

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155022	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/25/2015
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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 Complaints IN00175279, IN00175476, and IN00175598.</p> <p>Complaint IN00175279-Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00175476-Substantiated. Federal/State deficiencies related to the allegations are cited at F-226, F-280, F-282, and F-323.</p> <p>Complaint IN00175598-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 22, 23, 24, and 25, 2015</p> <p>Facility number: 000009</p> <p>Provider number: 155022</p> <p>AIM number: 100274760</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 6</p>	F 0000	<p>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.</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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F 0226 SS=D Bldg. 00	<p>Medicaid: 55 Other: 11 Total: 72</p> <p>Sample: 13</p> <p>These deficiencies reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview the facility failed to ensure reference checks were completed for 2 of 5 staff hired in the last 4 months. (Employees #4 and #5)</p> <p>Findings include:</p> <p>Employee records were reviewed on 6/23/15 at 1:30 p.m. Employee #4 had been hired on 4/14/15. A document titled "Pre-Employment Reference" had not been completed by filling out the form that would have indicated the references had not been checked as part of their pre-hiring screening.</p> <p>Employee #5 had been hired on 4/19/15.</p>	F 0226	<p>F226 –Abuse/Neglect, etc. Policies It is the practice of this facility to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Facility's policy and procedure was reviewed. Employee 4 and 5 files were updated with the pre-employment references done. All employees who have been hired in the last 6 months have been audited to ensure pre-employment references are done. All new employees will have pre-employment references done before being allowed to do new hire paperwork and/or orientation. Audits on new employee files will be done by the Business</p>	07/25/2015	

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F 0280	<p>The "Pre-Employment Reference" was blank, which indicated the references had not been checked.</p> <p>During an interview, on 6/23/15 at 2:00 p.m., the Administrator indicated the references weren't completed and they should have been completed by the person who hired Employee #4 and #5.</p> <p>A policy titled "Incidents of Alleged Abuse" was provided by the Administrator on 6/22/15 at 9:45 a.m. The policy indicated, but was not limited to: "Purpose: To ensure that each resident is free of physical, mental, verbal and sexual abuse, corporal punishment, mental and physical neglect, and involuntary seclusion. Policy: Residents residing in this facility will be treated with dignity and respect in accordance with their individual needs...Hiring/Orientation/Training of Staff: The facility will utilize pre-employment safeguards when screening all applicants, which may include...4. Reference checks...."</p> <p>This Federal tag relates to Complaint IN00175476.</p> <p>3.1-28(a)</p> <p>483.20(d)(3), 483.10(k)(2)</p>		Office.				

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SS=D Bldg. 00	<p>RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, record review, and interview, the facility failed to update a care plan after a change in transfer status for 1 of 3 residents reviewed for care plan updates. (Resident #K)</p> <p>Findings include:</p> <p>Resident #K's record was reviewed on 6/24/15 at 11:38 a.m. The record indicated Resident #K was admitted with diagnoses that included, but were not limited to, history of left hip fracture, severe progressive dementia, osteoarthritis, and depression.</p>	F 0280	<p>F 280 – Right to participate planning care – revise CP It is the practice of the facility to ensure the resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. Resident K 's chart was reviewed to ensure Dr's. orders, CNA's ticket's and care plan all match. All residents who are using a lift of any kind were reviewed to ensure that Physician orders, careplan and C N A tickets match. (attachment 1) All resident's will also be screened by therapy. Inservices were conducted on 07/15 and 07/17 for</p>	07/25/2015

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	<p>Physician's orders, dated 6/1/15 through 6/30/15, indicated these orders for transfers: "2/21/15 May use ***** (brand name of assistive transfer device) for transfers" and "2/21/15 Utilize ***** (brand name of assistive transfer device) lift for transfers, res[ident] unsafe [with] the sit to stand lift per P.T. (Physical Therapy)."</p> <p>A 5 day Admission Minimum Data Set (MDS) assessment, dated 2/23/15, indicated Resident #K had severe impairment in cognitive skills for daily decision making, had no behaviors, required extensive assistance of 2 for transfers, did not walk, used a wheelchair for mobility, and had one fall with no injury.</p> <p>A "Fall Risk Evaluation", dated 3/23/15, indicated a total score of 19, where a total score of 10 or above was a high risk for falls.</p> <p>A Quarterly MDS, dated 6/24/15, indicated Resident #K had severe impairment in cognitive skills for daily decision making, had no behaviors, required extensive assistance of 2 for transfers, did not walk, used a wheelchair for mobility, and has had no falls.</p> <p>A care plan, initiated on 1/11/15, and last</p>		<p>all nursing staff to ensure the proper use of all lifts and using lift that is ordered by Physician and on the C N A assignment ticket. (attachment 2). Audits will be conducted weekly times 3 months, then every two weeks times 3 months, then monthly times 3 months. Results from audits will be taken to monthly QA and reviewed.</p>		

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	<p>reviewed on 6/16/15, indicated a focus: "(Resident #K) needs assist with ADL (activities of daily living) care..."</p> <p>Interventions included, but were not limited to: "...Toilet use: (Resident #K) needs extensive assist with toileting. Transfers with sit to stand lift. Date initiated: 1/11/15. Transfer: (Resident #K) uses sit to stand lift for transfers with 2 staff assist. Gripper socks to be on when not wearing shoes."</p> <p>During an observation, on 6/25/15 at 9:13 a.m., Resident #K was transferred from her wheelchair to the commode by QMA #1 and CNA #2. They placed the sit to stand lift sling around Resident #K's midsection. Resident #K held onto the bars on the sides of the sit to stand lift and QMA #1 and CNA #2 lifted her out of the wheelchair and positioned her over the commode. Her knees were against the cushioned knee rest of the lift. QMA #1 indicated Resident #K was "snuggly" placed on the commode and didn't think she could fall because she was holding on to the bars and her knees were against the knee cushions and the sling was around her. CNA #2 indicated she has only used the sit to stand lift on Resident #K and didn't know of any other way this resident has been transferred.</p> <p>A policy for "Interdisciplinary Plan of</p>			

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F 0282 SS=D Bldg. 00	<p>Care", dated as revised on 1/30/13, was provided by the Administrator on 6/25/15 at 2:38 p.m. The policy indicated, but was not limited to, "Policy: All neighbors will have a plan of care. The plan of care includes: information gathered from physician order sheet...Neighbors receive care and treatment based on as assessment of their needs, the severity of their disease, condition, impairment or disability. The data obtained from the assessment is used to determine and prioritize the neighbor's plan of care. The neighbor's progress will be evaluated as necessary and the plan of care will be revised as indicated...."</p> <p>This Federal tag relates to Complaint IN00175476.</p> <p>3.1-35(d)(2)(B)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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, record review, and interview, the facility failed to follow physician's orders related to transfers for</p>	F 0282	<p>F282- Services by qualified persons/per care plan It is the practice of this facility to provide services or arrange for services by qualified persons in</p>	07/25/2015

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	<p>1 of 3 residents reviewed. (Resident #K)</p> <p>Findings include:</p> <p>Resident #K's record was reviewed on 6/24/15 at 11:38 a.m. The record indicated Resident #K was admitted with diagnoses that included, but were not limited to, history of left hip fracture, severe progressive dementia, osteoarthritis, and depression.</p> <p>Physician's orders, dated 6/1/15 through 6/30/15, indicated these orders for transfers: "2/21/15 May use ***** (brand name of assistive transfer device) for transfers" and "2/21/15 Utilize ***** (brand name of assistive transfer device) lift for transfers, res[ident] unsafe [with] the sit to stand lift per P.T. (Physical Therapy)."</p> <p>A "Physical Therapy Plan of Care (Evaluation Only)", dated 2/17/15, indicated: "...Therapy Necessity: Evaluation only. No further Skilled PT services warranted at this time. Assessed pt's safety between the use of the sit to stand lift and the ***** (brand name of assistive transfer device) lift. Pt is deemed safer with the ***** (brand name of assistive transfer device) lift...Rehab Potential: Poor due to: Pt is at prior level of function. Educated</p>		<p>accordance to the resident's plan of care. Resident K 's chart was reviewed to ensure Dr's. orders, CNA's ticket's and care plan all match. All residents who are using a lift of any kind were reviewed to ensure that Physician orders, careplan and C N A tickets match. (attachment 1) All resident's will also be screened by therapy. Inservices were conducted on 07/15 and 07/17 for all nursing staff to ensure the proper use of all lifts and using lift that is ordered by Physician and on the C N A assignment ticket. (attachment 2). Audits will be conducted weekly times 3 months, then every two weeks times 3 months, then monthly times 3 months. Results from audits will be taken to monthly QA and reviewed.</p>	

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	<p>nursing staff regarding use of the ***** (brand name of assistive transfer device) lift...."</p> <p>A 5 day Admission Minimum Data Set (MDS) assessment, dated 2/23/15, indicated Resident #K had severe impairment in cognitive skills for daily decision making, had no behaviors, required extensive assistance of 2 for transfers, did not walk, used a wheelchair for mobility, and had one fall with no injury.</p> <p>A "Fall Risk Evaluation", dated 3/23/15, indicated a total score of 19, where a total score of 10 or above was a high risk for falls.</p> <p>A Quarterly MDS, dated 6/24/15, indicated Resident #K had severe impairment in cognitive skills for daily decision making, had no behaviors, required extensive assistance of 2 for transfers, did not walk, used a wheelchair for mobility, and has had no other falls.</p> <p>A care plan, initiated on 1/11/15, and last reviewed on 6/16/15, indicated a focus: "(Resident #K) needs assist with ADL (activities of daily living) care...." Interventions included, but were not limited to: "...Toilet use: (Resident #K) needs extensive assist with toileting.</p>			

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	<p>Transfers with sit to stand lift. Date initiated: 1/11/15. Transfer: (Resident #K) uses sit to stand lift for transfers with 2 staff assist. Gripper socks to be on when not wearing shoes."</p> <p>During an observation, on 6/25/15 at 9:13 a.m., Resident #K was transferred from her wheelchair to the commode by QMA #1 and CNA #2. They placed the sit to stand lift sling around Resident #K's midsection. Resident #K held onto the bars on the sides of the sit to stand lift and QMA #1 and CNA #2 lifted her out of the wheelchair and positioned her over the commode. Her knees were against the cushioned knee rest of the lift. QMA #1 indicated Resident #K was "snuggly" placed on the commode and didn't think she could fall because she was holding on to the bars and her knees were against the knee cushions and the sling was around her. CNA #2 indicated she has only used the sit to stand lift on Resident #K and didn't know of any other way this resident has been transferred.</p> <p>On 6/25/15 at 9:27 a.m., LPN #3 indicated Resident #K is transferred only with the sit to stand lift, and she is unsafe to be transferred by any other way.</p> <p>A policy for "Physician's Orders" was provided by the Administrator on 6/25/14</p>			

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F 0323 SS=G Bldg. 00	<p>at 2:38 p.m. The policy indicated, but was not limited to, "Purpose: To provide general guidelines when receiving, transcribing, notification and care planning of physician's orders. Performed by: Licensed Nursing...2. Transcribe the order in the MAR and/or TAR exactly as it was prescribed by the physician...."</p> <p>"Fundamentals of Nursing Concepts, Process, and Practice", Third Edition, indicated: "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would be detrimental to clients...The physician should write all orders, and the nurse must make sure that they are transcribed correctly...."</p> <p>This Federal tag relates to Complaint IN00175476.</p> <p>3.1-35(g)(1)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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.</p>	F 0323	F323 Free of accident	07/25/2015			

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	<p>Based on record review, observation, and interview the facility failed to ensure a resident was transferred safely, utilizing a sit to stand lift, which resulted in a fractured right ankle for 1 of 3 residents reviewed for accident/hazards. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 6/22/15 at 3:45 p.m. The record indicated Resident #B was admitted with diagnoses that included, but were not limited to, osteoporosis, muscle spasms, osteoarthritis, and anxiety.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 5/18/15, indicated Resident #B had no impairment in cognitive skills for daily decision making, had no long term memory or short term memory problems, required extensive assist of 2 for transfers, did not walk, and used an electric wheelchair for mobility.</p> <p>A fall risk assessment, dated 4/9/15, indicated a total score of 15, where a score above 10 indicated a high risk for falls.</p> <p>A care plan, with a revised date of 6/15/15, indicated, but was not limited to,</p>		<p>hazards/supervision/devices</p> <p>It is the practice of this facility to 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. It is the practice of the facility to ensure the resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. Resident K 's chart was reviewed to ensure Dr's. orders, CNA's ticket's and care plan all match. All residents who are using a lift of any kind were reviewed to ensure that Physician orders, careplan and C N A tickets match. (attachment 1) All resident's will also be screened by therapy. Inservices were conducted on 07/15 and 07/17 for all nursing staff to ensure the proper use of all lifts and using lift that is ordered by Physician and on the C N A assignment ticket. (attachment 2). Audits will be conducted weekly times 3 months, then every two weeks times 3 months, then monthly times 3 months. Results from audits will be taken to monthly QA and reviewed.</p>				

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	<p>"Requires use of mechanical lift and 2 staff assist for transfers. Goal: No injuries related to use of mechanical lift x90 days. Interventions...Do not move lift quickly while (Resident #B) is in the air. Move slow to decrease fear of fall r/t (related to) quick movements. Left lift down slowly...."</p> <p>A "Change in Condition" form, dated 6/2/15 at 4:00 p.m., indicated: "Resident was being assisted for transfer from w/c (wheelchair) to toilet using mechanical lift when her legs became weak and knees buckled causing her to twist lt. (left) foot/ankle. Assisted to sitting position by nurse/CNA."</p> <p>A progress note, dated 6/3/15 at 10:26 a.m., indicated: "ITD (Interdisciplinary) team met to review incident that happened 6-2-2015 resident was being transferred to the toilet from the wheelchair and during transfer residents legs became weak and twisted and resident was unable to recover footing. This resulted in a nurse lowering the resident to the floor, resulting in a controlled fall. Immediate assessment completed and during the assessment resident complained of ankle pain. MD (Physician) and family notified orders received to complete X-ray of the ankle which revealed a fracture to the lower</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155022		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/25/2015	
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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	<p>tibia (leg bone). Resident to see ortho[pedic] appt. (appointment) to be made."</p> <p>An "Employee Counseling Record" for CNA #7, dated 6/8/15, indicated "Employee was in orientation and was transferring a resident via stand up lift. Employee was unaware that using a lift required 2 people. Resident legs gave out and twisted under resident. Another employee assisted this employee to lower resident to the ground." The corrective action was: (1) Always have CNA ticket with you (employee unaware of tickets). (2) Utilize 2 people with all mechanical/stand up lifts."</p> <p>On 6/22/15, at 4:15 p.m., Resident #B was observed in bed with a splint type cast on her lower left leg. She indicated she broke her ankle and her nurse was getting her something for pain.</p> <p>During an interview, on 6/25/15 at 9:35 a.m., Resident #B indicated she didn't think the girl was properly trained, and dropped her and fractured her leg on June the second, the day before her birthday. She said she hasn't walked in several years, didn't remember how many used the (sit to stand) lift on that day, but they use the ***** (brand name of assistive transfer device) lift now when they</p>						

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	<p>transfer her.</p> <p>During an observation, on 6/25/15 at 10:20 a.m., Resident #B was transferred from her bed to her motorized wheelchair by CNA #4, CNA #5, and RN #6. Resident #B was pleasant, talked and laughed with the staff and was not afraid during the transfer.</p> <p>During an interview, on 6/25/15 at 2:24 p.m., CNA #7 indicated she had been told Resident #B used the sit to stand lift, and she got her up to go to the bathroom. When she got her up, her right leg got off the platform and she went to get help and they had to lower her to the floor. She said she was told Resident #B could, and then was later told she couldn't, be transferred with the sit to stand lift and she didn't have a CNA assignment sheet that day. She indicated this was the second day she was back to work, and found out later she was supposed to have a trainer and that wasn't communicated to her.</p> <p>The Administrator provided an Operation Manual for the utilization of the sit to stand lift and the care lift on 6/25/15 at 9:30 a.m., as their policy and procedure. The manual indicated, but was not limited to, "...While we believe that one person can safely operate our equipment,</p>			

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	<p>each facility has its own policies and procedure regarding the safe lifting and transfer of patient/residents...We advocate that your facility staff members follow your policies and procedures in all circumstances...." The Administrator indicated the mechanical lifts must be used by two staff at all times.</p> <p>This Federal tag relates to Complaint IN00175476.</p> <p>3.1-45(a)(2)</p>				