

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2012
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NAME OF PROVIDER OR SUPPLIER VILLAGE OF HERITAGE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 17, 18, 19, 20 & 21, 2012</p> <p>Facility number: 002549 Provider number: 155729 AIM number: 200289420</p> <p>Survey team: Angela Strass, RN-TC Sue Brooker, RD Rick Blain, RN Diane Nilson, RN</p> <p>Census bed type: SNF/NF: 61 Total: 61</p> <p>Census payor type: Medicare: 5 Medicaid: 41 Other: 15 Total: 61</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 26, 2012 by Bev Faulkner, RN</p>	F0000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. The Village of Heritage maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, The Village of Heritage asserts that it is in substantial compliance with regulations governing the operation of long term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance and, thereby, we request resurvey to verify such as of October 12, 2012. Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated or accomplished</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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			corrective action. These do not necessarily chronologically correspond to the date that The Village of Heritage is under the opinion that it was in compliance with the requirements of participation or that corrective action was necessary. William R. Watson, II, LHFA, Fellow of ACHCA Executive Director 5 October 2012	

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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to shave 1 of 1 resident (Resident #14) at his request to maintain his dignity.</p> <p>Findings include:</p> <p>Resident #14 was interviewed on 9/17/12 at 10:10 a.m. During the interview, he was observed to have several days growth of facial hair. Resident #14 indicated he had asked to be shaved this morning when he finished breakfast and staff told him to return to his room and they would be in shortly to shave him. He also indicated he had remained in his room, but no one had been in yet to shave him.</p> <p>A family member of Resident #14 was interviewed on 9/19/12 at 11:50 a.m. During the interview he indicated his loved one was upset over not being shaved. He also indicated his grandfather was always clean shaven and took pride in his appearance.</p>	F0241	<p>It is the policy of this provider to provide care for residents in a manner that enhances resident dignity and respect in full recognition of his/her individuality</p> <p><u>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</u> Resident #14 was shaved by staff. The Care Plan for Resident #14 was updated to reflect his wishes and the wishes of his family.</p> <p><u>2. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</u> Residents who have the propensity to be affected by the same alleged deficient practice would be those male residents who wish to have facial hair shaved daily and have not had such shaving done. No other residents were so identified.</p> <p><u>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u> House-wide staff members have received training related to dignity. Random audits</p>	10/12/2012			

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	<p>During an observation on 9/19/12 at 2:55 p.m., Resident #14 was seated at the nurse's station taking his medication. He was observed to still have the same growth of facial hair as was observed in the morning. He was instructed by Activity #1 to return to his room and staff would take him shortly to the shower room to shave him.</p> <p>During an observation of Resident #14 on 9/20/12 at 1:42 p.m., he was observed seated in his easy chair in his room. He was observed to have a day's growth of facial hair. He indicated he had not yet been shaved.</p> <p>Review of the clinical record for Resident #14 on 9/20/12 at 1:47 p.m., indicated the diagnoses included, but were not limited to, Alzheimer's disease.</p> <p>A Minimum Data Set assessment for Resident #14, dated 8/30/12, indicated he was independent in personal hygiene.</p> <p>A Resident Preference Interview form for Resident #14, dated 5/23/12, indicated his scheduled days for a shower were Tuesday and Saturday. The interview form did not indicate</p>		<p>assuring that male residents have been timely shaved will continue weekly for 4 weeks and monthly thereafter for 6 months, then by the recommendation after review of the PI/QA&A committee. <u>4.</u> <u>How will the corrective actions be monitored to ensure the deficient practice does not recur?</u> Information gathered from the audit tools will be forwarded to the DON for inclusion in the monthly QA&A meeting. Recommendations for changes for monitoring will be forwarded back to the Director of Nursing for implementation. <u>5.</u> <u>By what date will the systemic changes be completed?</u> October 12, 2012.</p>	

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	<p>how often he wanted to be shaved.</p> <p>A facility care plan for Resident #14, with a review date of 9/12/12, indicated the problem area of resident requires minimal assistance with ADL (Activity of Daily Living) tasks due to Alzheimer's disease. Approaches to the problem included, but were not limited to, provide cues/supervision/assist as needed, give adequate time to complete tasks, and personal hygiene: independent and x (times) 1 assist.</p> <p>A family member of Resident #14 was interviewed on 9/20/12 at 2:44 p.m. During the interview he indicated his loved one preferred to be shaved with the electric razor the facility used. He also indicated Resident #14 had expressed his concern to him when he still had not been shaved by noon on 9/17/12. He further indicated he felt his loved one should be shaved daily.</p> <p>Certified Nursing Assistant (CNA) #2 was interviewed on 9/20/12 at 2:52 p.m. During the interview she indicated CNA's did not chart on when male residents were shaved, it was just something that was done. She also indicated when facial hair growth was visible on a male resident,</p>						

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	<p>they were shaved during the resident's daily morning routine. She further indicated if a male resident asked to be shaved, he would be shaved as soon as possible.</p> <p>Social Services #3 was interviewed on 9/20/12 at 3:04 p.m. During the interview she indicated a resident should be shaved when requested and should also be shaved if a growth of facial hair was observed.</p> <p>The facility "Resident Rights" handbook, updated on 8/26/12, indicated "...A facility must care for its residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality...."</p> <p>3.1-3(t)</p>				

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