

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 07/12/2016
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NAME OF PROVIDER OR SUPPLIER HERITAGE POINT ALZHEIMER'S SPECIAL CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1215 TRINITY PLACE MISHAWAKA, IN 46545
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00204481.</p> <p>This visit was in conjunction with the State Residential Licensure Survey.</p> <p>Complaint #IN00204481 - Substantiated. State deficiencies related to the allegations are cited at R0119 and R0120.</p> <p>Survey dates: July 8, 11 and 12, 2016</p> <p>Facility number: 013330 Provider number: 013330 AIM number: N/A</p> <p>Residential census: 32</p> <p>Sample: 6</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 14454 on July 15, 2016.</p>	R 0000		

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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R 0119 Bldg. 00	<p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3)-Personnel - Noncompliance</p> <p>(d) Prior to working independently, each employee shall be given an orientation to the facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all employees shall include the following:</p> <p>(1) Instructions on the needs of the specialized populations:</p> <p>(A) aged;</p> <p>(B) developmentally disabled;</p> <p>(C) mentally ill;</p> <p>(D) dementia; or</p> <p>(E) children;</p> <p>served in the facility.</p> <p>(2) A review of the facility's policy manual and applicable procedures, including:</p> <p>(A) organization chart;</p> <p>(B) personnel policies;</p> <p>(C) appearance and grooming policies for employees; and</p> <p>(D) residents' rights.</p> <p>(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures.</p> <p>(4) Review of ethical considerations and confidentiality in resident care and records.</p> <p>(5) For direct care staff, personal introduction to, and instruction in, the particular needs of each resident to whom the employee will be providing care.</p> <p>(6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation.</p> <p>Based on interview and record reviews, the facility failed to provide orientation regarding the specialized needs for a dementia population, resident rights including abuse for 2 of their 6 recently</p>	R 0119	<p><u>Personnel - Resident Rights/Abuse/Dementia training</u> Employee #3 resigned from her position as of 7/14/16. Employee #5 received orientation for resident rights, abuse and</p>	08/17/2016

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	<p>hired staff members. (Employee #3 and Employee #5)</p> <p>Finding includes:</p> <p>During an interview on 7/11/16 at 9:30 A.M., Employee #3 indicated the facility was a specialized facility for resident's with dementia.</p> <p>During an interview on 7/11/16 at 11:15 A.M., Resident D's daughter indicated she did not think staff were given information or in-services on how to deal with residents who have dementia.</p> <p>On 7/11/16 at 1:30 P.M., a sample of six recently hired employee records were reviewed. Employee #3 was hired on 6/24/16. At the time of the survey, she was acting Director of Nursing on 7/8/16 and 7/11/16. There was no documentation in the employee's file indicating Employee #3 had orientation regarding resident rights, abuse and dementia training.</p> <p>On 7/12/16 at 9:45 A.M., Employee #5 was hired on 5/16/16. There was no documentation in the employee's file indicating Employee #5 had orientation regarding resident rights, abuse and dementia training.</p>		<p>dementia training on 5/16/16. Checklist was not in employee file but located and filed accordingly. Dementia training scheduled monthly moving forward to ensure continued compliance. 8/17/16 is next training scheduled. Employee files will be audited by 7/31/16 to ensure all other employees have the required training on Resident rights, abuse and dementia training. During the initial orientation employees will receive and be checked off on training for resident rights, abuse and dementia training per new hire orientation checklist. The Administrator and Business Office Manager will be responsible to check and confirm that new employees receive the resident rights, abuse, and dementia training. Chart audits will be completed for 7 months, the audits will be conducted every two weeks for 3 months and monthly for the last 4 months.</p>				

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	<p>During an interview on 7/12/16 at 2:20 P.M., the Business Office Manager (BOM) indicated she could not find any evidence of orientation of abuse, resident rights or dementia for Employee's #3 and #5. The BOM indicated the facility's practice was for each new employee to complete 5 dementia videos during the orientation phase. A New Employee Orientation Checklist, dated 2/8/12, was received from the BOM. The checklist included resident rights and abuse reporting but no dementia videos were listed. The BOM indicated there was no policy regarding the orientation procedures for the facility.</p> <p>On 7/12/16 at 11:25 P.M., the Director of Nursing provided information regarding "Training and Education," dated 2/2011, and indicated the policy was the one currently used by the facility and was part of the Resident Abuse and Neglect policy. The policy indicated "...1. During orientation and prior to resident contact, in-services will be provided to all employees about resident rights, management of angry, aggressive and/or catastrophic behaviors of residents in a manner that preserves dignity and is non-abusive; and the process for reporting witnessed or suspected abuse...."</p>			

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R 0120 Bldg. 00	<p>This State tag relates to Complaint IN00204481.</p> <p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows: (1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel. (2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p>			

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	<p>(3) Inservice records shall be maintained and shall indicate the following:</p> <p>(A) The time, date, and location.</p> <p>(B) The name of the instructor.</p> <p>(C) The title of the instructor.</p> <p>(D) The names of the participants.</p> <p>(E) The program content of inservice.</p> <p>The employee will acknowledge attendance by written signature.</p> <p>Based on interviews and record review the facility failed to provide annual in-services regarding Resident Rights for 3 of 4 staff members reviewed. (Employee #6, #2 and #9)</p> <p>Finding includes:</p> <p>On 7/11/16 at 1:50 P.M., a sample 4 employee records, hired over 9 months ago, were reviewed. Employee #6 was hired on 4/23/15. There was no documentation in the employee's file indicating Employee #6 had an annual in-service regarding resident rights. The employee's job title was RN (Registered Nurse).</p> <p>Employee #2 was hired on 5/7/15 and there was no documentation in employee's file indicating Employee #2 had an annual resident rights in-service. The employee's job title was CNA (Certified Nurse Assistant).</p> <p>Employee #9 was hired on 7/28/15 and there was no documentation in the</p>	R 0120	<p><u>Personnel -Resident Rights/Abuse and Neglect</u> Staff members # 6, #2, and #9 all received Resident Rights in-servicing on 7-19-16. Employees to receive Resident Rights; Abuse and Neglect in-services by 7/26/16 and annually thereafter. Employee files have been audited (7/26/16) and remaining Staff members trained. Upon hire and annually staff will receive resident rights training and abuse/Neglect training. Administrator and BOM will be responsible to ensure compliance. Audits will be conducted for 7 months, the First 3 months audits will be conducted every 2 weeks, and monthly for the remaining 4 months. In-service training record document is attached to show the tool that will be used to track in-servicing.</p>	07/26/2016			

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	<p>employee's file indicating Employee #9 had an annual resident rights in-service. The employee's job title was Activity Director.</p> <p>On 7/12/16 at 11:25 P.M., the Director of Nursing provided information regarding "Training and Education," dated 2/2011, and indicated the policy was the one currently used by the facility and was part of the Resident Abuse and Neglect policy. The policy indicated "...3. Annually, or more frequently if mandated by State regulation, a mandatory in-service will be presented for all staff on resident rights...."</p> <p>During an interview, on 7/12/16 at 2:20 P.M., the Business Office Manager (BOM) indicated she could not find any evidence of any annual in-service regarding resident rights.</p> <p>During an interview, on 7/12/16 at 2:30 P.M., the Director of Nursing indicated the annual in-services had not included information about the resident's rights..</p> <p>This state tag relates to Complaint IN00204481.</p>						