

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155210	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/20/2013
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NAME OF PROVIDER OR SUPPLIER  HERITAGE HOUSE OF GREENSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 410 PARK RD GREENSBURG, IN 47240
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 14, 15, 16, 17, and 20, 2013</p> <p>Facility number: 000117 Provider number: 155210 AIM number: 100266460</p> <p>Survey team: Barbara Gray RN TC Sharon Lasher RN (May 16, 17, and 20, 2013) Leslie Parrett RN (May 14, 15, 16, and 17, 2013) Angel Tomlinson RN</p> <p>Census bed type: SNF/NF: 56 Total: 56</p> <p>Census payor type: Medicare: 4 Medicaid: 32 Other: 20 Total: 56</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 24,</p>	F000000	<p>Please accept this Plan of Correction as our credible allegations of compliance for the deficiencies noted in the 2567 for Heritage House of Greensburg. In respectfully submitting the required Plan of Correction our facility is not admitting to the allegations of non-compliance contained within. We are alleging compliance by June 19th and request a paper compliance review if possible.</p>	

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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	2013, by Janelyn Kulik, RN.				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</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 follow the physician's orders for 1 of 16 residents reviewed for following physician's orders. (Resident #25)</p> <p>Findings include:</p> <p>The record of Resident #25 was reviewed on 5/16/13 at 10:23 a.m.</p> <p>Resident #25 physician's orders, dated 4/22/13, indicated "double portions at meal times."</p> <p>Resident #25's "Weight Record" indicated Resident #25 was 67 inches in height and had the following weights:</p> <ul style="list-style-type: none"> <li>- 11/12/12, 205</li> <li>- 12/12/12, 200</li> <li>- 1/6/13, 198</li> <li>- 2/11/13, 196</li> <li>- 3/13/13, 197</li> <li>- 4/13/13, 184</li> <li>- 5/13/13, 192</li> </ul> <p>On 5/16/13 at 12:10 p.m., Resident</p>	F000282	<p>F 282 Services by Qualified Persons/Per Care Plan 1. Resident number 25 diet order was reviewed by the healthcare team. The dietary tray card for this resident was also reviewed, updated, and corrected to include the current physician orders.</p> <p>2. No residents were affected by this deficient practice. All residents have potential to be affected by this practice. Resident diet orders and care plans have been reviewed for all residents and any omissions of errors have been identified and corrected to ensure all resident diet orders are accurate. 3. To ensure the deficient practice does not reoccur all new diet orders from the physicians will be monitored by the Dietary Manager or her designee on daily rounds to ensure the "Dietary Communication Form" is properly being carried out. The "Diet Order Communication Form" has been reviewed and updated (See Attachment A). This form will be used to communicate new diet orders to the Dietary Department. An Inservice on the new "Dietary Communication Form" was conducted for nurses, QMAs, and dietary staff. The</p>	06/19/2013			

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	<p>#25 was in the dining room and received his tray. He quickly ate 100% of his meat, green beans, and desert and then stopped eating and left 100% of his potatoes.</p> <p>Resident #25's tray card on 5/16/13 at 12:10 p.m. did not indicate Resident #25 was to receive double portions of food at meals.</p> <p>During an interview on 5/16/13 at 12:45 p.m., CNA #1, indicated no, Resident #25 did not receive double portions.</p> <p>During an interview on 5/17/13 at 12:22 p.m., the Dietary Manager indicated "(Resident #25) was not receiving double portions." She also indicated she did not know there was a physician order for (Resident #25) to receive double portions."</p> <p>3.1-35(g)(2)</p>		<p>Dietary Manager will then add any new changes to the dietary tray cards and care plans. 4. The corrective action will be monitored by the Director of Nursing or her designee and the Dietary Manager as follows: The Quality Assurance tool "Change in Dietary Order Worksheet" (see Attachment B) this QA audit tool will be used on all new dietary orders weekly for four weeks then monthly thereafter until 100% compliance is reached. The results of these audits will be reviewed at the quarterly Quality Assurance meetings and any recommendations will be followed.</p>		

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview and record review, the facility failed to follow the physician's orders for double portions for a resident with a weight loss for 1 of 1 residents reviewed for weight loss of 15 who met the criteria for weight loss. (Resident #25)</p> <p>Findings include:</p> <p>The record of Resident #25 was reviewed on 5/16/13 at 10:23 a.m. Resident #25's diagnoses included, but were not limited to, dementia and history of stroke.</p> <p>Resident #25's, quarterly, MDS (Minimum Data Set), assessment, dated 3/24/13, indicated the following:</p> <ul style="list-style-type: none"> <li>- makes self understood, sometimes understood</li> <li>- ability to understand others, rarely/never understands</li> </ul>	F000325	F 325 Maintain Nutrition Status Unless Unavoidable 1. Resident number 25 nutritional status has been reviewed. The current therapeutic diet order for this resident is being followed. Double portions have been added to the tray card for resident number 25. Resident weights and protein levels are monitored and currently his weight and protein levels are stable. 2. No residents were affected by this deficient practice. All residents have the potential to be affected by this practice. All resident diet orders from the physicians have been reviewed which includes tray cards and care plans. Any omissions or errors have been identified and corrected to ensure all residents receive a therapeutic nutritional diet when ordered. 3. To ensure the deficient practice does not reoccur all new diet orders will be monitored by the Dietary Manager or her designee on daily rounds to ensure the "Dietary Communication Form" is	06/19/2013			

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	<p>- cognitive skills for daily decision making, moderately impaired,- decisions poor;cues/supervision required</p> <p>- eating, limited assistance with one person physical assist</p> <p>- weight loss, yes</p> <p>Resident #25's care plan, dated 4/8/13, indicated "Problem, regular diet, constipation, hydration at risk no water pitcher in room lives on secured unit, 4/13/12 refusing meals at times. Goal, resident will consume 75% of most meals, thru next review, will have soft bowel movement at least every third day, thru next review and will have no signs/symptoms of dehydration. Interventions, provide diet as ordered, provide adequate fluids daily to meet needs, provide increased fiber foods as needed, medications as ordered, monitor labs as available, encourage fluid intake with meals and snacks, food/fluid preferences, monitor intake routinely, monitor weight routinely and snacks offered TID (three times a day)."</p> <p>Resident #25's physician's orders, dated 3/21/13, indicated "Vitamin C 500 mg (milligrams), by mouth, two times per day and Zinc Sulfate 220 mg, by mouth, once a day."</p>		<p>properly being carried out. The "Diet Order Communication Form" has been reviewed and updated (see Attachment A). This form will be used to communicate new diet orders to the dietary department. The Dietary Manager will then add any new changes to the dietary tray cards and care plans. An Inservice on the new "Dietary Communication Form" was conducted for nurses, QMAs, and dietary staff. 4. The corrective action will be monitored by the Director of Nursing or her designee and the Dietary Manager as follows: The Quality Assurance Tool "Change in Dietary Order Worksheet" (see Attachment B). The QA Audit Tool will be used on all new dietary orders weekly for four weeks then monthly thereafter until 100% compliance is reached. Any lack of compliance will be corrected immediately and staff will be reinserviced. The results of these audits will be reviewed and included in discussion at the quarterly QA meetings and recommendations will be followed.</p>				

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	<p>Resident #25 physician's orders, dated 4/22/13, indicated "double portions at meal times."</p> <p>Resident #25's physician's orders, dated 5/7/13, indicated "health shakes" BID (twice a day) with meals."</p> <p>Resident #25's "Weight Record" indicated Resident #25 was 67 inches in height and had the following weights:  - 11/12/12, 205  - 12/12/12, 200  - 1/6/13, 198  - 2/11/13, 196  - 3/13/13, 197  - 4/13/13, 184  - 5/13/13, 192</p> <p>Resident #25's "Nutritional progress notes" dated 5/14/13, indicated "Resident receives regular diet with double portion. Resident also receives health shakes BID. Intake of meals, snacks, and fluids is usually good (mostly 100%). Resident also receives vitamin C, health shakes and zinc. Recommendation to continue with supplements, no new recommendations."</p> <p>Resident #25's "Food Fluid Intake Record" dated April, 2013, indicated</p>						

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	<p>Resident #25 refused 4 meals during the month of April.</p> <p>Resident #25's "Food Fluid Intake Record" dated from May 1st to 17th, 2013, indicated for breakfast Resident #25 consumed 100% of his meal except for 2 days, for lunch he consumed 100% of his meal except for 9 days, and for supper he consumed 100% of his meal except for 6 days and he consumed 90% for the 6 days that he did not consume 100%.</p> <p>On 5/16/13 at 12:10 p.m., Resident #25 was in the dining room and received his tray. He quickly ate 100% of his meat, green beans, and desert and then stopped eating and left 100% of his potatoes.</p> <p>Resident #25's tray card on 5/16/13 at 12:10 p.m. did no indicate Resident #25 was to receive double portions of food at meals.</p> <p>During an interview on 5/16/13 at 12:45 p.m., CNA #1, indicated no, Resident #25 did not receive double portions.</p> <p>During an interview on 5/17/13 at 12:22 p.m., the Dietary Manager indicated "(Resident #25) was not</p>			

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	<p>receiving double portions." She also indicated she did not know there was a physician order for (Resident #25) to receive double portions."</p> <p>3.1-46(a)(1)</p>			