

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155692	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/28/2012
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NAME OF PROVIDER OR SUPPLIER  HERITAGE OF HUNTINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1180 W 500 N HUNTINGTON, IN 46750
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00110520.</p> <p>Complaint IN00110520- Substantiated, federal/state deficiencies related to the allegation are cited at F203 and F284.</p> <p>Survey date: June 28, 2012</p> <p>Facility number: 002910 Provider number: 155692 AIM number: 200345390</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 43 Residential: 57 Total: 106</p> <p>Census payor type: Medicare: 8 Medicaid: 21 Other: 77 Total: 106</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p>	F0000		

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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	Quality review completed on July 2, 2012 by Bev Faulkner, RN			

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F0203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State</p>				

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	<p>long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to ensure a 30 day notice of discharge with documented reason, effective date of discharge, location of discharge, and a statement of the right to appeal the action to the State and the Ombudsman, for 1 (Resident A) of 3 residents among the sample of 3 reviewed for resident rights.</p> <p>Findings:</p> <p>The record of Resident (A) was reviewed at 11:25 A.M., 6/28/12, and indicated a 1/18/12, admission. Diagnoses included dementia and hypertension.</p> <p>A 5/14/12, 10:01 P.M., nursing behavioral note indicated Resident (A) refused to allow staff to change the clothing and refused the bedtime</p>	F0203	In response to F203 There is no corrective action to be accomplished for the resident found to be affected by the deficient practice due to Resident # A was discharged. Any resident transferred to an acute care setting has the potential for discharge. The corrective actions to be taken are, after a resident is transferred to an acute care setting, the admissions nurse or designee will phone the acute care for status updates three times per week. The nurse or designee will review the updates with the DON or her designee. To ensure the deficient practice does not recur, if the administrator and DON or their designees deem the facility can no longer meet the resident's needs, a thirty day notice of discharge will be issued in accordance with CMS guidelines. The corrective actions will be monitored by the Director of Nursing or designee though a	07/27/2012			

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	<p>medications.</p> <p>A 5/14/12, 10:26 P.M., nursing note indicated Resident (A) yelled and scream, "help me, help me."</p> <p>Resident (A) grabbed a trash can, thinking it was a small child that was dead. Documentation indicated Resident (A) was fretful and anxious.</p> <p>A 5/15/12, 3:47 A.M., nursing behavior note indicated Resident (A) was in the lounge trembling, and praying for her dead mother. Resident (A) pushed a couch across the lounge floor, then hit and kicked it believing it had trapped her dead mother.</p> <p>Resident (A) went room to room yelling for her dead mother. Resident (A) was given reassurance and re-directed by holding a baby doll which made her tearful. Resident (A) went to bed with staff direction.</p> <p>A 5/15/12, 9:53 A.M., nursing note indicated the physician was notified of the increase and severity of behaviors. The physician recommended a transfer to an acute psychiatric unit.</p> <p>A 12:30 P.M., 5/15/12, nursing note indicated a family member was notified per physician order to give consent for the treatment of dementia</p> <p>A 5/17/12, 9:25 A.M., nursing note indicated a care plan meeting with the family to discuss dementia with staging.</p>		<p>QA form (see attachment) for residents transferred to an acute care setting. The QA will continue for six months and 100% compliance is achieved. Date the systemic changes will be completed is July 27, 2012.</p>				

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	<p>Documentation indicated Resident (A) was currently at the acute psychiatric unit.</p> <p>Care plan concerns indicated depression on 1/20/12; and 3/23/12, behavioral concerns of verbal and physical aggression towards staff and inappropriate voiding/exposure. The goals were symptoms to be minimized through interventions.</p> <p>A 6/20/12, 11:52 A.M., social services progress note indicated a call to the acute psychiatric unit to discuss different placement due to physical aggression towards staff and peers.</p> <p>A 6/20/12, 1:51 P.M., social services progress note indicated a telephone call to Family Member #1.</p> <p>Family Member #1, indicated the facility was telling him of physical aggression and how bad Resident (A) was doing, while the acute psychiatric facility was telling him the opposite. Family Member #1 indicated he did not know what his rights were, but knew he wanted Resident (A) to return to the facility.</p> <p>Documentation indicated a 6/20/12, discharge from the facility.</p> <p>A joint interview was held with Admissions/Licensed Practical Nurse (LPN) #1, Social Services #1, and the Assistant Director of Nursing (ADoN), at</p>				

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	<p>2:40 P.M., 6/28/12.</p> <p>Social Services #1 indicated the behaviors of Resident (A) included sarcastic remarks to other residents, inappropriate voiding, and delusional thinking her room was a front porch with territorial possessiveness.</p> <p>Social Services #1 indicated she had gone to assess Resident (A) two days prior to the expected release back to the facility and was told of new peers upsetting (Resident A) with episodes of hitting out behaviors.</p> <p>Admissions LPN #1 indicated Resident (A) had wandered while at the facility.</p> <p>Both Admissions LPN #1 and Social Services #1 indicated a concern 1:1 sitters might be required if Resident (A) had returned to the facility. Both indicated 1:1 sitters tended to upset (Resident A).</p> <p>Both Admissions LPN #1 and Social Services #1 indicated they were fearful Resident (A) had the potential to endanger other residents and did not believe they could meet the needs.</p> <p>Admissions LPN #1 and Social Services #1 both indicated Resident (A) had never harmed nor had an altercation with another resident while at the facility.</p> <p>A copy of a 6/19/12, re-assessment, performed at the acute psychiatric unit prior to the expected date of discharge, was provided by the Director of Nursing</p>						

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	<p>(DoN) 6/28/12. The re-assessment was performed by Social Services #1 and Admissions LPN #1.</p> <p>Documentation indicated the decision of the facility to accept or deny Resident (A) a return was determined after review with the facility's attorney. Documentation indicated the Power of Attorney for Resident (A)/Family Member #1 was advised the facility was not required to give a 30 day notice before discharge if the resident posed suspected harm to other residents. Documentation indicated the decision was made following a review of state and federal regulations.</p> <p>The area Ombudsman was interviewed by telephone at 2:55 P.M., 6/28/12. The Ombudsman indicated she had worked with the acute psychiatric unit and the family for other placement after the nursing facility (NF #1) refused to take Resident (A) back.</p> <p>The Ombudsman indicated she had told NF #1 they were required to take Resident (A) back and do a documented 30 day involuntary discharge process including arrangement of placement at another facility. The Ombudsman indicated the NF #1 refused and the acute psychiatric unit found placement at another NF (#2).</p> <p>The facility's 6/1997, Resident Rights Policy was provided by the Director of</p>			

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	<p>Nursing the afternoon of 6/28/12. The admission, transfer, and discharge rights, Section II ,indicated the facility must permit each resident to remain in the facility and not transfer or discharge the resident unless:</p> <p>(a) the transfer or discharge was necessary for the resident's welfare and the resident's needs could not be met in the facility;</p> <p>(b) the transfer or discharge was appropriate because the resident's health had improved sufficiently so that the resident no longer needed the services provided by the facility; (c) the safety of individuals in the facility was endangered. Section IV indicated before an inter-facility (move to a bed outside the facility) transfer or discharge occurred, the facility must, on a form prescribed by the state department do the following: (a) notify the resident of the transfer or discharge and the reasons for the move in writing and in a manner and language the resident understands; (c) record the reasons in the resident's clinical record. Section V indicated except when specified in subdivision VI (safety of individuals in the facility would be endangered) the notice of transfer or discharge must be made at least 30 days before the resident is transferred or discharged.</p> <p>Section VII indicated the written notice</p>				

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	<p>was to include the reason for transfer/discharge, the effective date of transfer or discharge ,the location to which the resident was transferred or discharged, and appeal rights.</p> <p>This federal tag relates to Complaint IN00110520.</p> <p>3.1-12(a)(6)(A) 3.1-12(a)(7) 3.1-12(a)(9)(A) 3-1-12(a)(9)(B) 3.1-12(a)(9)(C) 3.1-12(a)(9)(D)</p>				

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F0284 SS=D	<p>483.20(l)(3) ANTICIPATE DISCHARGE: POST-DISCHARGE PLAN When the facility anticipates discharge a resident must have a discharge summary that includes a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.</p> <p>Based on record review and interview, the facility failed to ensure a post discharge plan of care with participation of the resident and family to assist in the adjustment to a new living environment for 1 (Resident A) of 3 residents among the sample of 3 reviewed for resident rights.</p> <p>Findings:</p> <p>The record of Resident (A) was reviewed at 11:25 A.M., 6/28/12, and indicated a 1/18/12, admission. Diagnoses included dementia and hypertension.</p> <p>A 5/14/12, 10:01 P.M., nursing behavioral note indicated Resident (A) refused to allow staff to change the clothing and refused the bedtime medications.</p> <p>A 5/14/12, 10:26 P.M., nursing note indicated Resident (A) yelled and scream, "help me, help me." Resident (A) grabbed a trash can, thinking</p>	F0284	In respose to F 284. There is no corrective action to be accomplished for the resident affected by the deficient practice because Resident # A was discharged. Any resident who has been issued a thirty day notice could be affected. The corrective actions to be taken are, the social service department or designee will schedule a Post discharge plan of care. To ensure the deficient practice does not recur, the Post Discharge Plan of Care meeting will be initiated by the Social Service Directors or designees for any residents issued a thirty day notice for discharge. The meeting will be held prior to discharge with the resident and or the resident's legal representative to assist in relocation. The corrective action will be monitored by the Director of Nursing or designee through a QA form (see attached). The form will be continue for six months and 100% accuracy is achieved The date of the systemic changes will be completed by July 27, 2012.	07/27/2012	

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	<p>it was a small child that was dead. Documentation indicated Resident (A) was fretful and anxious. A 5/15/12, 3:47 A.M., nursing behavior note indicated Resident (A) was in the lounge trembling, and praying for her dead mother. Resident (A) pushed a couch across the lounge floor, then hit and kicked it believing it had trapped her dead mother. Resident (A) went room to room yelling for her dead mother. Resident (A) was given reassurance and re-directed by holding a baby doll which made her tearful. Resident (A) went to bed with staff direction.</p> <p>A 5/15/12, 9:53 A.M., nursing note indicated the physician was notified of the increase and severity of behaviors. The physician recommended a transfer to an acute psychiatric unit. A 12:30 P.M., 5/15/12, nursing note indicated a family member was notified per physician order to give consent for the treatment of dementia A 5/17/12, 9:25 A.M., nursing note indicated a care plan meeting with the family to discuss dementia with staging. Documentation indicated Resident (A) was currently at the acute psychiatric unit.</p> <p>A joint interview was held with Admissions/ Licensed Practical Nurse</p>			

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	<p>(LPN) #1, Social Services #1, and the Assistant Director of Nursing (ADoN), at 2:40 P.M., 6/28/12.</p> <p>Social Services #1 indicated the behaviors of Resident (A) included sarcastic remarks to other residents, inappropriate voiding, and delusional thinking her room was a front porch with territorial possessiveness.</p> <p>Social Services #1 indicated she had gone to assess Resident (A) two days prior to the expected release back to the facility and was told of new peers upsetting (Resident A) with episodes of hitting out behaviors.</p> <p>Admissions LPN #1 indicated Resident (A) had wandered while at the facility.</p> <p>Both Admissions LPN #1 and Social Services #1 indicated a concern 1:1 sitters might be required if Resident (A) had returned to the facility. Both indicated 1:1 sitters tended to upset (Resident A).</p> <p>Both Admissions LPN #1 and Social Services #1 indicated they were fearful Resident (A) had the potential to endanger other residents and did not believe they could meet the needs.</p> <p>Admissions LPN #1 and Social Services #1 both indicated Resident (A) had never harmed nor had an altercation with another resident while at the facility.</p> <p>A copy of a 6/19/12, re-assessment, performed at the acute psychiatric unit</p>			

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	<p>prior to the expected date of discharge, was provided by the Director of Nursing (DoN) 6/28/12. The re-assessment was performed by Social Services #1 and Admissions LPN #1.</p> <p>Documentation indicated the decision of the facility to accept or deny Resident (A) a return was determined after review with the facility's attorney. Documentation indicated the Power of Attorney for Resident (A)/Family Member #1 was advised the facility was not required to give a 30 day notice before discharge if the resident posed suspected harm to other residents. Documentation indicated the decision was made following a review of state and federal regulations.</p> <p>Documentation indicated a 6/21/12 (1 day after the 6/20/12, discharge date), telephone conference call between the POA, Social Services #1, Admissions LPN #1, and the DoN.</p> <p>Documentation indicated Social Services #1 offered help in researching facilities for the POA.</p> <p>The facility's 6/1997, Resident Rights Policy was provided by the Director of Nursing the afternoon of 6/28/12. The admission, transfer, and discharge rights, Section XVI indicated prior to any inter facility or involuntary relocation, the facility shall prepare a relocation plan to</p>			

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NAME OF PROVIDER OR SUPPLIER  HERITAGE OF HUNTINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 W 500 N HUNTINGTON, IN 46750		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>prepare the resident for relocation and to provide continuity of care.</p> <p>In non emergency relocations, the planning process shall include a relocation planning conference to which the resident, his or her legal representative, and physician shall be invited.</p> <p>Section XVII indicated at the planning conference, the resident's medical, psychosocial, and social needs with respect to relocation shall be considered and a plan devised to meet these needs.</p> <p>Section XX indicated if the relocation plan was disputed, a meeting was to be held prior to the relocation with the Administrator or designee, the resident, and the resident's legal representative.</p> <p>The purpose of the meeting was to discuss possible alternatives to the proposed relocation plan.</p> <p>This federal tag relates to Complaint IN00110520.</p> <p>3.1-36(a)(3)</p>				