

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/09/2016
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 SOLDIERS HOME RD WEST LAFAYETTE, IN 47906
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F 0000 Bldg. 00	<p>This visit was for Recertification and State Licensure Survey.</p> <p>Survey dates: Feburary 3, 4, 5, 8, & 9, 2016</p> <p>Facility number: 000271 Provider number: 155402 AIM number: 100291260</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type: Medicare: 11 Medicaid: 48 Other: 8 Total: 67</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 21662 on February 15, 2016.</p>	F 0000	<p>This Plan of Correction is submitted as required under Federal and State regulations and statues applicable to long term care providers. This Plan of Correction does not constitute and admission of liability on the part of this facility, and such liability is hereby specifically denied.</p> <p>The submission of the this plan does not constitute an agreement by the facility that the Surveyors' findings or conclusions are accurate, that the findings constitute a deficiency or that the scope of severity regarding any of alleged deficiencies cited are correctly applied.</p>	
F 0278 SS=D	483.20(g) - (j) ASSESSMENT			

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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Bldg. 00	<p>ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, record review, and interview, the facility failed to correctly identify and accurately assess the residents' dental status and Hospice status for 3 of 5 residents reviewed for dental and Hospice (Resident #44, Resident #55, Resident #101).</p> <p>Findings include:</p>	F 0278	F 278 It is the practice of Heritage Healthcare that the assessment accurately reflect the residents' true status. Corrective Action: The MDS assessments for resident #44 and #55 were reviewed and revised by MDS Coordinator, to include the prognosis of life expectancy of 6 months or less. The oral assessment for resident #101 was corrected. An MDS revision	03/10/2016			

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	<p>1. The record for Resident #44 was reviewed on 2/5/15 at 2:00 p.m. Diagnoses included, but were not limited to, hepatic encephalopathy, cellulitis, cirrhosis of liver, chronic hepatitis C.</p> <p>Physician's order dated 10/1/14, indicated admission to Hospice with diagnosis of hepatic encephalopathy, cellulitis, cirrhosis of liver, chronic hepatitis C, and the resident had a prognosis of six months or less.</p> <p>An Annual Minimum Data Set Assessment (MDS), dated 10/21/15, indicated Resident #44 was on hospice and did not have a prognosis of six months or less.</p> <p>During an interview with the MDS coordinator on 2/8/16 at 8:36 a.m., regarding the hospice status of Resident #44, she indicated hospice was noted on the MDS, but that Resident #44 did not have a prognosis of less than six months indicated on the MDS.</p> <p>2. The record of Resident #55 was reviewed on 2/5/16 at 3:00 p.m. Diagnoses included, but were not limited to, malignant neoplasm of the bronchus, flaccid hemiplegia, chronic obstructive pulmonary disease.</p>		<p>modification was completed for residents #44, #55 and #101 to include accurate information.</p> <p>Others Identified: All hospice residents' clinical record were reviewed by MDS Coordinator and no other deficiencies were noted. A 100% oral assessment review was conducted by Nursing management for accuracy and MDS staff revised as required.</p> <p>Measures in Place: MDS staff have been in-serviced regarding hospice residents' plan of care, assessments and coding by the RUS. MDS staff will make direct observation of residents prior to completing MDS assessment. Licensed Nursing staff will be in-serviced by SDC, to include accurate oral assessments.</p> <p>Monitoring: The DON or designee will review all hospice assessments for accuracy of coding prior to transmission times 6 months. All findings will be presented and reviewed at the monthly PI meeting times 6 months. PI will determine if further audits are required. Date of Completion: March 10, 2016</p>		

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	<p>A physician's order, dated 11/25/15, indicated admission to Hospice with diagnosis of malignant neoplasm of the bronchus, and the resident had a prognosis of six months or less.</p> <p>A Significant Change MDS assessment dated 12/7/15, indicated Resident #55 was on hospice and did not have a prognosis of six months or less.</p> <p>During an interview with the MDS coordinator on 2/8/16 at 8:36 a.m., regarding the hospice status of Resident #55, she indicated that hospice was noted on the MDS, but that Resident #55 did not have a prognosis of less than six months indicated on the MDS.</p> <p>3. The record of Resident #101 was reviewed on 2/5/2016 at 9:09 a.m. Diagnoses included, but were not limited to, chronic ischemic heart disease, hyperlipidemia, hypertension, anxiety disorder, gastroesophageal reflux disease, chronic obstructive pulmonary disease, and history of cerebrovascular accident.</p> <p>During resident observation on 2/4/2016 at 10:39 a.m., Resident #101 was observed to be edentulous (being without teeth).</p> <p>The nutritional data assessment dated 1/12/16 had the condition of dentition</p>			

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	<p>marked as having own teeth with no chewing or swallowing issues.</p> <p>The nursing oral assessment dated 1/6/2016 indicated Resident #101 had a full set of his own teeth.</p> <p>The MDS admission assessment was not marked as being edentulous.</p> <p>During an interview on 2/5/2016 at 2:06 p.m., with the MDS coordinator, she indicated MDS should do their own resident assessments and refer to nursing assessments or nursing notes for review.</p> <p>During an interview on 2/5/2016 at 2:38 p.m., with the Director of Nursing, she indicated the initial head to toe assessments and quarterly assessments are completed by licensed nursing staff. The assessments are not doubled checked for accuracy.</p> <p>3.1-31(a) 3.1-31(d)(3)</p>			

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F 0279 SS=D Bldg. 00	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, record review, and interview, the facility failed to develop a plan of care related to dental status for 1 of 3 residents reviewed for dental services. (Resident #101)</p> <p>Findings include:</p> <p>The clinical record of Resident #101 was reviewed on 2/5/2016 at 9:09 a.m.. Diagnoses included, but were not limited to, chronic ischemic heart disease, hyperlipidemia, hypertension, anxiety</p>	F 0279	<p>F 279</p> <p>The facility will develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>Corrective Action: Resident #101 had a care plan completed for his accurate oral status and a modified MDS completed and transmitted to reflect his accurate oral status</p> <p>Others Identified: A 100% oral</p>	03/10/2016

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	<p>disorder, gastroesophageal reflux disease, chronic obstructive pulmonary disease, and history of cerebrovascular accident.</p> <p>During resident observation on 2/4/2016 at 10:39 a.m., Resident #101 was observed to be edentulous (being without teeth).</p> <p>During record review on 2/5/2016 at 10:43 a.m., there was no care plan noted related to Resident #101 oral status.</p> <p>During record review on 2/5/2016 at 1:34 p.m., the Minimum Data Set (MDS) admission assessment was not marked as being edentulous.</p> <p>During an interview on 2/5/2016 at 2:06 p.m., with the MDS Coordinator, she indicated any resident with missing teeth, no teeth, cavities, or other dental issues are care planned and Resident #101 should have been care planned for being edentulous.</p> <p>3.1-35(a)</p>		<p>assessment audit, MDS audit and care plan audit was conducted by Nursing management to ensure accuracy and care plan compliance.</p> <p>Measures in Place: MDS staff have been in-serviced by the RUS regarding accurate oral care plans reflecting the residents' current oral status.</p> <p>Monitoring: Nursing management will audit 5 oral assessments/care plans/MDS assessments weekly times 12 weeks then 5 assessments/care plans/MDS assessments monthly times three months. Results will be presented at PI times 6 months. PI will determine the need for further audits.</p> <p>Date of Completion: March 10, 2016</p>		

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F 0280 SS=D Bldg. 00	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to revise the plan of care based on recommendations by the consulting pharmacist and approved by the physician for 1 out of 5 residents reviewed for unnecessary medications. (Resident #60).</p> <p>Findings include:</p> <p>The record for Resident #60 was reviewed on 2/05/2016 at 2:39 p.m. Diagnoses included, but were not limited to, hemiplegia, hypertension, aphasia, depressive disorder, diabetes mellitus type II, cerebrovascular accident, asthma,</p>	F 0280	<p>F 280</p> <p>The facility will revise care plans of care based on recommendations by the Pharmacist and approved by the physician.</p> <p>Corrective Action: Resident #60's care plan was revised by the DON to reflect monitoring for effectiveness and potential adverse consequences for antiplatelet agents.</p> <p>Others Identified: A 100% audit was conducted by Nursing administration of residents who receive antiplatelet agents to ensure care plans reflect effective and potential adverse consequences.</p> <p>Measures in Place: MDS staff will be in-serviced by RUS regarding revision of care plans based on physicians'</p>	03/10/2016

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	<p>dementia, hypothyroidism.</p> <p>A Pharmacy Consultation note, dated 9/03/2015, for Resident #60 for aspirin indicated "...it is recommended that the resident's care plan includes ongoing monitoring for effectiveness and potential adverse consequences (for example, unanticipated, prolonged, or excessive bleeding or bruising or presence of blood in stool or urine.) Rationale for Recommendation: Antiplatelet agents were ranked highest in a met-analysis of preventable drug-related hospital admissions and also ranked highest for adverse drug reactions and over-treatment...."</p> <p>The physician signed the Pharmacy Consultation note dated 9/03/2015 on 9/9/2015. The Physician's response indicated "...I accept the recommendation(s) above, please implement as written...."</p> <p>During an interview on 2/08/2016 at 2:17 p.m., the MDS (Minimum Data Set) Coordinator indicated the pharmacy recommendations for aspirin were not added to the care plan.</p> <p>During an interview on 2/08/2016 at 3:38 p.m., the Director of Nursing indicated there was no written policy for</p>				<p>orders related to pharmacy recommendations.</p> <p>Monitoring: Nursing designee will audit 5 charts weekly x 12 weeks then 5 charts monthly x 90 days to ensure care plan reflects on going monitoring of effectiveness and potential consequences of adverse side effects of antiplatelet and anticoagulant medications. Results will be presented tom PI x 6 months. PI will determine the need for further audits.</p> <p>Date of Completion: M arch 10, 2016</p>		

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	implementing consulting pharmacy recommendations. 3.1-35(d)(2)(B)			