

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

PRINTED: 10/07/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155402		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/11/2024	
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 3401 SOLDIERS HOME RD WEST LAFAYETTE, IN 47906			
(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 IN00442214 and IN00441662.</p> <p>Complaint IN00442214- Federal/State deficiencies related the allegations are cited at F560.</p> <p>Complaint IN00441662- No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 6, 10, and 11, 2024</p> <p>Facility number: 000271 Provider number: 155402 AIM number: 100291260</p> <p>Census Bed Type: SNF/NF: 79 Total: 79</p> <p>Census Payor Type: Medicare: 3 Medicaid: 60 Other: 16 Total: 79</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on September 23, 2024.</p>			F 0000			
F 0560 SS=D Bldg. 00	<p>483.10(e)(7)(i)-(iii)(8) Right to Refuse Certain Transfers</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident who did not experience a change in payor source was</p>			F 0560	<p>This plan of correction is prepared and executed because the provisions of state and federal law</p>		09/30/2024

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

TITLE

(X6) DATE

Joshua Davis

Executive Director

09/27/2024

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>given the choice/opportunity to remain in his room for 1 of 1 resident reviewed for room transfers. (Resident C)</p> <p>Findings includes:</p> <p>The clinical record for Resident C was reviewed on 9/10/24 at 2:10 p.m. The diagnoses included, but were not limited to, traumatic brain injury, muscle weakness, abnormalities of gait and mobility and spastic hemiplegia affecting the left nondominant side.</p> <p>The resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated he was cognitively intact.</p> <p>The resident was admitted to the facility in Room 504 during his rehabilitation therapy timeframe. When the resident's therapy was competed, the resident was moved to another room without giving him the option to remain in his current room. The new room the resident was provided, did not provide the resident with an adequate bathroom and space for living.</p> <p>During an interview, on 9/6/24 at 4:20 p.m., Resident C indicated the room he was currently in was too small for him to use the bathroom. He was given a bedside commode to use. He did not know why he had to leave Room 504 which accommodated his needs.</p> <p>During an interview, on 9/10/24 at 3:05 p.m., the Executive Director (ED) indicated the resident was moved on 8/22/24 from Room 504 to Room 35. The resident was moved because he was no longer receiving therapy services and was not considered a short-term resident. His payor source did not change. The resident was not</p>				<p>require it and not because Heritage Healthcare agrees with the allegations and citations listed. Heritage Healthcare maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p> <p><u>F 610</u> <i>What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice:</i> 1. Resident C was offered a room change including back to his previous room but refused it.</p> <p><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> 1. Other residents have the potential to be affected therefore an IN-house audit has been completed by the ED to ensure</p>		

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	<p>given the choice to remain in Room 504.</p> <p>During an interview, on 9/11/24 at 2:51 p.m., Staff Member 2 indicated the resident was upset he had to leave Room 504 for a smaller room. The resident was not given a choice to stay in Room 504. The resident was no longer on the therapy program. He was now on a long-term care restorative program.</p> <p>During an interview, on 9/11/24 at 1:05 p.m., the ED indicated the resident should have been given the choice to remain in Room 504 or be moved to a different room in the facility.</p> <p>This citation relates to Complaint IN00442214.</p> <p>3.1-12(a)(14)(A) 3.1-12(a)(14)(B)</p>				<p>room moves were provided the choice/opportunity to remain their rooms.</p> <p><i>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</i></p> <p>1. The ED will ensure that all room moves will have the appropriate "room change notification" form completed that is signed by the resident/resident representative. This form indicates "You may have the right to appeal the decision to transfer you another room. If you have questions about this transfer or would like help to appeal, contact the staff representative whose signature appears below, your State Long Term Care Agency or your State Ombudsman at the address, phone number or email listed below.</p> <p><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 in place:</i></p> <p>1. The ED or designee will review all room moves once completed to ensure the "Room Change Notice" was completed. This will be an ongoing process.</p> <p>2. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a</p>		

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					total of 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 9/30/24 The Administrator at Heritage Healthcare is responsible in ensuring compliance in this Plan of Correction.		