked in place. The base legs must be locked in the open position at all times for stability and patient safety when lifting and transferring a patient. Invacare does not recommend locking of the rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare does recommend that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed or any stationary object.</p> <p>3.1-35(g)(2)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to follow</p>	F0323	What corrective action(s) will be accomplished for those residents	07/22/2011	

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	<p>the owners operating instructions for transferring 1 resident with an Invacare lift, for 2 residents observed for Invacare transfers, in the sample of 17. (Resident #81)</p> <p>Findings include:</p> <p>1.) Resident #81's record was reviewed on 6/29/11 at 8:45 A.M. Diagnoses included but were not limited to anxiety, Parkinson's, and severe osteoarthritis.</p> <p>An admission Minimum Data Set assessment dated 5/28/11, indicated Resident #81 had lower extremity impairment, required total dependence of 2 persons for bed mobility and transfers, and did not walk.</p> <p>Resident #81 was observed being transferred from his bed to a geriatric chair on 6/28/11 at 3:10 P.M., with the assistance of CNA #1 and QMA #2, using an Invacare lift. CNA #1 positioned the Invacare legs under the bed in the closed position. The Invacare sling was attached to the lift and Resident #81 was lifted off his air mattress. CNA #1 started to pull the Invacare lift away from the bed and QMA #2 informed CNA #1 to open the lift legs. CNA #1 opened the Invacare lift legs under the bed without difficulty. CNA #1 indicated she normally lifted</p>		<p>found to have been affected by the deficient practice?Nursing staff has been trained on transferring Resident #81 with Invacare Lift using manufacturing's guidelines with return demonstration. SDC in-serviced staff on 7/5, 7/7 and 7/8/11 on how to use the lift. Only Invacare Lifts are used in this facility.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?All residents reviewed using care plans/assessment sheets to indicate if Invacare Lift is being used. Nursing staff has been trained on transferring Residents with Invacare Lift using manufacture's guidelines.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?Policy/procedure and validation checklist were revised to meet manufacturer's guidelines and to match each other to indicate caster not to be loxed. All new nursing staff will be in-serviced during orientation. Care plan/assessment sheets have been updated.Please note that here has not been any incidents/accidents with the Invacare Lift.How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put</p>		

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	<p>residents from their bed with the lift legs in the closed position because some residents had a bar underneath their bed that prevented the legs from opening.</p> <p>Resident #81 was observed being transferred from his geriatric chair to his bed on 6/30/11 at 3:05 P.M., with the assistance of CNA #3 and CNA #4, using an Invacare lift. CNA #4 spread the Invacare lift legs in the opened position around Resident #81's geriatric chair. The Invacare sling was attached to the lift and CNA#4 locked both rear wheel casters. CNA #4 lifted Resident #81, then CNA #3 moved the geriatric chair backwards away from the lift. CNA #4 unlocked both rear wheel casters and maneuvered Resident #81 over his air mattress. Resident #81 was lowered onto his mattress. An interview with CNA #4 indicated she always locked the Invacare lift rear casters when she lifted a resident. CNA #4 indicated she was trained to lock the rear wheel casters before lifting a resident. An interview with CNA #3 indicated she always locked the Invacare lift rear casters when she lifted a resident. CNA #3 indicated she was trained to lock the rear wheel casters before lifting a resident.</p> <p>The most current Mechanical lift policy provided by the Director of Nursing on 7/1/11 at 11:48 A.M., indicated the</p>		<p>into place?QA&A will monitor 5 days per week for 1 month; 3 days per week for 1 month; 2 days per week for 1 month; then monthly for the next 6 months. Using 10% of the population and different shifts. SDC/designee will monitor. Deadline is 7/22/11</p>				

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	<p>following: ...13). "Begin lifting per manufactures instructions"....</p> <p>The Invacare operation manual provided by the Staff Development Coordinator on 6/30/11 at 3:48 P.M., indicated the following: Warning - Only operate this lift with the legs in maximum open position and locked in place. The base legs must be locked in the open position at all times for stability and patient safety when lifting and transferring a patient. Invacare does not recommend locking of the rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare does recommend that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed or any stationary object.</p> <p>3.1-45(a)(2)</p>				