

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

PRINTED: 04/05/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/28/2024	
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2001 HOBSON RD FORT WAYNE, IN 46805			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 22, 23, 24, 25, 26, 27, and 28, 2024.</p> <p>Facility number: 000038 Provider number: 155095 AIM number: 100274830</p> <p>Census Bed Type: SNF/NF: 138 Total: 138</p> <p>Census Payor Type: Medicare: 3 Medicaid: 100 Other: 35 Total: 138</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 29, 2024</p>			F 0000	<p>Heritage Park submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. This provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employees, agents, officers or directors. This provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedure should be considered to be subsequent remedial measures as the concept is employed in Rule 407 of the federal rules of evidence and should be inadmissible in any proceedings on that basis. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests paper compliance in lieu of a post survey review on or after March 18,</p>		

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

TITLE

(X6) DATE

Kim Hughes

Executive Director

03/13/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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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F 0677 SS=E Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview, and record review the facility failed to provide personal care and hygiene to dependent residents for 4 of 34 residents reviewed. (Resident 122, Resident 27, Resident 72, and Resident 113).</p> <p>Findings include:</p> <p>1) During an observation and interview, on 2/22/24 at 10:08 A.M., Resident 122 in her room indicated she had a very hard time getting her teeth brushed. She indicated staff were too busy to assist her with brushing her teeth at night and reluctant to do it during the day. Resident 122 was observed dressed in a hospital gown. She indicated if she were able to dress herself there was no way she would be dressed in a hospital gown, but she had no choice and being dressed in the gown was the least of her concerns.</p> <p>Resident 122's record was reviewed on 2/23/23 at 11:16 A.M. Resident 122 diagnoses included history of stroke affecting dominant right side, paralysis of right side of body, respiratory failure, heart disease, muscle weakness, anemia, and unsteadiness in her feet.</p> <p>Resident 122's MDS (Minimum Data Set) comprehensive assessment, dated September 2023 indicated Resident 122 had no cognitive decline at time of assessment, required extensive assistance</p>			F 0677	<p>2024.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Residents identified did not suffer any adverse effects from deficient practice. Resident #122 was discharged to her home as planned on 2/23/24. Record review from last 12 months for Res #27, #72 and #113 revealed no skin integrity issues or negative outcomes related to provision of ADL care. Staff in the facility at time of observation were completing care rounds for dependent residents in care areas observed. Residents #27, #72 and #113 are receiving incontinent care as needed.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents requiring ADL assistance could have the potential to be affected. The interdisciplinary team will conduct interviews with alert and oriented</p>		03/18/2024

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	<p>with personal hygiene such as brushing teeth, but applying make up and washing her face was assessed as supervision.</p> <p>Resident 122's care plan indicated a problem with impaired dental hygiene due to required assistance with activities of daily living related to stroke and right-side paralysis. One of the approaches was to assist Resident 122 with oral care. Resident 122 also had the problem of required assistance with activities of daily living including bed mobility, eating, and toileting. Two of the interventions were to assist with oral care at least two times daily and assist with dressing as needed.</p> <p>2) During a resident council meeting on 2/23/24 at 1:49 P.M., Resident 27 indicated he was soaked every night. Resident 27 indicated he was informed by a CNA, when he put on his call light to be changed after waking up wet, his peer had fallen, and she would be with him as soon as possible. Resident 27 indicated the CNA did not return.</p> <p>Resident 27's record was reviewed on 2/27/24 at 9:16 A.M. Resident 27's diagnoses included cerebral palsy, diabetes, bipolar disorder, vascular disease, edema, and lack of coordination.</p> <p>Resident 27's MDS comprehensive annual assessment dated October 2023 indicated he had no cognitive decline, and was frequently incontinent of both bowel and bladder.</p> <p>Resident 27's care plan, dated 6/9/21, indicated a problem of urinary incontinencedue to diabetes, diuretics, and antipsychotic medications. Interventions, dated 6/9/21, was to assist with incontinent care as needed, assist with toileting</p>				<p>residents to insure they are receiving ADL support as identified in their plan of care. Non-interviewable residents will be observed for appropriate ADL support including bathing, grooming, incontinence care and oral care.</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>Nursing staff are to be educated on resident rights to receive treatment and support for activities of daily living. Nursing staff have been educated to utilize the resident care profile report provided to be knowledgeable about the ADL needs of residents in their care.</p> <p>DNS/designee will round each shift to ensure residents are receiving ADL care per care plan. Care companion/designee will interview/visually observe their assigned residents to ensure ADL care has been provided appropriately as identified in their plan of care daily .</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</p> <p>DNS/designee will complete ADL QAPI tool weekly for 4 weeks and monthly for 6 months. The results of the audits will be shared with</p>		

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	<p>upon rising, before or after meals, at bedtime, and as resident requests. The care plan indicated Resident 27 was at risk for skin breakdown. Interventions dated 6/9/21, was encourage Resident 27 to turn and reposition at least every 2 hours, provide assistance as needed. The care plan, titled ADL (Activities of Daily Living), dated 6/9/21, indicated Resident 27 required assistance with toileting.</p> <p>3) During a resident council meeting, on 2/23/24 at 1:49 P.M., Resident 72 indicated he was frequently wet often soaking his brief and bed. Resident 72 indicated he was wet about everyother day or more. Resident 72 indicated he complained about being wet, it was a problem everyone knew about, it was ongoing, and frequent. Resident 72 indicated he voiced his feelings of frustration and was unable to come up with a solution himself describing some steps he took such as not drinking after 7 P.M. rather than taking medication.</p> <p>During an observation on 2/27/24 at 4:39 A.M., Resident 72's brief was soaked and was wet through a pad under him.</p> <p>Resident 72's record was reviewed 2/27/24 at 10:18 A.M. Resident 72's diagnoses included a nerve disease (myasthenia gravis), seizures, stroke affecting right dominant side, diabetes, vascular disease, and hypertension.</p> <p>Resident 72's MDS comprehensive annual assessment dated December 2023 indicated no cognitive decline, required substantial/maximal assistance toileting, substantial/maximal assistance dressing, and was frequently incontinent of both bowel and bladder.</p>				<p>the QAPI committee monthly and resident council. If 100% is not achieved an action plan will be developed. The Administrator and Director of Nursing will discontinue this audit after 6 months if the facility is 100% compliant and the QAPI committee agrees that the audit is no longer needed. Compliance date for completion: March 18, 2024.</p>		

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	<p>Resident 72's care plan, dated 5/16/24, indicated a problem of requires assistance and/or monitoring am/pm care, with the goal resident would have ADL needs met. The care plan indicated the residnet required assistance with ADLs dated 6/26/20, interventions were to assist with toileting and/or incontinent care as needed. The care plan indicated Resident 72 was at risk for skin breakdown dated 6/26/20. Interventions included to encourage the resident to turn and reposition at least every 2 hours, provide assistance as needed, and give incontinent care as needed using peri wash and moisture barrier.</p> <p>4) During an observation, on 2/27/24 at 4:46 A.M., Resident 113 was observed with a bulging brief. Yellow liquid was observed on the blue pad under the resident.</p> <p>Resident 113's record was reviewed 2/27/24 at 11:12 A. M. Resident 113's diagnoses included arthritis, failure to thrive, hypertension, depression, muscle weakness, contracture, chronic pain, and history of fractures.</p> <p>Resident 113's MDS comprehensive assessment dated July 2023 indicated mild cognitive decline, the resident required extensive assistance with toileting, and was frequently incontinent of bowel and bladder.</p> <p>Resident 113's care plan dated 7/12/23, indicated required assistance with toileting due to incontinence. Interventions included: assist with incontinent care as needed, assist with toileting upon rising, before or after meals, at bedtime, and as needed, ensure the resident was toileted overnight. The care plan indicated the resident required assistance with ADLs. Interventions, dated 7/12/23, indicated to assist with bed</p>						

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	<p>mobility, and assist with toileting and or incontinent care as needed.</p> <p>Grievances indicated 2 grievances for lack of ADL care. Dated 12/18/23 for delayed call light response time and staff not toileting timely, the resident was left in clothes from the day before. Another grievance dated 9/17/23 indicated a resident was in the same clothes from Friday to Sunday, and was found in soiled underwear. The resident was to be wearing briefs, not underwear.</p> <p>In an interview on 2/27/24 at 4:56 A.M., CNA 3 (Certified Nurse Aid) indicated she was the regular staff who works the 200 hall. She indicated she was aware of staff in the past who would decline to work the hall to the point of clocking out and going home because it was so heavy. She indicated 22 or 23 residents the majority were check and change. She indicated she was usually the only staff (other than the nurse)scheduled on the hall able to complete the required 3 checks per night only by starting at 10pm, the very beginning of her shift. CNA 3 indicated the nurse usually helped with the first and second bed checks depending on how the night went. CNA 3 explained some of the residents were too heavy or required 2 people, so she would have to go to another hall to obtain help. She explained she was unable to go to the closest hall, it was also very heavy with lifting and tasks. CNA 3 indicated she would also be required to help other halls because it was just as heavy and there was only 1 CNA scheduled on that hall as well.</p> <p>In an interview, on 2/27/24 at 5:06 A.M., LPN 4 (Licensed Practical Nurse) indicated she had been in the building since 2 P.M. the day before due to call offs. LPN 4 indicated she had not been much help to the CNA on third shift.</p>						

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	<p>The CNA task sheets, dated 2/27/24, received from the ADON (Assistant Director of Nursing) indicated the 100-hall had 20 residents with needs for toileting throughout the night, and the 200-hall had 17 residents with needs for toileting throughout the night. Two residents of the 17 were 2 person assists.</p> <p>In an interview on 2/28/24 at 9:18 A.M., the ADON (Assistant Director of Nursing) indicated the staffing for third shift was different. She indicated the 100/ 200 halls were scheduled 1 CNA each. The cottage had (2) CNA's, 300/500 hall shared a CNA, 600/700 Hall shared a CNA, and 800/900 hall shared a CNA for a total of 7 CNAs. The nursing and QMAs were the same, for a total of 11 staff in the building. If more than 7 CNAs showed up to work, they would be down staffed and if less showed up they would pull from the cottagelor used the on-call schedule.</p> <p>A policy titled "Resident Rights" last updated 07/23, provided by the ADON on 2/27/24 at 12:42 P.M., indicated residents have the right to receive the services and/or items included in the plan of care have a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and support for daily living safely.</p> <p>3.1-38(3)</p>						