

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

PRINTED: 03/14/2023
FORM APPROVED
OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | | X3) DATE SURVEY COMPLETED 12/29/2022 | |
| NAME OF PROVIDER OR SUPPLIER HERITAGE POINT ALZHEIMER'S SPECIAL CARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 1215 TRINITY PLACE MISHAWAKA, IN 46545 | | | |
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| R 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00397317 and IN00391826.</p> <p>Complaint IN00397317- Substantiated. State deficiencies related to the allegations are cited at R0088.</p> <p>Complaint IN00391826- Substantiated. State deficiencies related to the allegations are cited at R0247.</p> <p>Survey date: December 27, 28, & 29, 2022</p> <p>Facility number: 013330</p> <p>Residential Census: 33</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 1/9/23.</p> | | | R 0000 | | | |
| R 0088 Bldg. 00 | <p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance</p> <p>c) The licensee shall:</p> <p>(1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility.</p> <p>(d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and</p> | | | | | | |

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 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 disclosable 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>(2) of the name and license number of the replacement administrator</p> <p>Based on interview and record review, the facility failed to ensure a licensed administrator was in place to implement the day-to-day operations of the facility, and also failed to notify the State Agency of administrator vacancies within 3 working days of the vacancy.</p> <p>Findings include:</p> <p>On 12/27/22 at 11:00 A.M., an interview with the facility's Executive Director indicated she did not have an administrator's licence. The Executive Director indicated she was currently trying to secure an Administrator In Training (AIT) Preceptor and intended to begin Administrator In Training classes in March 23, but had not yet secured a preceptor nor registered for the AIT class.</p> <p>The Executive Director indicated the Previous Executive Director, who was a licensed residential care administrator in Indiana, left the facility on 8/24/22, and was followed by the Regional Executive Director who was not licensed as a residential care administrator in Indiana. The Executive Director indicated there had not been a licensed administrator in the facility since 8/24/22, and that the facility was aware that they were not in compliance.</p> <p>The Executive Director indicated the facility did not notify the State Agency of the vacancy in the administrator's position and that the facility should have reported the vacancy.</p> <p>On 12/29/22 at 12:00 P.M., the Executive Director provided the Executive Director Job Description dated 8/20, and indicated the Job Description was</p> | | | R 0088 | <p>Plan of Correction:</p> <p>Complaint IN00397317</p> <p>Problem:</p> <p>Failed to ensure a licensed administrator was in place to implement the day-to-day operations of the facility, and also failed to notify the State Agency of Administrator vacancies within 3 working days of the vacancy.</p> <p>Action Plan:</p> <p>1. Indiana Administrator or Director of Nursing Change, State form 55444 has been filed.</p> <p>January 26, 2023</p> <p>Complaint IN00397317 Heritage Point Assisted Living/Memory Care</p> <p>ATTN: Indiana State Department of Health 2 N. Meridian St. Indianapolis, IN 46204</p> <p>To whom it may concern, We find ourselves in an unprecedented time following a pandemic from a virus that the world still is writing protocols for dealing with, specifically within senior care environments. It has</p> | | 09/30/2023 |

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| | <p>the current policy regarding Executive Director requirements. The Executive Director Job Description indicated, "...Knowledge of and ability to conform to applicable laws, rules, and regulations and meets state...requirements...maintains current certifications as necessary to fulfill state regulations, including minimal annual education requirements to maintain active certification."</p> <p>This Residential finding relates to complaint IN00397317.</p> | | | <p>been particularly difficult as Heritage Point is in an area that has been dealing with staffing shortages industry wide. Moreover, operating a community with residents that cannot function independently, neither with sound minds. This is part of the reason I write this letter of appeal, as we had an inspection from Surveyor Amy Miller on December 27-29, 2022, following a complaint made.</p> <p>In response to the substantiated Notice, we would like to formally appeal IN00397317.</p> <p>IN00397317 -Additional information was provided to surveyor is not documented in the findings. There were two offers made to licensed Administrators. Offer made 9/2/2022 and accepted 9/5/2022. Administrator was scheduled to start 9/12/2022. She was unable to start work on that date due to a family emergency. Administrator on 9/23/2022 informed us that we will be unable to start. Another offer was verbally made and accepted on 10/14/2022. Administrator accepted with anticipated start date 11/28/2022. Administrator on 10/18/2022 later called to rescind acceptance. The position was offered to me. I have been actively trying to fulfill the requirements needed to become a license Administrator in Indiana. The next class offering for training is not</p> | | | |

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| R 0247 Bldg. 00 | <p>410 IAC 16.2-5-4(e)(7) Health Services - Deficiency (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident.</p> <p>Based on interview and record review, the facility failed to ensure physician's orders were followed in regard to daily weights and lab testing for 1 of 5</p> | | R 0247 | <p>until March 2023. I have my Master in the Science of Nursing. I have received a copy of all AIT preceptors in Indiana for the Indiana Health Care Association. I have reached out to several licensed Administrators on the list to find one that is able and willing to work me with the Administrator in Training program. I have left messages with several administrators and have yet to receive a return call. I have called the Indiana Health Care Association and H.O.P.E for assistance with finding a preceptor as well.</p> <p>Thank you very much for your consideration and look forward to discussing this further in the formal appeal.</p> <p>Regards,</p> <p>Patrizia Ferentini Executive Director 574-309-6648</p> <p>Complaint IN00391826</p> <p>Problem:</p> | | 02/03/2023 | |

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| | <p>residents reviewed for physician's orders. (Resident B).</p> <p>Findings include:</p> <p>On 12/28/22 at 11:22 A.M., Resident B's clinical records were reviewed.</p> <p>The current active Physician Order Sheet indicated an order for daily weights beginning on 7/22/22, with no end date, and an order for a BMP (Basic Metabolic Panel), a blood test to determine chemical balance and metabolism, was ordered on 9/09/22.</p> <p>Review of the Resident B's daily weights indicated no weights were obtained on the following dates: July: 25, 26, 27, 29, 30, 31, 22. August: 1, 2, 3, 4, 5, 6, 7, 8, 10, 11,12,13,14,15,16,17,18,19, 20, 21,22, 24, 25, 26, 27, 28, 29, 30, 22. September: 1, 2, 3, 4, 5, 7 - 30, 22. October: No weights were obtained. November: No weights were obtained. December: 1, 2, 3, 4, 5, 22.</p> <p>Review of Resident B's lab results indicated there were no results for the BMP ordered on 9/09/22.</p> <p>On 12/29/22 at 10:00 A.M., an interview with the Executive Director indicated Resident B's weights were not taken as ordered. The Executive Director indicated the facility scale was broken from 9/12/22 to 12/2/22 so they did not have a scale to weigh the resident during that time. The Executive Director indicated there was not a reason the resident was not weighed as ordered on all other dates but that the resident should have been weighed every day as ordered.</p> | | | | <p>Failed to ensure physician's order were followed in regard to daily weights and lab testing.</p> <p>Action Plan:</p> <ol style="list-style-type: none"> Addendum to Health Services Manual to include following treatment orders from prescriber. Education to be provided to RN/LPN regarding following providers orders and procedure if unable to execute prescribers' orders. Education provided to RN/LPN regarding informing family members if orders cannot be executed in-house <p>Policy Addendum to Health Services Manual</p> <p>Physician Orders Communication and Implementation</p> <p>Position Statement for RN and LPN Practice</p> <p><u>Issue:</u> The registered nurse (RN) or licensed practical nurse (LPN) is responsible to ensure there is a valid, complete <u>medication/treatment</u> order from a duly authorized prescriber prior to the administration of any prescriptive or non-prescriptive medication or the implantation of a medical intervention/treatment.</p> | | |

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| | <p>The Executive Director also indicated at this time that Resident B's BMP lab was never completed as ordered. The Executive Director indicated the facility did not have laboratory services for all of September 2022. The Executive Director indicated the facility changed laboratory service companies at the end of August 2022, and signed a contract agreement with a new company at that time, but the new company backed out of the contract, leaving the facility without laboratory services. The Executive Director indicated Resident B's BMP should have been completed as ordered.</p> <p>On 12/29/22 at 12:00 P.M., a request was made to the Executive Director for policies related to the implementation of physician orders, no policy was provided.</p> <p>This Residential finding relates to complaint IN00391826.</p> | | | | <p>Authorized prescribers include physicians, nurse practitioners, certified nurse midwives, physician assistants, dentists, and other providers authorized by state law.</p> <p><u>Both RN and LPN Role:</u></p> <ol style="list-style-type: none"> 1. Nurse has right and responsibility to validate orders when there is a question of authenticity or accuracy of orders. 2. Nurse may accept orders via telephone from licensed persons designated by the duly authorized prescriber. 3. In receiving orders via phone from designated unlicensed personnel, nurses are responsible for recognizing the appropriateness of the order with respect to the plan of care, and for implementing the order or obtaining clarification from the prescriber. Nurse must determine that the person conveying the order is acting as a messenger and not the originator of the order 4. Nurse has no authority to prescribe or make medical judgments. Orders must be complete enough so that no further medical judgment is required when the order is implemented. 5. When orders include a medication dose and/or frequency range. The instructions on how the nurse determines the appropriate administration dose or time frame should be included in | | |

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| | | | | <p>the order. In the absence of such instructions, the nurse has the authority to adjust medication levels within the dose and frequency ranges stipulated in accordance with the agency's established protocols.</p> <p>6. When the desired effect of a medication or treatment has not been achieved under the current medical plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication</p> <p>7. Nurse has no authority to change the medical management plan or orders without prescribers approval.</p> <p>8. Nurse must execute orders as given by prescriber. If unable to execute prescriber must be contacted.</p> <p>b>tering medications and providing treatments and</p> <p>/p></p> <p>="" span=""></p> | | | |