

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155705	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2012
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NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 801 N HUNTINGTON AVE WARREN, IN 46792
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F0000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey Dates: 6/04-6/12/12</p> <p>Facility number: 000542 Provider number: 155705 AIM number:: 100267380</p> <p>Survey Team: Shelley Reed RN TC Julie Call RN Virginia Terveer RN Linn Mackey RN, 6/04-6/8/12</p> <p>Census Bed Type: SNF: 12 NF: 127 Residential: 169 Total: 308</p> <p>Census Payor Type: Medicare: 12 Medicaid: 70 Other: 226 Total: 308</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 6/18/12</p>	F0000		
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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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	Cathy Emswiller RN				

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F0160 SS=A	<p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>Based on interview and record review, the facility failed to return personal funds to the appropriate agency after the resident's death for 1 of 3 records in a sample of 3 closed records reviewed for conveyance of funds. (Resident #31)</p> <p>Findings include:</p> <p>During an interview on 6/8/2012 at 2:30 p.m. with the Administrator #7, she provided a list of residents who had died in past 6 months.</p> <p>The statements of conveyance of resident funds was presented on the list provided and included Resident #31.</p> <p>During record review on 6/8/2012 at 3:00 p.m., the accounting statements of conveyance dated from 01/01/12 to 06/08/12 for Resident #31, indicated a balance of \$66.14 had remained in Resident # 31 account since his death on 04/23/12 and had not been</p>	F0160	<p>All resident accounts having personal fund accounts were reviewed to ensure they were returned within 30 days.</p> <p>A check was immediately sent to the appropriate recipient (agency) for Resident #31.</p> <p>Business Office staff have been re-inserviced on the "Conveyance of Personal Funds Upon Death".</p> <p>Resident funds will be monitored weekly to ensure conveyance of funds upon death are sent within 30 days. Any concerns will be reported to the QA Committee quarterly or more often if needed for review and recommendations.</p>	06/22/2012	

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	<p>returned to the appropriate agency within 30 days of resident's death.</p> <p>3.1-6(h)</p>			

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F0164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on observation, interview and record review, the facility failed to provide personal privacy for toileting for 1 of 2 residents in a sample of 40 reviewed. (Resident #107)</p> <p>Findings include:</p> <p>During observation on 6/4/12 at 12:24</p>	F0164	<p>All healthcare resident rooms were identified as having the potential to be affected.</p> <p>Privacy curtains will be placed on bathroom doors in rooms that have had the door removed so that the resident could maneuver through the doorway easily.</p> <p>In-services will be given to direct</p>	06/25/2012			

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	<p>p.m., Resident #107 did not have a door separating the bathroom from the living room and bedroom.</p> <p>During an interview on 6/4/12 at 2:30 p.m., CNA # 6 indicated Resident #107 could not fit into the bathroom while in his wheelchair because of the size of his wheelchair and the resident. She indicated the resident was taken down the hall to the handicap bathroom during the day to be toileted. If the resident needed to use the bathroom at night, he was either given a bedpan or a urinal to use.</p> <p>During record review on 6/4/12 at 3:30 p.m., the minimum data set (MDS) assessment dated 4/13/12, indicated Resident #107's diagnoses included, but were not limited to, heart failure, dementia, anxiety and diabetes mellitus. The MDS assessment indicated Resident #107's functional status as a two person assist for bed mobility and transfer and a 1 person assist for toileting.</p> <p>3.1-3(p)(1)</p>		<p>care staff regarding personal privacy for residents.</p> <p>Residents will be monitored weekly for 4 weeks then monthly to ensure all residents have personal privacy and a safe, clean comfortable and homelike environment. Residents and/or families will be interviewed quarterly to ensure resident privacy. Problems or concerns will be reviewed by the QA Committee quarterly or more often as needed for recommendations.</p>		

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F0252 SS=D	<p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>Based on observation, interview and record review, the facility failed to provide a bathroom door between the bathroom and living quarters 1 of 40 residents in a sample of 40 reviewed. (Resident #107)</p> <p>Findings include:</p> <p>During observation on 6/4/12 at 12:24 p.m., Resident #107 did not have a door separating the bathroom from the living room and bedroom.</p> <p>During an interview on 6/4/12 at 2:30 p.m., CNA # 6 indicated Resident #107 could not fit into the bathroom while in his wheelchair because of the size of his wheelchair and the resident. She indicated the resident was taken down the hall to the handicap bathroom during the day to be toileted. If the resident needed to use the bathroom at night, he was either given a bedpan or a urinal to use.</p> <p>During record review on 6/4/12 at 3:30 p.m., the minimum data set</p>	F0252	<p>All healthcare resident rooms were identified as having the potential to be affected.</p> <p>Privacy curtains will be placed on bathroom doors in rooms that have had the door removed so that the resident could maneuver through the doorway easily.</p> <p>In-services will be given to direct care staff regarding personal privacy for residents.</p> <p>Residents will be monitored weekly for 4 weeks then monthly to ensure all residents have personal privacy and a safe, clean comfortable and homelike environment. Residents and/or families will be interviewed quarterly to ensure resident privacy. Problems or concerns will be reviewed by the QA Committee quarterly or more often as needed for recommendations.</p>	06/25/2012			

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	(MDS) assessment dated 4/13/12, indicated Resident #107's diagnoses included. but were not limited to, heart failure, dementia, anxiety and diabetes mellitus. The MDS assessment indicated Resident #107's function status as a two person assist for bed mobility and transfer and a 1 person assist for toileting. 3.1-9(a)				

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F0315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure Foley catheter care/emptying policies were followed for 2 of 2 residents reviewed in a sample of 4 residents with Foley catheters during 2 of 10 direct care observations involving 2 of 11 staff observed (CNA #1 and #4). (Resident #24 and #105).</p> <p>Findings include:</p> <p>1. On 6-4-2012 at 12:38 p.m., Resident #105 was observed sitting in her recliner with the catheter bag laying on the floor.</p> <p>On 6-7-2012 at 8:12 a.m., Resident #105 was observed being assisted from the bed to the recliner by CNA #1. The catheter bag was hung on the side of the recliner's pocket by</p>	F0315	<p>All residents with catheters were identified for the potential to be affected.</p> <p>Velco hooks have been applied to recliners and beds of residents with urinary catheters to ensure bag and tubing remain off the floor. The facility consulted with an Infection Preventionist to ensure the facility's plan of correction was all inclusive.</p> <p>In-services will be completed for direct care staff on Daily Catheter Care and Urinary Drainage Bag Emptying as well as infection control practices.</p> <p>The ADON will monitor weekly for 3 months then monthly to ensure compliance. Problems or concerns will be reviewed by the QA Committee quarterly or more often if needed for recommendations.</p>	06/25/2012	

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	<p>CNA #1 and the catheter bag rested on the floor.</p> <p>On 6-7-2012 1:30 p.m., CNA #1 was observed emptying the catheter bag of resident #105; Prior to the procedure CNA #1 performed hand washing and donned gloves. The catheter bag was observed hanging on the bed frame in a catheter bag cover and the drain bag tubing was hanging dependant to the catheter bag. CNA #1 removed the catheter bag from the catheter bag cover and laid the catheter bag on floor in an attempt to get the urine to flow into the catheter bag from the tubing. CNA #1 opened the catheter bag, drained the urine into a urinal and closed the catheter bag. When the procedure was finished, CNA #1 was observed placing the catheter bag in the catheter cover and hung the catheter bag on the bed frame with the tubing hanging dependant of the catheter bag. CNA #1 was observed to wash hands after emptying the urinal.</p> <p>The record review for Resident #105 began on 6-7-12 at 2:37 p.m., indicated the resident was admitted on 5-11-12 with diagnoses including but not limited to History of A-Fib (Atrial Fibrillation), necrotizing Fasciitis, DM II (Diabetes Mellitus</p>			

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	<p>Type 2), HTN (Hypertension), Hypokalemia, edema, Anemia, Dyslipidemia, CRF 3 (Chronic Renal Failure Stage 3). Additional diagnoses were found in the physician's order section and signed by the physician on 5-15-12 for GERD (Gastrointestinal reflux disease), Rehabilitation and aftercare following surgery</p> <p>On 6-8-2012 at 8:25 a.m., Resident #105 was observed sitting in her chair with the catheter bag hanging on the chair side pocket with the catheter cover on and the bottom of the bag resting on floor. The catheter bag tubing was observed laying on floor and dependant to the catheter bag.</p> <p>2. On 06-05-2012 at 10:55 a.m., Resident #24 was observed to have a catheter bag laying on a chux (pad) on the floor next to her recliner.</p> <p>On 6-7-2012 at 8:30 a.m., Resident #24 was observed being assisted by CNA #4 from the dining room to her room with the catheter tubing dragging on the floor for several feet.</p> <p>The record review for Resident #24 began on 6-7-2012 at 10:05 a.m., indicated the resident was admitted on 3-15-2012 with diagnoses</p>						

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	<p>including but not limited to rehabilitation, difficulty walking, muscle weakness, debility, candidiasis, neurogenic bladder, edema, hypopotassemia, rhinitis, neuropathy, venous thrombosis and embolism, osteoporosis, anxiety.....</p> <p>On 6-8-2012 at 11:30 a.m., the policy titled "Urinary Drainage Bag-Emptying" was provided by the DON and indicated "use....aseptic technique, to prevent the risk of infection..." and"to place paper towel on floor under the bag and place graduate container on the paper towel". "Clean the end of the tube with an alcohol swab before replacing the tube on the drainage bag".....</p> <p>On 6-8-2012 at 11:30 a.m., the policy titled "Daily Catheter Care" was provided by the DON and indicated to "Check tubing for positioning".....</p> <p>On 6-8-2012 at 1:15 p.m., during an interview with the ADON/Infection Control Nurse indicated the catheter bag should be placed so the bag and tubing are not on the floor.</p> <p>On 6-8-2012 at 2:35 p.m., an</p>			

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	<p>interview with RN #3, the CNA instructor, indicated the CNAs (Certified Nursing Assistants) are instructed to place the catheter bag below the bladder, not on the floor, and to keep the tubing off the floor and in a downward position so the urine flows into the bag to prevent the possibility of infection.</p> <p>3.1-41(a)(2)</p>			