

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 04/29/2015
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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE REHABILITATION & HEALTH CARE CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 281 S CR 200 E CONNERSVILLE, IN 47331
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00169596.</p> <p>Complaint IN00169596 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: April 28 and 29, 2015</p> <p>Facility number: 000225 Provider number: 155332 AIM number: 100267670</p> <p>Census bed type: SNF/NF: 91 Total: 91</p> <p>Census payor type: Medicare: 9 Medicaid: 68 Other: 14 Total: 91</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>FOO The creation and submission of this plan of correction does not constitute an admission by this provider of any 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 5/29/2015</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 225 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>			

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	<p>Based on interview and record review, the facility failed to ensure an allegation of verbal and mental abuse for 1 of 3 residents reviewed for abuse in a sample of 3 was promptly and thoroughly investigated, that the resident was appropriately protected from possible further abuse and the allegations of abuse were reported to the Indiana State Department of Health and other officials in a timely manner. This deficient practice has the potential to allow unidentified abuse continue with possible further harm to the resident. (Resident #D)</p> <p>Findings include:</p> <p>During an interview with Resident #D on 4-28-15 at 8:37 p.m., she indicated, on an unspecified date, she had turned her call light on during the night shift. She indicated a female employee responded to her call light, "and was hateful and yelled at me that I was not to turn that call light on anymore." She indicated she was unable to identify the employee, but her roommate, Resident #C, did recognize her. Resident #D indicated she "turned her in," to the facility administration. She indicated the facility's Executive Director came to speak with her later the same day regarding the events.</p>	F 225	<p>F225 What corrective action(s) will be accomplished for those affected by the deficient practice Resident #D will be visit daily by ED or designee to see resident for any concerns with call light or staff being inappropriate to insure no further allegations not being reported timely Resident #D has been discharged home on May 16, 2015 How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents have the potential to be affected ED reviewed all report of concerns from 1/1/2015 to present and found all allegations of verbal/ mental abuse has been reported timely to ISDH 5/1/2015 All residents were interviewed by IDT team using the QIS abuse questionnaire to ensure all residents are able to voice concerns, neglect, misappropriation of property If any positive responses are received, the ED will be immediately notified, it will be reported to the State, and a thorough investigation will be completed 5/29/2015 What measures will be put into place or what systemic changes you will make to ensure practice does not reoccur? All reports of concern will be reported to the ED immediately for appropriate reporting, investigation and follow up All nurses will be in-serviced on how to fill out report and to</p>	05/29/2015

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	<p>Review of Resident #D's clinical record on 4-29-15 at 10:45 a.m., indicated she was admitted to the facility on 3-5-15. In review of the nursing progress notes throughout her stay and the Minimum Data Set assessment, dated 3-12-15, it indicated Resident #D was cognitively intact.</p> <p>In an interview with Resident #C at the same time, she indicated she did not know the name of the particular CNA that Resident #D was referring to, but she knew what she looked like and had not seen her working on their hall since the events of the night in question.</p> <p>Review of Resident #C's clinical record on 4-29-15 at 10:15 a.m., indicated the nursing progress notes throughout her stay and the Minimum Data Set assessment, dated 3-13-15, indicated Resident #C was cognitively intact.</p> <p>On 4-29-15 at 12:45 p.m., the Executive Director provided a copy of a document entitled, "Resident/Family Concern/Grievance Form." This form indicated Resident #D had voiced a grievance on 4-13-15, untimed, regarding a concern for an event on 4-13-15 around 2:30 a.m. It indicated the resident was concerned about, "CNA yelled and told</p>		<p>report timely to ED/DNS of any allegations of verbal and mental abuse All employees will be in serviced on timely reporting of any allegation of verbal/mental abuse to ED/DNS on 5/28/2015 All new employees will received in service at orientation ED and DNS will be in service regarding reporting immediately to ED and reporting immediately to ISDH by Julia Ramsey RNDNSS on 5/18/2015 How will corrective actions be monitored to ensure deficient practice does not occur? Deficient practice will be reviewed using CQI tool weekly for 4 weeks and monthly for 6 months completed by 1/1/2015 If 100% compliance is not achieved an action plan will be developed Completion date 5/28/2015</p>	

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	<p>resident, 'Do not push that red button [call light] anymore!' Then [the CNA] went on complaining of how she didn't have any help. [The CNA] refused to help resident. [The CNA] told her you don't need any help because you are up ad lib [able to walk independently]. State (resident) [sic] that CNA was very rude." This document was signed and dated on 4-14-15 by the Director of Nursing (DON) and the Executive Director.</p> <p>In an interview with the DON on 4-29-15 at 12:45 p.m., she indicated after she interviewed CNA #1 and spoke with the family of Resident #D and the Executive Director had spoken with the resident, there did not seem to be any actual abuse. She indicated she did not view this incident as an abuse situation, but as a grievance.</p> <p>In an interview with the Executive Director on 4-29-15 at 11:25 a.m., she indicated the facility did not report an allegation of abuse in regards to Resident #D to ISDH.</p> <p>In an interview with the Executive Director on 4-29-15 at 4:00 p.m., she indicated, according to the work schedule, CNA #1 was scheduled on 4-13-15 to work 3:00 a.m. until 3:00 p.m. and was not working on 4-14-15. The</p>			

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	<p>Administrator provided a copy of CNA #1's time clock information which indicated she clocked in on 4-13-15 at 2:59 a.m. and clocked out at 3:06 p.m. It indicated she did not work on 4-14-15.</p> <p>On 4-29-15 at 1:10 p.m., the DON provided a copy of a policy entitled, "Abuse Prohibition, Reporting, and Investigation." This policy had a revision date of March, 2015 and was indicated to be the current policy in effect. This policy indicated, "It is the policy of [corporate name] to protect residents from abuse including physical abuse, sexual abuse, verbal abuse, mental abuse...All abuse allegations/abuse must be reported to the Executive Director immediately...The Executive Director/designee will report all unusual occurrences, which include allegations of abuse, immediately, to the Long Term Care Division of the Indiana State Department of Health...Any staff member implicated in the alleged abuse will be removed from the facility at once and will remain suspended until an investigation is completed...The Executive Director or the Director of Nursing is responsible for notifying the following agencies immediately, as outlined in the 'Unusual occurrence reporting guidelines'. [sic] Indiana State Department of Health, Adult Protective</p>			

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F 226 SS=D Bldg. 00	<p>Services, Ombudsman, Director of Operations."</p> <p>3.1-28(c) 3.1-28(d) 3.1-28(e)</p> <p>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 ensure their policies and procedures related to abuse were followed for 1 of 3 residents reviewed for abuse in a sample of 3 as evidenced by not providing protection to a resident who had alleged verbal and mental abuse and as evidenced by a lack of reporting of an allegation of verbal and mental abuse to the Indiana State Department of Health and other officials in a timely manner. This deficient practice has the potential to allow unidentified abuse continue with possible further harm to the resident. (Resident #D)</p> <p>Findings include:</p>	F 226	F-226 What corrective action(s) will be accomplished for those affected by the deficient practice Resident# D will be visit daily by ED or designee daily to see resident for any concerns or staff being inappropriate to insure no further allegations not being reported timely Resident #D has been discharged home on 5/16/2015 How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken All residents have the potential to be affected ED reviewed all reports of concern from 1/1/2015 to present and found all allegations of verbal/mental abuse has been reported timely to the ISDH 5/1/2015 All residents were	05/29/2015	

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	<p>immediately...The Executive Director/designee will report all unusual occurrences, which include allegations of abuse, immediately, to the Long Term Care Division of the Indiana State Department of Health...Any staff member implicated in the alleged abuse will be removed from the facility at once and will remain suspended until an investigation is completed...The Executive Director or the Director of Nursing is responsible for notifying the following agencies immediately, as outlined in the 'Unusual occurrence reporting guidelines'. [sic] Indiana State Department of Health, Adult Protective Services, Ombudsman, Director of Operations."</p> <p>3.1-28(a)</p>			