

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

PRINTED: 11/28/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155104		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/01/2023	
NAME OF PROVIDER OR SUPPLIER  HERITAGE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1201 W BUENA VISTA RD EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
F 0000  Bldg. 00	<p>This visit was for the investigation of complaints IN00419698 and IN00420497.</p> <p>Complaint IN00419698: Federal/state deficiencies are cited at F 609.</p> <p>Complaint IN00420497: No deficiencies related the allegations were cited</p> <p>Survey dates: October 31 &amp; November 1, 2023</p> <p>Facility number: 000043 Provider number: 155104 AIM number: 100290960</p> <p>Census bed type: SNF/NF: 129 Total: 129</p> <p>Census payor type: Medicare: 14 Medicaid: 94 Other: 21 Total: 129</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 6, 2023.</p>			F 0000	<p><i>Submission of the plan of correction is not an admission of guilt by the facility related to the alleged deficiencies noted in the 2567. All deficiencies and corrective actions were completed immediately with a date of compliance of 9-22-2023. The facility would like to formally request paper compliance.</i></p>		
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect,</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Adam Strickland

Administrator

11/15/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to the facility administrator in the required time frame for 1 of 2 allegations of staff to resident abuse reviewed. The facility administrator was not made aware of an allegation of physical and verbal abuse until 20 days after the alleged abuse occurred. (Resident D)</p> <p>Finding includes:</p> <p>During a review of reportable incidents on 10/31/23 at 11:30 A.M., a reported incident dated 9/21/23 included that on 9/21/23, CNA 4 stated that three weeks prior, CNA 6 was rough with</p>			F 0609	<p><b>Heritage Center Complaint Survey Plan of Correction 11-1-2023</b></p> <p><i>Submission of the plan of correction is not an admission of guilt by the facility related to the alleged deficiencies noted in the 2567. All deficiencies and corrective actions were completed immediately with a date of compliance of 9-22-2023. The facility would like to formally request paper compliance.</i></p>		11/01/2023

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	<p>Resident D during a transfer and threw the resident's legs in bed, and that CNA 6 was overheard telling residents to "shut up" on 9/1/23 around 5:00 A.M.</p> <p>During an interview on 10/31/23 at 10:40 A.M., CNA 9 stated that if perceived resident abuse is observed, or if a resident alleges abuse, the allegation should be reported immediately.</p> <p>On 11/1/23 at 9:15 A.M., the facility administrator supplied a facility policy titled, Abuse Prohibition, dated 11/22/22. The policy included, "...All allegations/suspensions/reports of abuse will be reported to Administrator/DON (Director of Nursing) immediately."</p> <p>This citation relates to complaint IN00419698.</p> <p>3.1-28(c)</p>				<p><b>F 609 Reporting of Alleged Violations</b></p> <p><i><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b></i></p> <p>No residents were identified as being affected by the care giver's untimely notification of the allegation. Residents identified in the allegation were interviewed (if interview able) and skin assessments completed with no unusual findings. Staff interviewed with no allegations of abuse. Once notified, the facility reported the allegation to the Indiana Department of Health and Evansville Police Department within the required timeframe. The alleged employee was terminated due to customer service concerns. The non-compliant care giver was re-educated to report allegations of abuse to the administrator immediately, given a final write up, and will be terminated for further non-compliance related to notifying the administrator immediately regarding abuse allegations.</p> <p>The facility educated staff to ensure allegations of abuse are reported to the administrator immediately. The facility was unable to substantiate that abuse</p>		

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			<p>occurred.</p> <p><b><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</i></b></p> <p>All residents have the potential to be affected by the alleged deficient practice and through audits/assessments, alterations in processes, and in servicing the facility ensured correct actions were taken so abuse allegations are reported to the administrator immediately. Residents throughout the facility were interviewed with no allegations of abuse. Staff interviewed with no allegations of abuse. Once notified, the facility reported the allegation to the Indiana Department of Health and Evansville Police Department within the required timeframe. The alleged employee was terminated due to customer service concerns. The non-compliant care giver was re-educated to report allegations of abuse to the administrator immediately, given a final write up, and will be terminated for further non-compliance related to notifying the administrator immediately regarding abuse allegations.</p> <p>The facility educated staff to ensure allegations of abuse are reported to the administrator</p>		

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			<p>immediately.</p> <p><b><i>What measures will be put into place and what systematic changes will be made to ensure the deficient practice does not recur;</i></b></p> <p>Staff were in-serviced/educated to ensure allegations of abuse are reported to the administrator immediately.</p> <p><b><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</i></b></p> <p>Administrator/Designee(s) will audit/monitor 3 random employees to ensure they know they are to report allegations of abuse to the administrator immediately daily x 5 days a week for 6 weeks, then 3 x a week for 6 weeks, then weekly x 3 months with results of compliance being forwarded to QA committee quarterly thereafter for review and further suggestions/comments.</p> <p><b><i>By what date the systematic changes for each deficiency will be completed;</i></b></p> <p>Completion Date 9-22-2023</p>		