

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155089	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/24/2015
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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE OF NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1023 N 20TH ST NEW CASTLE, IN 47362
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00176892.</p> <p>Complaint IN00176892 - Substantiated. Federal/State deficiencies related to the allegations are cited a F371.</p> <p>Survey dates: July 20, 21, 22, 23, and 24, 2015</p> <p>Facility number: 000035 Provider number: 155089 AIM number: 100266250</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 6 Medicaid: 47 Other: 9 Total: 62</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Preparation and/or execution of This Plan of Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Heritage House of New Castle of the facts alleged or the conclusions set forth in the statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed solely because of provisions of federal and/or state laws. Heritage House desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective August 23, 2015. This building respectfully requests consideration of paper compliance from the Plan of Correction</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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F 0282 SS=D Bldg. 00	<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 record review and interview, the facility failed to provide services identified in the resident's hydration care plan. This affected 1 of 1 residents reviewed for hydration. (Resident #35)</p> <p>Findings include:</p> <p>Resident #35's record review was completed on 7/22/2015 at 3:34 p.m. The record indicated Resident #35 had a diagnoses that included, but were not limited to, chronic pain due to arthritis, diabetes mellitus, depression, high blood pressure, severe osteoarthritis, and a history of urinary tract infection.</p> <p>A dehydration risk screen, dated 3/16/15, indicated Resident #35 was at risk for dehydration, with a score of 11, and indicated "Scores of 10 or higher indicate resident is at risk for dehydration and further assessment should be conducted to review residents fluid status."</p> <p>A dietary assessment, dated 2/16/15 indicated an estimated fluid needs of</p>	F 0282	<p>It is the practice of this facility to ensure care be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>1.Nursing staff will continue to encourage fluids to at least 1500ml/24hr. Nursing staff will also keep a daily total for all fluid intake for resident #35.</p> <p>2.All residents at risk for fluid deficit have the potential to be affected. Nursing has reviewed all resident's records for the most recent dehydration screen to identify residents at risk for fluid deficit. (see attachment A) Total daily fluid will be monitored for those at risk.</p> <p>3.All nursing staff will be in-serviced on the Fluid Deficit Risk Policy & Procedure by 8-23-15. (see attachment B) Nursing staff will continue to do dehydration screening at least quarterly and as needed. All residents found to be at risk will have their total daily fluid intake monitored on a Fluid Intake Record. (see attachment C)</p> <p>4.DON or designee will audit Fluid Intake Records, on an audit tool, for residents at risk 3 times weekly for 3 months, then 1 time weekly for 3 months (see attachment D). Audits will be reviewed at quarterly QA</p>	08/23/2015

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	<p>2460 milliliters of fluid per day.</p> <p>A care plan, with a start date of 10/3/14, indicated: "The resident has potential for fluid deficit. The resident will be free of symptoms of dehydration and maintain moist mucous membranes, good skin turgor...Encourage fluids to at least 1500 ml/24h (milliliters every 24 hours)..."</p> <p>During an observation on 7/20/15 at 11:00, Resident #35 was observed to have a dry mouth.</p> <p>During an observation, on 7/23/2015 at 12:02 p.m., Resident #35 sat in her recliner, in her room, and was being fed by a family member. Two other family members were in her room. The resident had eaten 30% of her lunch and her eyes were closed. When offered more, she shook her head 'no'. A family member indicated she usually drank well but had to be given fluids as she did not reach for them on her own. A water cup with a straw sat on the chest of drawers beside her.</p> <p>During an observation, on 7/24/2015 at 9:55 a.m., Resident #35 sat in a recliner in her room with a family member present. The family member indicated Resident #35 always had a cup at her bedside with ice water, but said she didn't</p>		meetings. Any recommendations made will be followed.		

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	<p>think she gets enough to drink.</p> <p>During an interview, on 7/24/2015 at 10:39 a.m., the Director of Nurses (DoN) indicated fluids are tracked on the Intake and Output (I&O) Sheets, and provided the I&O sheets for July 2015. The DoN indicated the fluids at her bedside are not included on the I&O sheet.</p> <p>Review of the I&O sheets for July 2015 indicated fluids for breakfast, lunch, supper, and twice for morning fluids for activities, meds, rounds, or a snack were documented. In the column for "Fluids Total" there was no documentation that indicated the amounts Resident #35 had received each 24 hours towards her fluid goal of 1500 milliliters per day as written on her care plan. When totaled, 1 of 23 days met the 1500 milliliters required per day.</p> <p>During an interview on 7/24/2015 at 3:20 p.m., the Assistant Director of Nursing indicated there was no cumulative total for the resident's intake and output unless the resident has a catheter or a gastrostomy tube.</p> <p>A Policy for "Care Planning" indicated, but was not limited to: "Policy...Measurable, time-framed goals are written for each problem/need listed.</p>			

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F 0309 SS=D Bldg. 00	<p>Goals are written in terms that indicate resident-related activities, behavior or skills and in terms that provide a means to evaluate progress...."</p> <p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview and record review the facility failed to provide treatment for three open areas for 3 days for 1 of 3 residents who met the criteria for pressure ulcers and failed to assess bruising for 1 of 22 residents who met the criteria for decline in activities of daily living (ADL's) of 3 reviewed for ADL decline (Resident #47 and Resident #64).</p> <p>Findings include:</p> <p>1.) Review of the record of Resident #47 on 7/24/15 at 10:57 a.m., indicated the resident's diagnoses included, but were not limited to, debility, carcinoid tumor of the descending colon, peripheral</p>	F 0309	<p>It is this facilities practice to ensure each resident receives and provides the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>1. Resident #47 is no longer a resident at this facility. Resident #64 has had a skin assessment and care plan was updated. Family and MD were notified of bruise.</p> <p>2. All residents have the potential to be affected. All residents will have a skin assessment completed by 8-23-15. Any new areas of concern will be documented. Family and MD will be notified. Treatment orders will be obtained.</p>	08/23/2015

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	<p>vascular disease, chronic pain, anxiety, diabetes, anemia and hypertension.</p> <p>The resident data collection for Resident #47 indicated the resident was admitted on 2/6/15, with three open areas on the "bilateral gluts" measuring 2.2 centimeters (cm) by 1.4 cm, 1.2 cm by 1.4 cm and 2.2 cm by 2.6 cm.</p> <p>The Admission Minimum Data Set (MDS) assessment for Resident #47, dated 2/13/15, indicated the resident required extensive assistance of two people for bed mobility, she was totally dependent of two people to transfer, the resident was unable to walk in her room or in the corridor, she was always incontinent of her bladder and frequently incontinent of her bowels.</p> <p>The fax sent to the physician for Resident #47, dated 2/7/15 at 1:13 a.m., indicated the resident had three small open areas to "gluts" and requested a treatment for Calmoseptine.</p> <p>The physician order for Resident #47, dated 2/9/15 (no time), indicated chamosyn to the coccyx/peri area three times a day and as needed after incontinent episodes.</p> <p>Interview with the Assistant Director Of</p>		<p>3. All Nursing Staff will be in-serviced on the CNA reporting to nurse by 8-23-15. All new Nursing Staff will be properly educated on reporting new skin concerns. All Nursing Staff will be in-serviced on the Skin Condition and Pressure Ulcer Assessment Policy by 8-23-15 (see attachment E). All new residents will continue to have a skin assessment upon admission. Any areas of concern will be documented, MD will be notified and orders obtained within 8 hours of admission.</p> <p>4. The DON or designee will use a skin audit tool to monitor 5 residents for new skin concerns with proper follow up, weekly for 3 months, then 3 residents weekly for 3 months. All new residents will be monitored upon admission for 6 months (see attachment F). Audit will be reviewed at quarterly QA meetings. Any recommendations will be followed.</p>	

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	<p>Nursing (ADON) on 7/24/15 at 2:35 p.m., indicated the facility used barrier cream for Resident #47's three open areas from 2/6/15 until 2/9/15 when the chamosyn was ordered. The ADON indicated there was no documentation that barrier cream was applied to the resident's three open areas. The ADON indicated it would have been documented on the Treatment Administration Record (TAR) and it was not documented on the TAR. The ADON indicated 2/9/15 was the first documentation that a treatment was completed for Resident #47's three open areas. The ADON indicated the three open areas were Moisture Associated Skin Damage and not pressure ulcers because the resident had a lot of stools.</p> <p>Interview with the Director Of Nursing (DON) and the ADON on 7/24/15 at 3:37 p.m., indicated Resident #47 came in late Friday evening on 2/6/15 and the physician was faxed to the doctors office about the three open areas 2/7/15, Saturday morning. The DON indicated the physician would have gotten the fax on 2/9/15 because the physician's office was closed on the weekend.</p> <p>Interview with the ADON on 7/24/15 at 3:40 p.m., indicated she was unsure if the nurse should have called the physician on</p>			

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	<p>2/6/15 to get an order for a treatment for Resident #47's three open areas. 2. Observation on 7/23/15 at 10:40 a.m., of Resident #64 indicated CNA #2 providing peri care for Resident #64. Observed bruise on left outer hip area, CNA #2 indicated the resident probably hit the side of her bed as she has done this before. Resident #64 indicated she did not know the bruise was there.</p> <p>Review on 7/23/15 at 10:50 a.m., of Resident #64's record indicated Physician's recapitulation orders indicated her diagnoses included, but were not limited to atrial fibrillation, history of chest pain, hypertension, arthritis and dementia of the Alzheimer's type.</p> <p>Review on 7/23/15 at 10:55 a.m., of Resident #64's weekly skin assessment sheets and progress notes for July indicated no documentation of bruising.</p> <p>Interview on 7/24/2015 1:40 p.m., LPN #1, indicated "no, I was not aware Resident #64 had a bruise. CNA #2 did not notify me that the resident had a bruise. I will do an assessment right now."</p> <p>On 7/24/15 at 2:25 p.m., review of Post Accident/Incident Assessment dated</p>			

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	<p>7/24/15 (no time) indicated Injury-healing bruise, Dr. Notified- yes, What Happened-Per Resident Statement- Resident stating "oh, I have a bruise? Its not dark it must not have been that bad." Spoke with ----- on 7/24/15 at 2:00 p.m., Relative To This Incident. The Following Statement Was Provided: Staff gave shower on 7/22/15, no noted areas. Spoke With ----- On 7/24/15 at 2:00 p.m., Relative To This Incident. The Following Statement Was Provided: Staff did not see bruise/discoloration...</p> <p>Review of Progress notes dated 7/24/15 at 2:22 p.m., indicated Noted this afternoon to left hip bruise/discoloration measuring 1cm x 3cm. Resident stating she wasn't aware of area. Resident denies any complaints of pain or discomfort, call light in reach. MD and family aware with no new orders given at this time.</p> <p>On 7/24/15 at 2:45 p.m., review of Care plan for At Risk For Skin Breakdown indicated Focus: 1cm x 3cm discoloration to left hip 7/24/15, Date initiated: 9/5/14, Revision On: 7/24/15, Goal: Will Have No Skin Breakdown, Interventions: Avoid exposure to hot water and use mild cleansing agent and gentle touch to minimize irritation and dryness of skin, Diet as ordered, Independent with bed mobility, Keep skin clean/dry and bed</p>			

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	<p>linens clean, dry and wrinkle free every shift, Minimize environmental factors leading to dry skin (e.g. low humidity <70%, exposure to cold) Mobisyl cream four times a day as needed, Monitor skin every shift for signs/symptoms of potential skin breakdown e.g. redness/discoloration or open areas, alert charge nurse if observed, Nutritional supplement as ordered, Protective ointment to buttocks three times a day as needed for excoriation, Sarna lotion to skin as needed for itch.</p> <p>Review of document provided by Assistant Director of Nursing on 7/24/15 at 11:05 a.m., titled Skin Condition and Pressure Ulcer Assessment Policy indicated Purpose: To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown and pressure or other ulcers and assuring interventions are implemented...</p> <p>Step: Action... 5. Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA. Changes shall be promptly reported to the charge nurse who will perform the detail assessment.</p> <p>7. Caregivers are responsible for promptly notifying the charge nurse of skin observations that include:... b. bruises, 8. At the earliest sign of a</p>			

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F 0371 SS=F Bldg. 00	<p>pressure or other type of ulcer, or skin problems, the resident, legal representative and attending physician will be notified...</p> <p>3.1-37(a)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, record review, and interview, the facility failed to ensure food was stored and prepared under sanitary conditions. This deficient practice had the potential to affect 61 of 62 residents.</p> <p>Findings include:</p> <p>During the initial kitchen observation, on 7/20/15 at 9:31 a.m., with the Dietary Manager, the following was observed: - In the walk in freezer, several inches of ice was built up around the condensers on the right side of the freezer unit, and on the right side of the freezer unit where a pipe enters the freezer from the outside of the freezer. The pipe had a thick</p>	F 0371	<p>It is the practice of this facility to procure food from sources approved or considered satisfactory by Federal, State, or local authorities and store, prepare, distribute, and serve food under sanitary conditions.</p> <p>This corrective action will address those residents affected and with the potential to be affected.</p> <p>During the Walk through during Survey it was observed that the walk in freezer had several inches of ice built up and appeared to be leaking. The condenser has been inspected and serviced. New insulation was installed on condenser pipes.</p>	08/23/2015

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	<p>accumulation of ice built up on the vertical part of the pipe and water had dripped and frozen down the pipe onto an open box of frozen flour tortillas.</p> <p>- Cook #3 indicated the grill to the left of the range didn't work at all, they are looking into getting it replaced.</p> <p>During an observation, on 7/23/2015 at 10:29 a.m., the range hood had a light coating of grease on the back lower third of the hood, with multiple large drops of accumulated grease below the coating of grease. Two of three lights, attached to the back wall, just below the range hood, had a coating of a yellow substance with dust on top of the rounded part of the light cover. The grill, on the left side of the range, was still in place, and has not been observed in use.</p> <p>On 7/23/2015 at 2:24 p.m. with the Dietary Manager, the following was observed:</p> <p>- the areas on the range hood had drips of grease and the Dietary Manager indicated it is due to be cleaned next month.</p> <p>- Two of three light covers had accumulated a yellow substance with dust, and the Dietary manager indicated they needed to be cleaned.</p> <p>- The range had two grease traps; the grease trap on the left side had drips of</p>		<p>Maintenance staff/Designee will check condenser 2 x weekly with audit sheet (Attachment G) to monitor proper defrost of freezer. Findings will be addressed immediately my maintenance/contracted services and findings will be brought to quarterly QA meeting</p> <p>In observation cook #3 mentioned range was not working. The repair of the grill that was not is use was effective 8/6/2015 by contracted services.</p> <p>Sanitation schedules have been put into place to address mentioned areas of concerns during walk through. The range/ hood mentioned as area of concern will continue to be placed on routine cleaning with 360 services (contracted). In addition to scheduled service and additional cleaning schedule will be put into place to assure proper sanitation 2 x weekly and performed by Dietary Staff/Designee. (Attachment H)</p> <p>Sanitation schedules have been put into place to assure proper sanitation of mentioned items light covers, grease traps, and hot boxes and performed by dietary staff/designee. Cleaning schedules will be audited weekly by Dietary Staff/Designee 3 x weekly for 3 months, 1 x weekly for 3 months. All findings will be reviewed at</p>	

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	<p>grease, a noodle, a macaroni, and other food particles. The Dietary Manager indicated the grease traps needed to be cleaned.</p> <p>- A metal 'hot box' (warming unit) had eight partial shelves spattered with a brown substance, and had a few brown crumbs on the bottom of the unit. The lower back, outside half, of the unit had scattered vertical brown drips on the metal. The Dietary Manager indicated the hot box needed to be cleaned.</p> <p>- The walk in freezer continued to have several inches of of ice built up along the right side of the condenser. The vertical pipe that entered the freezer, from the back of the unit, had ice built up around the pipe, and on the horizontal part of the pipe. Water had dripped and frozen down the pipe into a box of frozen flour tortillas, and then down onto the shelving.</p> <p>On 7/23/2015 at 4:06 p.m., the Maintenance Supervisor indicated the right hand side of the condenser is a cooling unit and four times a day it goes through a defrost cycle. He indicated he has a call out for someone to look at the condenser and he is going to find out about the pipes that are covered with ice. The maintenance director also indicated he had a piece for the grill to replace it and it was the wrong switch, it has been</p>		<p>quarterly QA. (Attachment I, J, K).</p> <p>In-service/education of proper cleaning schedule with current/new dietary staff to occur by 8/23/2015 and upon hire/orientation.</p> <p>All managers will continue to observe that all dietary staff are continuing to use proper sanitary techniques. Any concerns will immediately be brought to the attention of the dietary manager and the administrator. All concerns will be addressed in quarterly QA meeting and brought to the attention of the licensed dietician for follow-up.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155089	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/24/2015
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	that way for two or three weeks. This Federal tag relates to Complaint IN00176892. 3.1-21(i)(3)				