

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING OF UNION CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 204 STAUDT DRIVE, UNION CITY, , 47390			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for an Initial State Residential Licensure Survey. This visit included the Investigation of Complaint IN00426960. Complaint IN00426960 - No deficiencies related to the allegations are cited. Survey dates: March 27 and 28, 2024 Facility number: 015887 Residential Census: 16 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 4, 2024.	R 0000			
R 0026	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(a) (a) Residents have the right to have their rights recognized by the	R 0026	All residents will have their rights explained to them and sign the resident's rights portion of their contract prior to admission. Resident's will be given a copy of their entire contract including	06/19/2024	

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licensee. The licensee shall establish written policies regarding residents' rights and responsibilities in accordance with this article and shall be responsible, through the administrator, for their implementation. These policies and any adopted additions or changes thereto shall be made available to the resident, staff, legal representative, and general public. Each resident shall be advised of residents' rights prior to admission and shall signify, in writing, upon admission and thereafter if the residents' rights are updated or changed. There shall be documentation that each resident is in receipt of the described residents' rights and responsibilities. A copy of the residents' rights must be available in a publicly accessible area. The copy must be in at least 12-point type and a language the resident understands.

Based on interview and record review, the facility failed to ensure a resident rights acknowledgement was obtained for 1 of 7 residents reviewed for resident rights (Resident 18).

Finding includes:

Resident 18's clinical record was reviewed on 3/28/24 at 9:16 a.m. Diagnoses included dementia, type 2 diabetes mellitus, pressure ulcer of the left heel, and mild cognitive impairment.

residents' rights prior to admission. Resident's rights have been posted on all units of the facility including instructions on how to file a complaint with the state department of health as written in state guidelines.

ED or designee will audit all contracts at the time of signing to ensure the resident's rights prior to admission indefinitely. All contracts will be audited monthly with quality assurance meetings to ensure compliance for 6 months.

Person Responsible: ED or designee

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The clinical record lacked a signed acknowledgement of resident rights.

During an interview, on 3/28/24 at 11:30 p.m., the DON indicated if Resident 18's signed resident rights were not in the electronic medical record, then she did not have one. She lacked additional records for Resident 18 other than the provided electronic medical record.

During an interview, on 3/28/24 at 3:30 p.m., the Administrator indicated she would look for a policy on signed resident rights.

A policy was not provided for signed resident rights prior to exit from the facility.

Based on interview and record review, the facility failed to ensure a resident rights acknowledgement was obtained for 1 of 7 residents reviewed for resident rights (Resident 18).

Finding includes:

Resident 18's clinical record was reviewed on 3/28/24 at 9:16 a.m. Diagnoses included dementia, type 2 diabetes mellitus, pressure ulcer of the left heel, and mild cognitive impairment.

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	The clinical record lacked a signed acknowledgement of resident rights. During an interview, on 3/28/24 at 11:30 p.m., the DON indicated if Resident 18's signed resident rights were not in the electronic medical record, then she did not have one. She lacked additional records for Resident 18 other than the provided electronic medical record. During an interview, on 3/28/24 at 3:30 p.m., the Administrator indicated she would look for a policy on signed resident rights. A policy was not provided for signed resident rights prior to exit from the facility.			
R 0086	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(a)(1-2) The licensee: (1) is responsible for compliance with all applicable laws; and (2) has full authority and responsibility for the: (A) organization; (B) management; (C) operation; and (D) control;	R 0086	CLIA application was re-sent on 4/12/2024 with corrected information. On 4/18/2024 received CLIA. (#15D2302795) Person responsible Susan Buckingham RCA, ED	04/19/2024

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of the licensed facility.

The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.

Based on interview and record review, the facility failed to submit the application for certification for the Clinical Laboratory Improvement Amendments (CLIA) waiver prior to obtaining laboratory testing on residents. This had the potential to affect 3 of 3 resident who required blood glucose monitoring.

Finding includes:

During an interview on 3/27/24 at 11:00 a.m., the Administrator indicated she applied for the CLIA waiver certification, but had not received it yet.

During an interview on 3/27/24 at 1:14 p.m., the Administrator indicated the CLIA Application for Certification was delayed because she awaited a check from corporate for the fee that was required at the time of application submission. The facility began admitting residents on 2/1/24. The facility provided blood glucose testing for residents prior to applying for the CLIA waiver.

Review of the CLIA Application For Certification, on 3/27/24 at 3:45 p.m., indicated the

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application was submitted via email on 3/14/24 at 9:53 a.m.

Review of the facility provided list of residents with special care needs on 3/27/24 at 3:45 p.m., indicated three residents required blood glucose testing.

During an interview on 2/28/24 at 3:30 p.m., the DON indicated the CLIA waiver certification should have been applied for prior to performing laboratory tests on residents. Laboratory tests included blood glucose testing.

During an interview on 3/28/24 at 3:49 p.m., the DON indicated the facility lacked a policy regarding CLIA waivers. The facility followed the Indiana Department of Health guidelines related to laboratory testing and CLIA waiver requirements.

Based on interview and record review, the facility failed to submit the application for certification for the Clinical Laboratory Improvement Amendments (CLIA) waiver prior to obtaining laboratory testing on residents. This had the potential to affect 3 of 3 resident who required blood glucose monitoring.

Finding includes:

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During an interview on 2/28/24 at 3:30 p.m., the DON indicated the CLIA waiver certification should have been applied for prior to performing laboratory tests on residents. Laboratory tests included blood glucose testing.

During an interview on 3/28/24 at 3:49 p.m., the DON indicated the facility lacked a policy regarding CLIA waivers. The facility followed the Indiana Department of Health guidelines

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	related to laboratory testing and CLIA waiver requirements.			
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation	R 0217	An audit will be completed for all service plans for current residents ensuring a service plan is completed, updated, reviewed, and signed by staff, residents, and/or POA. All service plans will be reviewed monthly as they are due with quality assurance meetings indefinitely. DON or designee will review and update service plans with all changes in condition, new admissions, and/or quarterly as they are due ensuring the resident/POA is aware and have sign the new service plan indefinitely. All current service plans have been printed out and sent to families for review/signatures. The facility will have current signed service plans for all residents by 6/5/2024. Responsible party: Director of Nursing or designee Due Date 6/19/2024	06/19/2024

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indicate no need for a change in services.

(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.

5. Resident D's clinical record was reviewed on 3/28/24 at 11:15 a.m. Diagnoses included bipolar disorder, retention of urine, and essential hypertension.

The clinical record lacked a signed service plan.

6. Resident C's clinical record was reviewed on 3/28/24 at 2:30 p.m. Diagnoses included type 2 diabetes mellitus and essential primary hypertension.

The clinical record lacked a signed service plan.

7. Resident 19's clinical record was reviewed on 3/28/24 at 3:00 p.m. Diagnoses included diastolic congestive heart failure, anxiety disorder, and unspecified dementia.

The clinical record lacked a signed service plan.

During an interview on 3/28/24 at 11:43 a.m., the DON indicated the facility did not have signed service plans for

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FORM APPROVED

OMB NO. 0938-0391

Residents B, C, D, 6, 10, 18, and 19.

During an interview on 3/28/24 at 4:30 p.m., the DON indicated the facility lacked a policy regarding signed service plans. Signed service plans should have been in all the residents' clinical records, but she was unable to provide them. The facility followed the Indiana Department of Health guidelines.

Based on interview and record review, the facility failed to ensure service plans were signed by the resident for 7 of 7 residents reviewed for service plans (Residents B, C, D, 6, 10, 18, and 19).

Findings include:

1. Resident B's clinical record was reviewed on 3/27/24 at 3:28 p.m. Diagnoses included malignant neoplasm of the left female breast, hypertension, obstructive sleep apnea, and dementia.

The clinical record lacked a signed service plan.

2. Resident 18's clinical record was reviewed on 3/28/24 at 9:16 a.m. Diagnoses included dementia, type 2 diabetes mellitus, pressure ulcer of the left heel, and mild cognitive impairment.

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The clinical record lacked a signed service plan.

3. Resident 10's clinical record was reviewed on 3/28/24 at 12:01 p.m. Diagnoses included atrial fibrillation and dementia.

The clinical record lacked a signed service plan.

4. Resident 6's clinical record was reviewed on 3/28/24 at 12:22 p.m. Diagnoses included hallucinations, type 2 diabetes mellitus, chronic obstructive pulmonary disease, heart failure, and hypertension.

The clinical record lacked a signed service plan.

5. Resident D's clinical record was reviewed on 3/28/24 at 11:15 a.m. Diagnoses included bipolar disorder, retention of urine, and essential hypertension.

The clinical record lacked a signed service plan.

6. Resident C's clinical record was reviewed on 3/28/24 at 2:30 p.m. Diagnoses included type 2 diabetes mellitus and essential primary hypertension.

The clinical record lacked a signed service plan.

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diastolic congestive heart failure, anxiety disorder, and unspecified dementia.

The clinical record lacked a signed service plan.

During an interview on 3/28/24 at 11:43 a.m., the DON indicated the facility did not have signed service plans for Residents B, C, D, 6, 10, 18, and 19.

During an interview on 3/28/24 at 4:30 p.m., the DON indicated the facility lacked a policy regarding signed service plans. Signed service plans should have been in all the residents' clinical records, but she was unable to provide them. The facility followed the Indiana Department of Health guidelines.

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The clinical record lacked a signed service plan.

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The clinical record lacked a signed service plan.

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The clinical record lacked a signed service plan.

6. Resident C's clinical record

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was reviewed on 3/28/24 at 2:30 p.m. Diagnoses included type 2 diabetes mellitus and essential primary hypertension.

The clinical record lacked a signed service plan.

7. Resident 19's clinical record was reviewed on 3/28/24 at 3:00 p.m. Diagnoses included diastolic congestive heart failure, anxiety disorder, and unspecified dementia.

The clinical record lacked a signed service plan.

During an interview on 3/28/24 at 11:43 a.m., the DON indicated the facility did not have signed service plans for Residents B, C, D, 6, 10, 18, and 19.

During an interview on 3/28/24 at 4:30 p.m., the DON indicated the facility lacked a policy regarding signed service plans. Signed service plans should have been in all the residents' clinical records, but she was unable to provide them. The facility followed the Indiana Department of Health guidelines.

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The clinical record lacked a signed service plan.

3. Resident 10's clinical record was reviewed on 3/28/24 at 12:01 p.m. Diagnoses included atrial fibrillation and dementia.

The clinical record lacked a signed service plan.

4. Resident 6's clinical record was reviewed on 3/28/24 at 12:22 p.m. Diagnoses included hallucinations, type 2 diabetes

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mellitus, chronic obstructive pulmonary disease, heart failure, and hypertension.

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The clinical record lacked a signed service plan.

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