| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING<br>B. WING | 07/12/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HERITAGE WOODS OF NOBLESVILLE | 9600 E 146TH STREET, NOBLESVILLE, , 46060 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES... | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION... | (X5) COMPLETION DATE |
|---|---|---|---|---|
| R 0000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaints IN00356573, IN00357154 and IN00356217.<br><br>Complaint IN00356573 - Substantiated. No State Residential Findings related to the allegations were cited.<br><br>Complaint IN00357154 - Unsubstantiated due to lack of evidence.<br><br>Complaint IN00356217 - Substantiated. No State Residential Findings related to the allegations were cited.<br><br>Unrelated deficiencies are cited.<br><br>Survey date: July 8, 9 and 12, 2021<br><br>Facility number: 014213<br><br>Residential Census: 114<br><br>Heritage Woods of Noblesville was found to be in compliance with 410 IAC 16.2-5 in regard to | R 0000 | **Disclaimer: The submission of this plan of correction does not indicate an admission by Heritage Woods of Noblesville that the findings and allegations contained herein are an accurate, true representation of the quality of care provided and living environment provided to the residents of Heritage Woods of Noblesville. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for Assisted Living Facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility** | |

| | | | | |
|---|---|---|---|---|
| | the Investigation of Complaints IN00356573, IN00357154 and IN00356217.<br><br>Quality review completed on July 16, 2021. | | **respectfully requests from the department a desk review for substantial compliance.** | |
| R 0090 | Administration and Management - Deficiency<br><br>410 IAC 16.2-5-1.3(g)(1-6)<br><br>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:<br><br>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:<br><br>(A) epidemic outbreaks;<br><br>(B)poisonings;<br><br>(C) fires; or<br><br>(D) major accidents.<br><br>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.<br><br>(2) Promptly arranging for or | R 0090 | **R 0090**<br><br>•<br>The corrective action that will be accomplished for those residents<br>found to have been affected by the alleged deficient practice;<br>No residents<br>were adversely affected by the alleged deficient practice.<br>Reportable for<br>resident F was completed on July 9th, 2021. | 08/12/2021 |

| | | | | |
|---|---|---|---|---|
| | assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.<br><br>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.<br><br>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:<br><br>(A) employee's full name; and<br><br>(B) dates and hours worked during the past twelve (12) months.<br><br>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.<br><br>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request<br><br>Based on interview and record review, the facility failed to ensure staff reported an allegation of medication diversion to the Administrator per policy which caused a delay | | • How the facility will identify other residents having the potential to be affected by the alleged deficient practice and the corrective action that will be taken; AL residents reporting theft or missing items have the potential to be affected by the alleged deficient practice. A) All residents reporting theft or missing items will be interviewed, a full investigation completed within 24 hours, and the theft or missing items reported to ISDH immediately. | |

| | | | | |
|---|---|---|---|---|
| | in reporting and investigation of the allegation. (Resident F)<br><br>Findings include:<br><br>The clinical record for Resident F was reviewed on 7/9/2021 at 11:53 a.m. Diagnoses included, but were not limited to, attention deficit disorder with hyperactivity, cervical spinal stenosis and chronic pain.<br><br>Review of the physician orders indicated the resident had an order for Lyrica (nerve pain medication) 150 mg - 1 capsule by mouth daily and 2 capsules by mouth at bedtime. The order was dated 3/3/2021.<br><br>During an interview on 7/8/2021 at 2:59 p.m., Resident F indicated LPN 2 entered her room on or about 4/29/2021 and took a strip of medication from her locked medication cabinet. The incident was documented in the resident's personal notes and had not been reported to the Administrator. The Administrator was asked to join the interview and the resident reported her concerns. The Administrator indicated she was unaware of this incident and it had never been reported to her. The facility initiated and investigation and reported the incident to the appropriate agency. LPN 2 (who was scheduled to work that upcoming weekend) was | | • The measures put in place and systemic changes the facility will make to ensure that the alleged deficient practice does not recur; A) An in-service of ISDH reportable criteria and reporting procedures has been completed with Department Heads and licensed nurses by the Administrator/designee; B) All unusual occurrences will be fully investigated by the Department Head and Admin within 24 hours of the report. Interviews will be conducted with staff, witnesses, and residents. All reportable investigations will be filed by month once reported to the ISDH and noted on the log sheet.<br><br>• The corrective action will be monitored to ensure the alleged deficient practice will not recur; A) Incident reports will be audited by DON/designee weekly x 8 weeks then monthly x 6 months to ensure all reportable events have been submitted to ISDH; B) Grievance reports will be audited by Administrator/designee weekly x 8 weeks and monthly x 6 months to ensure all reportable events have been submitted to ISDH; C) Audits | |

| | | | | |
|---|---|---|---|---|
| | immediately suspended pending investigation.<br><br>During an interview Employee 1 indicated approximately 2 months ago a sleeve (2 week supply) of Lyrica (nerve pain medication) had been reported missing from Resident F's medication supply. The Employee indicated she had reported the incident to the Director of Nursing (DON). The DON was no longer employed at the facility.<br><br>Review of the time sheets from 4/29/2021 through 7/8/2021 indicated LPN 2 worked her regular schedule on the evening (3:00 p.m. to 11:30 p.m.) shift.<br><br>Review of a current undated policy titled "Heritage Woods of Noblesville Abuse, Neglect and Financial Exploitation Prevention" indicated the following:<br><br>"...REPORTING<br><br>It is mandatory for staff members to report suspected incidents of abuse, neglect, and financial exploitation. Staff members are required to immediately report suspect behaviors to their Department manager. Documentation will be initiated by the Department Manager at the time of the initial report. The Department Manager will immediately inform the Administrator. Once an | | and reportable occurrences will be reviewed during monthly QA meeting. QA committee will determine need for continuation of audits.<br><br>•<br>The date the systemic changes will be completed; August 12th, 2021. | |

allegation of abuse has been reported, the accused individual will be immediately removed from the community and suspended pending the outcome of the investigation. ..."

Based on interview and record review, the facility failed to ensure staff reported an allegation of medication diversion to the Administrator per policy which caused a delay in reporting and investigation of the allegation. (Resident F)

Findings include:

The clinical record for Resident F was reviewed on 7/9/2021 at 11:53 a.m. Diagnoses included, but were not limited to, attention deficit disorder with hyperactivity, cervical spinal stenosis and chronic pain.

Review of the physician orders indicated the resident had an order for Lyrica (nerve pain medication) 150 mg - 1 capsule by mouth daily and 2 capsules by mouth at bedtime. The order was dated 3/3/2021.

During an interview on 7/8/2021 at 2:59 p.m., Resident F indicated LPN 2 entered her room on or about 4/29/2021 and took a strip of medication from her locked medication cabinet. The incident was documented in the resident's personal notes and had not been reported to the Administrator. The

Administrator was asked to join the interview and the resident reported her concerns. The Administrator indicated she was unaware of this incident and it had never been reported to her. The facility initiated and investigation and reported the incident to the appropriate agency. LPN 2 (who was scheduled to work that upcoming weekend) was immediately suspended pending investigation.

During an interview Employee 1 indicated approximately 2 months ago a sleeve (2 week supply) of Lyrica (nerve pain medication) had been reported missing from Resident F's medication supply. The Employee indicated she had reported the incident to the Director of Nursing (DON). The DON was no longer employed at the facility.

Review of the time sheets from 4/29/2021 through 7/8/2021 indicated LPN 2 worked her regular schedule on the evening (3:00 p.m. to 11:30 p.m.) shift.

Review of a current undated policy titled "Heritage Woods of Noblesville Abuse, Neglect and Financial Exploitation Prevention" indicated the following:

"...REPORTING

It is mandatory for staff

| | | | | |
|---|---|---|---|---|
| | members to report suspected incidents of abuse, neglect, and financial exploitation. Staff members are required to immediately report suspect behaviors to their Department manager. Documentation will be initiated by the Department Manager at the time of the initial report. The Department Manager will immediately inform the Administrator. Once an allegation of abuse has been reported, the accused individual will be immediately removed from the community and suspended pending the outcome of the investigation. ..." | | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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