

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155692	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/01/2015
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NAME OF PROVIDER OR SUPPLIER HERITAGE OF HUNTINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1180 W 500 N HUNTINGTON, IN 46750
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00173028.</p> <p>Complaint IN00173028 - Substantiated. Federal/State deficiency related to allegation was cited at F225 and F226.</p> <p>Survey date: June 1, 2015</p> <p>Facility number: 002910 Provider number: 155692 AIM number: 200345390</p> <p>Census bed type: SNF: 12 SNF/NF: 60 Residential: 57 Total: 129</p> <p>Census payor type: Medicare: 11 Medicaid: 22 Other: 96 Total: 129</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings in accordance with 410 IAC 16.2-3.1.</p>	F 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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F 0225 SS=D Bldg. 00	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review,</p>	F 0225	1--the employee was terminated	06/30/2015			

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	<p>the facility failed to report an alleged incident between a resident (Resident B) and a staff member (LPN #1) in a timely manner to the appropriate agency for 1 of 3 residents reviewed for abuse in a sample of 3.</p> <p>Findings include:</p> <p>Review of the Indiana State Department of Health Incident Report Form, dated 4/8/15, indicated QMA #2 reported a concern to the Director of Nursing (DON) on 3/26/15 at 2:11 p.m. related to an incident between a LPN #1 and a Resident B. The report was not submitted until 4/8/15.</p> <p>During an interview on 6/1/15 at 12:30 p.m., the Administrator indicated a former employee gave her notice and indicated she could no longer work at the facility. The former employee mentioned the incident reported by QMA #2, which was the first time the Administrator had heard about it. The Administrator indicated at that time, she approached the DON to question her about the reported concern. She indicated the DON did not remember the allegation, but as they spoke, the incident was remembered by the DON. The Administrator indicated the investigation was then started. LPN #1 was not working at the time and had</p>		<p>and DON was disciplined 2- A report or the incident was issued to ISDH immediately upon notification to Administrator. DON and all staff were educated on reporting immediately to the Administrator any and all incidents alleging abuse of any kind for any resident 3-Staff Development Coordinator developed an in service for all staff regarding abuse reporting. All current staff are being in serviced. All new staff going forward will be in serviced with this. The training began on 4/10/15, follow was completed during the May CNA meetings, will be completed during the June 2015 nurse meetings. The all staff training began on 6/4/15. The All Staff training is attached 4- All Reports of Concern will be reviewed by the Administrator to note response time. Administrator will take five incidents with the longest response times for the prior three months to QA committee for action plan review 5- Date of completion is 6/30/15</p>	

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	<p>not worked since 4/7/15.</p> <p>During the investigation, the Administrator indicated several other concerns were mentioned related to LPN #1. A second report was filed on 4/10/15 related to another resident concern.</p> <p>During the investigation, the Administrator indicated she felt the employee was not up to the standards of the facility and she was terminated.</p> <p>Resident B's clinical record was reviewed on 6/1/15 at 9:00 a.m. Diagnoses included, but were not limited to, debility, dementia without behaviors, history of falls, anxiety, hypertension and depression. The Quarterly Minimum Data Set (MDS), dated 3/25/15, indicated Resident B was severely cognitively impaired, making it impossible to interview the resident.</p> <p>During an interview with the DON on 6/1/15 at 3:40 p.m., she indicated the QMA #2 did approach her related to a concern between Resident B and LPN #1. She indicated she wrote the information down on a sheet of paper, but the paper got buried under additional paperwork.</p> <p>No further information on the reporting of this incident was provided.</p>			

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F 0226 SS=D Bldg. 00	<p>Review of an undated policy titled, "ABUSE", provided by the Director of Nursing on 6/1/15 at 9:30 a.m., indicated;</p> <p>"POLICY: The facility shall observe the resident's right to remain free from verbal, sexual, physical and mental abuse....</p> <p>...*It is our policy at the Heritage of Huntington to keep all residents safe....</p> <p>...Procedure: ...3. Appropriate documentation should be completed relative to the individual incident...</p> <p>4. Should the incident be deemed an "unusual occurrence", the state survey certification agency shall be notified as well as the ombudsman and/or Adult Protective Services, as applicable.</p> <p>5. The alleged violation shall be thoroughly investigated by the Administrator or his/her designee.</p> <p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement</p>			

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	<p>written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to implement their policy related to an incident between a resident (Resident B) and a staff member (LPN #1) for 1 of 3 residents reviewed for abuse in a sample of 3.</p> <p>Findings include:</p> <p>During review of the Indiana State Department of Health Incident Report Form dated 4/8/15, indicated QMA #2 reported a concern to the Director of Nursing (DON) on 3/26/15 at 2:11 p.m. related to an incident between Resident B and LPN #1. The report was not submitted until 4/8/15.</p> <p>During an interview on 6/1/15 at 12:30 p.m., the Administrator indicated a former employee gave her notice and indicated she could no longer work at the facility. The former employee mentioned the abuse allegation, reported by QMA #2 to the DON, which was the first time the Administrator had heard about it. The Administrator indicated at that time, she approached the DON to question her about the reported concern. She indicated the DON did not remember the allegation, but as they spoke, the incident</p>	F 0226	<p>Plan of Correction Text: 1--the employee was terminated and DON was disciplined 2- A report or the incident was issued to ISDH immediately upon notification to Administrator. DON and all staff were educated on reporting immediately to the Administrator any and all incidents alleging abuse of any kind for any resident 3-Staff Development Coordinator developed an in service for all staff regarding abuse reporting. All current staff are being in serviced. All new staff going forward will be in serviced with this. The training began on 4/10/15, follow was completed during the May CNA meetings, will be completed during the June 2015 nurse meetings. The all staff training began on 6/4/15. The All Staff training is attached 4- All Reports of Concern will be reviewed by the Administrator to note response time. Administrator will take five incidents with the longest response times for the prior three months to QA committee for action plan review 5- Date of completion is 6/30/15</p>	06/30/2015

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	<p>was remembered by the DON. The Administrator indicated the investigation then started on 4/8/15. LPN #1 was not working at the time and had not worked since 4/7/15.</p> <p>During the investigation, the Administrator indicated several other concerns were mentioned related to LPN #1. A second report was filed on 4/10/15 related to another resident. The Administrator indicated several allegations prior to the initial complaint, indicated staff had not been reporting as their facility policy indicated.</p> <p>Resident B's clinical record was reviewed on 6/1/15 at 9:00 a.m. Diagnoses included, but were not limited to, debility, dementia without behaviors, history of falls, anxiety, hypertension and depression. The Quarterly Minimum Data Set (MDS) dated 3/25/15, indicated Resident B was severely cognitively impaired, which indicated the resident was not interviewable.</p> <p>During an interview with the DON on 6/1/15 at 3:40 p.m., she indicated the QMA #2 did approach her related to a concern between Resident B and LPN #1. She indicated she wrote the information down on a sheet of paper, but the paper got buried under additional paperwork.</p>			

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	<p>No further information on the reporting and investigation of this incident was provided.</p> <p>Review of an undated policy titled, "ABUSE", provided by the Director of Nursing on 6/1/15 at 9:30 a.m., indicated;</p> <p>"POLICY: The facility shall observe the resident's right to remain free from verbal, sexual, physical and mental abuse....</p> <p>...*It is our policy at the Heritage of Huntington to keep all residents safe from any type of abuse. It is all our responsibility to first separate resident from reoccurrence of the same type of abuse. Notify the Administrator and D.O.N. immediately or notify the charge nurse immediately, who will then notify the D.O.N and Administrator Immediately.</p> <p>...Procedure:</p> <p>...2. Should an occurrence of abusive behavior be reported or witnessed, the Administrator or/designee or immediate supervisor shall be notified immediately."</p> <p>3.1-28(a)</p>			

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

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