

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/12/2015
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NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN 46805
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00172277.</p> <p>Complaint IN 00172277-Substantiated. Federal/State deficiency related to the allegations is cited at F-157.</p> <p>Survey dates: May 11 and 12, 2015</p> <p>Facility number: 000038 Provider number: 155095 AIM number: 100274830</p> <p>Census bed type SNF: 13 SNF/NF: 150 Residential: 34 Total: 197</p> <p>Census payor type Medicare: 24 Medicaid: 95 Other: 78 Total: 197</p> <p>Sample: 5</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>Heritage Park submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. This provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employees, agents, officers or directors. This provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedure should be considered to be subsequent remedial measures as the concept is employed in Rule 407 of the federal rules of evidence and should be inadmissible in any proceedings on that basis. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests paper compliance in lieu of a Post Survey Review on or after May</p>	
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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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	<p>the facility failed to notify the resident's family in a timely manner when the resident was transferred to the hospital. This deficiency affected 1 of 3 residents reviewed for notification of family when there was a change in the resident's condition in a sample of 5 (Resident B).</p> <p>Findings include:</p> <p>Review of the clinical record for Resident B on 5/11/15 at 11:00 A.M., indicted the following : diagnoses included, but were not limited to, pneumonia, congestive heart failure, and chronic airway obstruction.</p> <p>The Progress note dated 4/16/15 at 7:24 P.M., indicated Resident B was transferred by EMS to the local hospital emergency room with shortness of breath . There was no documentation to indicate the family of Resident B was notified of the residents transfer to the hospital.</p> <p>On 5/12/15 at 11:00 A.M., an interview with Unit Manager (RN #1), indicated Resident B's family was not notified on 4/16/15 when the resident was transferred to the hospital. The Unit Manager further indicated she had contacted the resident's family the next day on 4/17/15 when she noted the family had not been contacted when Resident B was sent to the hospital.</p>		<p>notifies the resident's family in a timely manner when the resident is transferred to the hospital. However; based on the alleged deficient practice the following has been implemented:What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice:Resident B no longer resides in this facility.How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken:Residents requiring transport to the hospital have the potential to be affected by the alleged deficient practice. The family member/designated contact of any resident being transferred out of the facility to a hospital will be notified of the need for transport in a timely manner by a licensed facility staff member. Licensed nursing staff have been re-educated on required family notification for any resident transport out of the facility to the hospital. Education includes but is not limited to notifying the family member/ designated contact located on the resident face sheet, procedure to follow if first contact is not available for notification and documentation required in the medical record. Education provided by the DNS/Designee by May 20, 2015. What measures will be put into place or what</p>	

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	<p>The Unit Manager indicated the 2 LPNs who had sent the resident to the hospital on 4/16/15 (LPN #2 and LPN #3)both thought the other LPN had contacted Resident B's family when the resident was transferred to the hospital on 4/16/15.</p> <p>The current policy for "Resident Change of Condition" revised on 1/2015 received from RN #4 on 5/12/15 at 11:15 A.M., indicated "The licensed nurse will notify the family/responsible party of resident change of condition...."</p> <p>This Federal tag related to complaint #IN00172277.</p> <p>3.1-5(a)(2)</p>		<p>systemic changes you will make to ensure that the deficient practice does not recur:The family member/designated contact listed on the face sheet will be notified of resident being transported to the hospital in a timely manner by a licensed member of the facility staff.Licensed nursing staff have been re-educated on required family notification for any resident transport out of the facility to the hospital. Education includes but is not limited to notifying the family member/designated contact located on the resident face sheet, procedure to follow if first contact is not available for notification and documentation required in the medical record. Education provided by the DNS/Designee by May 20, 2015. The DNS/Designee will audit the medical record of residents being transported to the hospital daily for family member/designated contact notification and appropriate documentation. The Unit Managers/Designee are responsible for compliance. How will the corrective action(s) be monitored to ensure the alleged deficient practice will not recur:A CQI Monitoring Tool titled "Change of Condition" will be utilized every week x 4, monthly x 6 and quarterly thereafter. Data will be submitted to the CQI Committee overseen by the Executive Director. If threshold of 100% is not met; an action plan</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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			will be developed. Non-compliance with facility procedure may result in disciplinary action up to and including termination.		