

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155754	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/10/2024
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NAME OF PROVIDER OR SUPPLIER HUBBARD HILL ESTATES INC	STREET ADDRESS, CITY, STATE, ZIP COD 28070 CR 24 ELKHART, IN 46517
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: September 4, 5, 6, 9 and 10, 2024</p> <p>Facility number: 001131 Provider number: 155754 AIM number: 200823940</p> <p>Census Bed Type: SNF/NF: 16 SNF: 43 Residential: 104 Total: 163</p> <p>Census Payor Type: Medicare: 15 Medicaid: 16 Other: 28 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 9/12/2024</p>	F 0000		
F 0567 SS=D Bldg. 00	<p>483.10(f)(10)(i)(ii) Protection/Management of Personal Funds</p> <p>Based on interview and record review, the facility failed to ensure a resident was able to withdrawal her money on weekends and evenings for 1 of 1 resident reviewed for personal funds. (Resident 31)</p> <p>Finding includes:</p>	F 0567	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #31 has been informed of the new policy stating she has</p>	09/24/2024

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

TITLE

(X6) DATE

Anne Knouse

LNHA

09/24/2024

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>During an interview, on 9/4/2024 at 3:06 P.M., , Resident 31 indicated she was unable to get her money out of her account on the weekends or evenings.</p> <p>The record for Resident 31 was completed on 9/9/2024 at 11:05 A.M. Diagnoses included, but were not limited to: depression, hemiplegia, diabetes and vascular dementia.</p> <p>During an interview, on 9/10/2024 at 9:57 A.M., the Business office manager indicated the residents could get money out of their personal fund accounts from 7:30 A.M. to 8:00 P.M., when someone was working at the front desk. After 8:00 P.M. the money was locked up in a safe in the office and was not assessable to the residents.</p> <p>During an interview, on 9/10/20 at 10:11 A. M., the Administrator indicated the residents can get their money when the receptionist was at the front desk, between 7:30 A.M. to 8:00 P.M. She indicated they should have been able to get their money out at any time of the day or night.</p> <p>On 9/10/2024 at 11:08 A.M., the Administrator provided a policy titled,"Availability of Resident Funds-After Business Office", dated 2018, and indicated the policy was the one currently used by the facility. The policy indicated"... It is the policy of this facility to provide residents reasonable access to their personal funds after business office hours...."</p> <p>3.1-6(f)(1)</p>		<p>access to her personal funds 24/7 including evenings, weekends, and holidays. The change to the policy to include overnight hours was implemented 9/19/24.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected. All residents have been informed on 9/19/24 of the new policy stating they have access to their personal funds 24/7 including evenings, weekends, and holidays.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>1 The Admission Agreement has been updated to include "Resident Personal Funds: The facility encourages all residents that choose to keep money on campus to place it with the business office/front desk in a secure personal fund account. Your money will be available to you seven days a week, 24 hours a day. During normal business hours (as posted) you can access your funds by going to the business office/front desk. If it is after business hours, then please inform your nurse and they will have access to provide you with funds from the account" effective</p>	

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			<p>9/19/24.</p> <p>2 Current residents have been updated with the new policy effective 9/19/24.</p> <p>3 "Availability of Resident Funds – After Business Office Hours" policy will be reviewed again at Resident Council on 10/2/24.</p> <p>4 "Availability of Resident Funds – After Business Office Hours" policy reviewed with nursing staff effective 9/24/24.</p> <p>5 "Availability of Resident Funds – After Business Office Hours" policy reviewed with Business Office/Front Desk staff effective 9/24/24.</p> <p>6 Nurse/QMA assigned to the 2300 hall will reconcile petty cash double locked in medication cart each shift with oncoming nurse effective 9/19/24.</p> <p>7 Business Office designee/Front Desk designee will audit petty cash weekly to assure funds are accounted for effective 9/24/24.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p> <p>Results of the Business Office /Front Desk audits will be reviewed bi-weekly at the Case Management meeting and quarterly at the QA meeting x 2. At that time, will review for continued need for auditing.</p>	

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F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning</p> <p>Based on observation, record review, and interview, the facility failed to provide proper storage of oxygen accessories for 1 of 3 residents reviewed for oxygen. (Resident 11)</p> <p>Finding includes:</p> <p>During an observation on 9/6/2024 at 9:10 A.M., Resident 11's nasal cannula tubing, attached to the oxygen concentrator, was wrapped around the bedrail.</p> <p>During an observation on 9/10/2024 at 9:12 A.M., Resident 11's nasal cannula tubing, attached to the oxygen concentrator, was on the floor between the bed and the recliner.</p> <p>During an observation on 9/10/2024 at 11:06 A.M., Resident 11's nasal cannula tubing, attached to the oxygen concentrator, was draped over the arm of the recliner.</p> <p>A record review for Resident 11 was completed on 9/9/2024 at 10:54 A.M. Diagnoses included, but were not limited to: asthma, acute respiratory failure and congestive heart failure.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 7/17/2024, indicated Resident 11 used oxygen therapy.</p> <p>A Physician's Order, dated 11/23/2024, indicated oxygen was to be used at 2 liters per nasal cannula as needed.</p> <p>A Care Plan, with an effective date of 5/11/2023 to present, indicated Resident 11 was not able to</p>	F 0695	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #11 has a respiratory bag in room for the proper storage of oxygen tubing when not in use. Resident #11's care plan has been updated to include "at times takes her O2 off, assist as needed to provide O2". Treatment Administration Record (TAR) updated to include "Verify proper placement &/or storage of O2 tubing (Concentrator & Portable) QS & PRN. Notes: O2 tubing to be stored in plastic bag when not in use. Please assist resident with proper placement of O2 if needed". Care Plan and Resident Summary updated to include "Verify proper placement &/or storage of O2 tubing (Concentrator & Portable) QS & PRN".</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents with orders for oxygen have the potential to be affected. All residents with oxygen orders have had their Care Plan,</p>	09/24/2024
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	<p>maintain oxygen saturations and received supplemental oxygen.</p> <p>During an interview, on 9/10/2024 at 11:00 A.M., CNA 8 indicated the nasal cannula tubing should be stored in a respiratory bag when not in use.</p> <p>A policy was provided, on 9/10/2024 at 12:59 P.M. by the Director of Nursing. The policy titled, "Use of Oxygen", indicated, "...The following guidelines will be observed in oxygen administration...II. The tubing should be kept off the floor...."</p> <p>3.1-47(a)(6)</p>		<p>TAR and Resident Summary updated to include "Verify proper placement &/or storage of O2 tubing (Concentrator & Portable) QS & PRN".</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ol style="list-style-type: none"> 1 The Oxygen Order Set for residents with new orders for oxygen administration has been updated to include "Verify proper placement &/or storage of O2 tubing (Concentrator & Portable) QS & PRN. Notes: O2 tubing to be stored in plastic bag when not in use. Please assist resident with proper placement of O2 if needed". This will be added to the Care Plan, TAR, and Resident Summary with each new order. 2 "Use of Oxygen" policy reviewed with nursing staff effective 9/24/24. 3 "Proper Storage and Labeling of Oxygen" reviewed with nursing staff effective 9/24/24. 4 The new Oxygen Order Set, which includes updating the resident summary and adding the new treatment order, reviewed with nurses effective 9/24/24. 5 Unit Managers to audit residents on oxygen to assure tubing stored properly when not in use daily, on scheduled days of work, X 2 weeks, weekly X 4 	

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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: September, 4, 5, 6, 9 and 10, 2024</p> <p>Facility number: 001131</p> <p>Residential Census: 104</p> <p>Hubbard Hill Estates was found to be in</p>	R 0000	<p>weeks, bimonthly X 2 months, then monthly X2 months. effective 9/24/24.</p> <p>6 Evening Shift RN Supervisor to audit residents on oxygen to assure tubing stored properly when not in use daily, on scheduled days of work, X 2 weeks, weekly X 4 weeks, bimonthly X 2 months, then monthly X2 months. effective 9/24/24</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p> <p>Results of the Unit Managers' audits and the Evening Shift RN Supervisor's audits will be reviewed bi-weekly at the Case Management meeting and quarterly at the QA meeting x 2. At that time, will review for continued need for auditing.</p>	

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

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OMB NO. 0938-039

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	compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality Review completed on 9/12/2024				