STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155022		03/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF SHELBYVILLE	2309 S MILLER ST SHELBYVILLE, IN 46176

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F 000 Bldg. 00	This visit was for the Investigation of Complaint IN00168893. Complaint IN00168893 -- Substantiated. Federal/state deficiencies related to the allegations are cited at F225 and F226. Survey dates: March 25, 26 and 27, 2015 Facility number: 000009 Provider number: 155022 AIM number: 100274760 Survey team: Penny Marlatt, RN Census bed type: SNF/NF: 72 Total: 72 Census payor type: Medicare: 6 Medicaid: 57 Other: 9 Total: 72 Sample: 3 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.	F 000	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. We respectfully request a paper compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Quality review completed on April 1, 2015 by Cheryl Fielden, RN.			
F 225 SS=D Bldg. 00	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. 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			

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	the incident, and if the alleged violation is verified appropriate corrective action must be taken.			
	Based on interview and record review, the facility failed to report an allegation of staff to resident verbal abuse to the Indiana State Department of Health (ISDH) and other officials in accordance with state law for 2 of 3 residents reviewed for abuse in a sample of 3. (Resident #B and #C) Findings include: In an interview with the Administrator on 3-25-15 at 5:40 p.m., she indicated LPN #1 received an allegation of verbal abuse by two staff members towards Resident #B and #C approximately 1 month ago from a facility consultant. She indicated she received a phone call from LPN #1 the same evening the allegation had been made, after LPN #1 had checked on both residents and spoken with CNA #2 and CNA #3. She indicated LPN #1 described the allegation of verbal abuse as CNA #2 repeating to CNA #3 of a type of statement that Resident #C has said to or about Resident #B. She indicated LPN #1 did not feel any abuse had taken place, after checking on both residents and speaking to the two CNA's. She indicated Resident #C's behaviors include "a long history of being loud and	F 225	**F 225 – INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS**It is the practice of the facility not to employ individuals who have been found guilty of abusing, neglecting, or mistreating residents. The facility also ensures that all allegations of abuse are investigated timely and reported to the proper authorities. Corrective action will be accomplished for resident #B and #C by submitting incident report to ISDH which was completed on 03/27/15. All residents in the facility have the potential to be affected by the deficient practice – any allegation of abuse will be reported per facility policy and procedure to the ISDH.Staff/Contract staff will be educated on the Elder Justice Act, Resident Rights, Abuse and Reporting abuse. Random residents will be interviewed – 5 residents a week times 6 weeks then monthly thereafter times 12 months utilizing a QA and audit tool to ensure no unusual occurrence has happened.	04/26/2015

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	saying inappropriate or doing inappropriate things." She indicated Resident #B had a history of crying behaviors. The Administrator indicated she did not file a report of this event with ISDH "because these are fairly common behaviors for these residents." She indicated she did complete an investigation into this event. In an interview with the Administrator on 3-26-15 at 12:15 p.m., she indicated she did not view this event as an allegation of abuse, but simply as common behavioral issues related to each resident's behaviors. She felt it was a case of overhearing words being said from down the hall and through a closed door which could easily have resulted in misinterpreted information. On 3-25-15 at 4:40 p.m., the Administrator provided a copy of policy entitled, "Abuse Prohibition, Reporting, and Investigation." This policy was indicated to be the policy currently utilized by the facility. This policy indicated, "It is the policy of [name of the facility] that all residents have the right to be free from verbal, sexual, physical and mental abuse...has policies and procedures in place that ensures that all			

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	alleged violations involving mistreatment, neglect or abuse...are reported immediately to the Administrator of the facility and to other officials in accordance with State law through established procedures (including the State survey and certification agency.)." [sic] This Federal tag relates to Complaint IN00168893. 3.1-28(a) 3.1-28(c)			
F 226 SS=D Bldg. 00	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. Based on interview and record review, the facility failed to implement their written policies and procedures regarding the reporting of an allegation of staff to resident verbal abuse to the Indiana State Department of Health (ISDH) and other officials in accordance with state law for 2 of 3 residents reviewed for abuse in a sample of 3. (Resident #B and #C) Findings include:	F 226	**F226 –DEVE.OP/IMPLEMENT ABUSE/NEGELCT, ETC POLICIES**It is the practice of the facility to develop and implement policies and procedures that prohibit abuse and reporting of such on a timely basis to the proper authorities.Corrective action will be accomplished for resident #B and #C by submitting incident report to ISDH which was completed on 03/27/15.All residents in the facility have the	04/26/2015

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