

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155332	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2013
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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE REHABILITATION & HEALTHCARE CENTEF	STREET ADDRESS, CITY, STATE, ZIP CODE 281 S CR 200 E CONNERSVILLE, IN 47331
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: December 11, 12, 13, 16, 17 & 18 , 2013</p> <p>Facility number: 000225 Provider number: 155332 AIM number: 100267670</p> <p>Survey team: Leslie Parrett RN TC Angel Tomlinson RN (December 11, 12, 13, 17 & 18, 2013) Barbara Gray RN</p> <p>Census bed type: SNF/NF: 87 Total: 87</p> <p>Census payor type: Medicare: 13 Medicaid: 56 Other: 18 Total: 87</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on December 24, 2013, by Janelyn Kulik, RN.</p>	F000000	<p>FOO The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or any violation of regulations. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review in lieu of a post survey on or after January 17, 2014.</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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F000323 SS=D	<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. Based on observation, interview, and record review, the facility failed to transfer residents safely to prevent accidents who were at high risk for falls, for 2 of 5 transfer observations. (Resident #46 and #96)</p> <p>Findings include:</p> <p>1. Resident #46's record was reviewed on 12/17/13 at 11:02 A.M. Diagnoses included, but were not limited to, Adult Failure to Thrive, Alzheimer's disease, post right hip fracture, osteoarthritis, and chronic pain.</p> <p>A care plan for Resident #46 dated 7/25/13, indicated Resident #46 was at risk for falls due to Alzheimer's disease and she attempted to get up by herself.</p> <p>A local hospital note for Resident #46 dated 8/13/13, indicated Resident #46 underwent successful right fractured hip repair on 8/8/13, related to a fall.</p>	F000323	F-0323What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Staff has been instructed to use gait belts for resident #46 and resident # 96. C.N.A # 1 and C.N.A # 2 has been counseled on the policy and use of gait belts. Both aides have been in-serviced using the Skills Validation for application of gait belts. Both successfully past the skills test.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?All residents have the potential to be affected by this deficiency.All residents who have an order to ambulate with help have been reviewed and staff will use a gait belt when walking these residents.All nursing staff working on Augusta Cottage has been in-serviced by the CEC.All nursing staff will be in-serviced on the Gait Belt Policy and the application of gait belts on January 8th 2014 by the CEC and ED.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does	01/17/2014	

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	<p>A significant change Minimum Data Set (MDS) assessment for Resident #46 dated 8/20/13, indicated she usually was understood and usually understood others. She scored 3 on her Brief Interview for Mental Status (BIMS) exam, indicating she was severely impaired for her daily decision making skills. She required extensive assist of 2 persons for bed mobility, transfer, toileting, and to walk in the corridor. She had functional limitation in her range of motion on 1 side of her lower extremities.</p> <p>On 12/16/13 at 1:11 P.M., Resident #46 was observed seated on the toilet of a unit bathroom. CNA #1 was in the bathroom assisting Resident #46. She positioned her right arm under Resident #46's right arm and assisted her to stand. Resident #46 held the grab bar on the bathroom wall with her left hand.</p> <p>CNA #1 began holding Resident #46's right arm with one of her arms and handed her toilet paper with her other arm. Resident #46 was bent over almost in half at the waist with her face looking at the floor. Resident #46 cleaned herself with the toilet paper with her left arm. CNA #1 encouraged Resident #46 to stand up better. Resident #46 indicated she</p>		<p>not recur?All nursing staff will receive during orientation the gait belt policy. On the first day of training the CEC will use the Validation skills to check off new employees on the gait belt application. Staff not adhering to policy will receive education, disciplinary actions up to and including termination. DNS or her designee will conduct rounds on each shift to ensure gait belts are used when transferring. Documentation will be placed in the TAR. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? To ensure compliance the CEC/ designee is responsible for doing skills validation for gait belt application on 10 aides by visual check off on use of gait belt application weekly x's 4 weeks, bi-weekly x 1 month and quarterly thereafter until compliance is maintain for 2 consecutive quarters. The results of audits will be reviewed by the CQI Committee overseen by the ED. If the threshold of 100% is not achieved, an action plan will be developed to assure compliance.</p> <p>Deadline: 1/17/2014</p>				

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	<p>couldn't because her back hurt to bad. CNA #1 handed Resident #46 more toilet paper and she continued to clean herself. Resident #46 attempted to pull her slacks and brief up independently. CNA #1 had to assist Resident #46 to pull up her brief and slacks. Resident #46 stepped to her wheelchair in the bent over position with CNA #1 holding her right arm, pivoted, and sat down.</p> <p>On 12/16/13 at 1:54 P.M., CNA #1 indicated she believed Resident #46 was a fall risk. She indicated if Resident #46 did really well standing and transferring she didn't use a gait belt to assist her. She indicated if Resident #46 complained of her back or legs hurting her that day she would use a gait belt to assist with the transfer. She indicated she usually had to assist Resident #46 in pulling her brief and slacks up because she bent over so far. She indicated she did not place a gait belt on Resident #46 when she assisted her on and off the toilet.</p> <p>2.) Resident #96's record was reviewed on 12/16/13 at 9:27 A.M. The resident's diagnoses, included but were not limited to, Alzheimer's disease, post fractured femur, and history of syncope and collapse.</p>			

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	<p>A care plan for Resident #96 dated 10/25/13, indicated Resident #96 was at risk for falls due to Alzheimer's disease and a history of falls.</p> <p>A significant change Minimum Data Set (MDS) assessment for Resident #96, dated 11/1/13, indicated she was rarely/never understood and sometimes understood others. Her cognitive decision making skills were moderately impaired. She required extensive assist of 2 persons for bed mobility, transfer, and toileting. She did not walk. She had functional limitation in her range of motion on 1 side of her lower extremities.</p> <p>On 12/16/13 at 1:45 P.M., CNA #1 and CNA #2 were observed transferring Resident #96 from her wheelchair to her bed. CNA #1 had her left arm under Resident #96's left arm and CNA #2 had her right arm under Resident #96's right arm. CNA #1 and CNA #2 used their free arm to grasp the back of Resident #96's slacks. Resident #96 was stood, pivoted right with her back facing the bed, and lifted onto the bed in a sitting position. Resident #96 was laid down in bed and positioned for comfort.</p>			

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	<p>On 12/16/13 at 1:49 P.M., CNA#2 indicated Resident #96 had recent hip surgery and would sometimes pull her legs up during a transfer. She indicated that is why she did not use a gait belt to assist in the transfer.</p> <p>On 12/16/13 at 1:51 P.M., CNA #1 indicated Resident #96 would normally pull her legs up during a transfer. She indicated if a gait belt was used, the belt would slide up to Resident #96's chest. She stated "we go by her mood that day." She indicated if it appeared Resident #96 would bear weight then "we do the arm and hold onto her pants." She stated "if it looks like she won't bear weight then we will arm and leg her." She indicated that meant where the staff held the resident underneath her arms and the back of her thighs.</p> <p>On 12/16/13 at 2:31 P.M., the Rehabilitation Manager indicated Resident #96 had received physical therapy after a post femur fracture. She indicated Resident #96 was discontinued from physical therapy on 11/29/13. She indicated the biggest obstacles Resident #96 faced during therapy was she was unable to follow simple commands and experienced some pain, limiting what she could do. She indicated therapy</p>				

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	<p>recommended the use of a gait belt for all residents who were not independent for transfers.</p> <p>On 12/17/13 at 3:46 P.M., the CNA Training Instructor indicated she instructed staff on safety, accident prevention, and gait belt use related to transfers. She indicated staff were required to use a gait belt if they transferred a resident who required assistance.</p> <p>On 12/18/13 at 12:15 P.M., The Director of Nursing provided the "Back Support Program and Gait Belt Policy" which indicated the following: "...Gait Belt Policy and Procedure: 1.) Gait belts will be distributed to each nursing assistant and are made available to LPN and RN. 2.) Gait belts are to be used at all times for transfers or mobility with the exception of recent surgical sites in the abdominal area. Colostomy sites, cardiac precautions, or hiatal hernias...."</p> <p>3.1-45(a)(2)</p>				

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F000406 SS=D	<p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES</p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on observation, interview and record review the facility failed to provide specialized rehabilitation services for a developmentally disabled person as recommended for 1 of 1 resident's reviewed for preadmission screening and resident review in a total sample of 1 (Resident #11).</p> <p>Finding include:</p> <p>During an observation on 12-18-13 at 9:30 a.m. Resident #11 was sitting in his wheelchair in the dayroom with his head in his hands.</p> <p>During observation on 12-18-13 at 11:00 a.m. Resident #11 was sitting in an group exercise activity in his wheelchair, the resident was not</p>	F000406	<p>Tag 406What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #11 has been set up for outside services starting on December 30th. The staff at AWS will come and see resident between 10:30-12 noon. Then starting January 7th resident #11 will be seen every Tuesday from 8:30am to 11:30am.Physician and brother notified.</p> <p>1/7/2014.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?All residents with diagnosis of MR/DD has the potential to be affected by this deficiency.All Level 2's has been reviewed for a diagnosis of MR/DD. Only one other resident residing in facility has a diagnosis of MR/DD. Resident MR# 3424-01. The last Annual Resident Review</p>	01/17/2014

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	<p>participating in the activity and was sitting behind all the other residents in the activity. When I attempted to talk with Resident #11 he looked up, but would not verbally respond. Interview with Activity staff at this time indicated the reason the resident was not actively participating in the exercise program was because she thought the resident was asleep. The Activity staff then gave Resident #11 an exercise band and he attempted to stretch it with his hands. The resident remained sitting behind the other residents, the residents participating were sitting in a large circle facing each other.</p> <p>Review of the record of Resident #11 on 12-18-13 at 11:40 a.m. indicated the resident's diagnoses included, but were not limited to, intellectual disabilities, dementia with behavior disturbance and epilepsy.</p> <p>The most current preadmission screening annual resident certification for Resident #11 dated 5-25-12 indicated the resident had a developmental disability. The resident required specialized services for a developmental disability provided by Adult Workshop Services (AWS). The identified need/goal to be provided by AWS were increase communication</p>		<p>Certification was done on 3/19/2013 and indicates that he requires NO additional services for a developmental disability. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? All residents with MR/DD diagnosis will be reviewed upon admission and quarterly by the IDT to ensure residents with MR/DD diagnosis are receiving necessary DD services. Social Services will be in-serviced by the ED on follow up recommendations from the Pre Screening/ Annual Resident Review Certification.</p> <p>12/31/2013. A CQI audit tool will be used monthly and present to the CQI Committee for review. All new admissions will diagnosis of MR/DD will be reviewed with the CQI audit form. Audit form will be reviewed at the 1st CQI Meeting following the admission. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place? To ensure compliance the Social Service Director/designee will be responsible for doing the CQI audit toll called Pre-Admission Screening/Annual Resident Review Certification monthly. The results of the audits will be reviewed by the CQI Committee overseen by the ED. If the threshold of 100% is not achieved</p>				

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	<p>and cognitive skills. Resident #11 had been involved in AWS since 8-30-07 and continued to go one time a week for improvement in cognition and social interactions. The resident appeared to enjoy his time in the community with AWS. The care plan goal included, but were not limited to, the resident would participate in the community hours each week.</p> <p>Review of the Social Services (S.S.) progress notes for Resident #11 from 7-1-13 to 12-18-13 indicated one progress note related to the residents need of AWS rehabilitation. The progress note dated, 9-26-13 at 11:04 a.m. indicated Bureau of Developmental Disabilities Services (BBDS) staff was at the facility to have a choice meeting with the resident. The resident was asked if he liked it at the facility and he said "no", but when asked where he would like to live the resident said nothing and had a blank stare. The resident would not answer anymore questions. The BBDS staff inquired if Resident #11 had been attending AWS for services. "This writer informed her that he has not been there for while due to the person working with him retired." "Contacted AWS in August and they stated they were having staffing issues and will contact us when</p>		<p>an action plan will be developed to assure compliance. Deadline 1/17/2014</p>				

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	<p>cleared up." "They have yet to contact us for him to attend." "BBDS staff will contact AWS to find out why and to get the services started again." BBDS staff will return in October to review Resident #11 again to see if he likes his stay here and also review his plan to attend AWS.</p> <p>The individualized support plan for Resident #11 completed by the BBDS generalist dated, 10-18-13 indicated Resident #11 may benefit from continued community outings for socialization and cognitive stimulation. Resident #11 is not able to make his basic wants and needs known with assistance from another person. The resident is able to state short one word phrases and requires staff to be familiar with him in order to know if he needs something or if he is ill. The resident had been enrolled in AWS for the past year but had been unable to go due to short staffing with AWS. The resident will restart with AWS in November 2013. The resident currently is set for 13 individualized hours in the community.</p> <p>Interview with S.S. on 12-18-13 at 11:56 a.m. indicated Resident #11 had not received AWS since November 2012. The S.S. indicated the person that had worked with</p>			

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	<p>Resident #11 from AWS had retired and he was never replaced. S.S. indicated BBDS staff came and put a plan in place for Resident #11 to restart the specialized services back in November, but the facility had not heard from AWS. The S.S. indicated she had started the position in March 2013 and had not attempted to contact services from other AWS in other local areas to provide the services for Resident #11 and was unsure if anyone had before March 2013.</p> <p>Observation on 12-18-13 at 12:20 p.m. Resident #11 was sitting in the TV lounge at a table alone with his lunch in front of him. The resident drank two glasses of fluids and did not attempt to eat his food. On 12-18-13 at 12:25 p.m. facility staff sat next to Resident #11 and asked if he would like her to help him eat his chicken. Resident #11 did not verbally respond but did look at the facility staff and smile. The facility staff began feeding Resident #11.</p> <p>Interview with the AWS staff on 12-18-13 at 12:35 p.m. indicated the staff that worked with Resident #11 had retired and they have not had the staff to work with Resident #11, but they did have trained now and would</p>			

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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE REHABILITATION & HEALTHCARE CENTEF	STREET ADDRESS, CITY, STATE, ZIP CODE 281 S CR 200 E CONNERSVILLE, IN 47331
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>be starting services for Resident #11 the first part of January 2014.</p> <p>Interview with the BBDS generalist on 12-18-13 at 2:30 p.m. indicated she did the assessment for Resident #11 and felt he would greatly benefit from AWS for cognitive and socialization stimulation. The BBDS generalist indicated she did not know the resident had still not been provided with the AWS services. The BBDS generalist indicated she had thought Resident #11 had started these services in November 2013 and was going to do a follow up with AWS and the facility. The BBDS generalist indicated no one had contacted her regarding Resident #11 not receiving services for a year or that he still had not received the services at this time.</p> <p>The Social Services Director position description provided by the Administrator on 12-18-13 at 12:40 p.m. indicated the summary of position functions was "The Social Service Director provides medically-related social services to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The essential position functions included, but were not limited to, provide assistance to</p>			

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	<p>residents to utilize community resources through referral when the services needed are not provided by the facility.</p> <p>3.1-23(a)(2)</p>			