

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155022	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2016
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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE OF SHELBYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2309 S MILLER ST SHELBYVILLE, IN 46176
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00195659.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on March 3, 2016</p> <p>Complaint IN00195659 - Substantiated. Federal/State deficiencies related to the allegations are cited at F203 and F206.</p> <p>Survey dates: April 20 and 21, 2016</p> <p>Facility number: 000009 Provider number: 155022 AIM number: 100274760</p> <p>Census bed type: SNF/NF: 63 Total: 63</p> <p>Census payor type: Medicare: 10 Medicaid: 45 Other: 8 Total: 63</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings</p>	F 0000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. We respectfully ask for consideration of paper compliance to serve as the re-visit survey. The two findings identified are related to one resident that resulted in no harm, each finding carried a lower scope of severity. We respectfully request for an early revisit.	

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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F 0203 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on April 27, 2016</p> <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a) (6) of this section.</p> <p>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this</p>			

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	<p>section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on interview and record review the facility failed to provide transfer/discharge and appeal rights to a resident that was discharged to a hospital for evaluation and treatment for 1 of 3 residents reviewed for transfer/discharge (Resident #A).</p> <p>Review of Resident #A's record on 4/20/16 at 10:30 a.m., indicated diagnoses included but were not limited to hyponatremia, diastolic heart failure, mechanical heart valve replacement,</p>	F 0203	<p>F 203 Noticerequirements before transfer / discharge It is the policy of this community to notify the resident and if known a family member or legal representative of the resident before transfer/discharge. Community Policy and Procedure on Admission, Transfer and Discharge (attachment 1) has been reviewed. All residents have the potential to be effected; there was no actual harm to any resident. In-servicing to all licensed nurses and Social Services department on</p>	05/09/2016

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	<p>hypochloremia, anxiety, dementia, depression and dementia in Alzheimer's disease.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/2/16 indicated Resident #A was cognitively intact.</p> <p>Review of Resident #A's record indicated no transfer/discharge or discharge instruction paperwork in chart.</p> <p>Telephone interview with facility Ombudsman on 4/20/16 at 4:00 p.m., indicated "he had tried to file an appeal but the legal department would not let him file because he did not have any paperwork such as discharge notification, transfer/discharge or discharge instructions. He indicated Resident #A's Power of Attorney did not receive any paperwork when the Resident was sent to the hospital."</p> <p>On 4/21/16 at 12:10 p.m., interview with the Administrator indicated "Resident #A was a Medicare bed and with Medicare residents we don't send transfer/discharge paperwork and we don't hold beds for Medicare residents. The daughter requested Resident #A go to the geropsychiatric hospital. She has been trying to find another facility for her mother. We told the daughter that we</p>		<p>completing correct transfer/discharge form when required. Administrator, Social Services or designee will audit all transfers to ensure that policy is followed and State form issued. Audit will be done weekly x 2 months, then every other week for 2 months, then monthly x 2 months using Transfer/Discharge/Bed hold audit tool (attachment 2). Results of audit will be reviewed by the QA committee and any recommendations will be followed.</p>	

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	<p>would not be taking her mother back. We could not meet the Resident's needs because of the daughter refusing to allow us to give the Resident pain medication or her Xanax when she (Resident) ask for it."</p> <p>Interview on 4/21/16 at 3:45 p.m., with Resident #A's daughter and Power of Attorney indicated the facility had a care plan meeting with her and she felt pressured into admitting her mother to the geropsychiatric hospital, if she did not do this the facility was going to discharge her mother because they could not meet her needs.</p> <p>Review of facility policy provided by the Administrator on 4/21/16 indicated "Policy Regarding Bed Hold During Hospitalization And Therapeutic Leaves... Readmission Without a Bed Hold: ... may readmit a resident who has been on leave without a bed hold, or a resident whose leave exceeded a bed hold period, only if the resident requires the community's services, the community can meet the resident's needs, and funding is available for the services. Readmission will be made when a bed becomes available in a semi-private room. If no beds are available at the time a resident requests readmission, then the resident shall be offered the opportunity to be</p>			

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F 0206 SS=D Bldg. 00	<p>placed on a waiting list. Former residents seeking readmission will be given priority over new applicants seeking initial admission..."</p> <p>This Federal tag relates to Complaint IN00195659.</p> <p>3.1-12(a)(9)(A) 3.1-12(a)(9)(B) 3.1-12(a)(9)(C) 3.1-12(a)(9)(D)</p> <p>483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <p>Based on interview and record review the facility failed to readmit a resident from the hospital back into the facility when the residents Power of Attorney called and requested readmission for 1 of 3 residents reviewed for transfer/discharge and readmission to the facility (Resident #A)</p>	F 0206	<p>F 206 Policyto permit readmission beyond bed hold It is the policy of this community to for a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State Plan is readmitted to facility immediately upon first availability of a bed in a semi-private room if resident</p>	05/09/2016

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	<p>Findings included:</p> <p>Review of Resident #A's record on 4/20/16 at 10:30 a.m., indicated diagnoses included but were not limited to hyponatremia, diastolic heart failure, mechanical heart valve replacement, hypochloremia, anxiety, dementia, depression and dementia in Alzheimer's disease.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/2/16 indicated Resident #A was cognitively intact.</p> <p>Review of Resident #A's record indicated no transfer/discharge or discharge instruction paperwork in chart.</p> <p>Progress note dated 3/14/16 at 4:52 p.m., indicated "writer informed Resident's daughter that we wouldn't be taking her mother back after her stay at.... Daughter very upset. Writer let her know if she had questions to please call home office. Daughter stated we couldn't do this and that she would contact her lawyer and Ombudsman."</p> <p>Telephone interview with facility Ombudsman on 4/20/16 at 4:00 p.m., indicated "he had tried to file an appeal but the legal department would not let</p>		<p>requires the services and is eligible for Medicaid. Bed hold / readmission policy (attachment 3) and procedure has been updated and reviewed. All residents have the potential to be effected; there was no actual harm to any resident. In-servicing (attachment 4)to all licensed nurses and SocialServices department on completion of correct paper work upon transfer/discharge, including bed hold policy. Administrator, Social Services or designee will audit all transfers to ensure that policy is followed and State form issued. Audit will be done weekly x 2 months, then every other week for 2 months, then monthly x 2 months using Transfer/Discharge/Bed hold audit tool (attachment 2). Results of audit will be reviewed by the QA committee and any recommendations will be followed.</p>		

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	<p>him file because he did not have any paperwork such as discharge notification, transfer/discharge or discharge instructions. He indicated Resident #A's Power of Attorney did not receive any paperwork when the Resident was sent to the hospital."</p> <p>On 4/21/16 at 12:10 p.m., interview with the Administrator indicated "Resident #A was a Medicare bed and with Medicare residents we don't send transfer/discharge paperwork and we don't hold beds for Medicare residents. The daughter requested Resident #A go to the geropsychiatric hospital. She has been trying to find another facility for her mother. We told the daughter that we would not be taking her mother back. We could not meet the Resident's needs because of the daughter refusing to allow us to give the Resident pain medication or her Xanax when she (Resident) ask for it."</p> <p>Interview with the Administrator on 4/21/16 at 1:55 p.m., indicated "the family requested for the Resident to transfer to Psychiatric Services and set up for ... hospital to do the assessment and what day the Resident was leaving. We didn't give a 30 day notice due to transfer was requested by the family and alternate placement was found. The daughter did</p>			

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	<p>not talk to me about her (Resident #A) returning to the facility. I was aware the daughter had found other placement. Daughter sent her out because the Resident was anxious and would yell out. The daughter wanted her medication adjusted and monitored. We did have an empty bed for the Resident at the time."</p> <p>On 4/21/16 at 3:15 p.m., interview with the Social Services Director indicated it was Nursing Services responsibility to do transfer/discharge paperwork. "I talked to...hospital and they wanted us to tell the family that we wanted...hospital to find other placement. Daughter was upset and indicated that was not allowed. We wanted them to find other placement due to the daughter could not be made happy with her mother's care here, we really tried."</p> <p>Interview on 4/21/16 at 3:45 p.m., with Resident #A's daughter and Power of Attorney indicated the facility had a care plan meeting with her and she felt pressured into admitting her mother to the geropsychiatric hospital, if she did not do this the facility was going to discharge her mother because they could not meet her needs.</p> <p>Review of facility policy provided by the Administrator on 4/21/16 indicated</p>			

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	<p>"Policy Regarding Bed Hold During Hospitalization And Therapeutic Leaves... Readmission Without a Bed Hold: ... may readmit a resident who has been on leave without a bed hold, or a resident whose leave exceeded a bed hold period, only if the resident requires the community's services, the community can meet the resident's needs, and funding is available for the services. Readmission will be made when a bed becomes available in a semi-private room. If no beds are available at the time a resident requests readmission, then the resident shall be offered the opportunity to be placed on a waiting list. Former residents seeking readmission will be given priority over new applicants seeking initial admission..."</p> <p>This Federal tag relates to Complaint IN00195659.</p> <p>3.1-12(a)(9)(A) 3.1-12(a)(9)(B) 3.1-12(a)(9)(C) 3.1-12(a)(9)(D)</p>			