

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

PRINTED: 01/24/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023	
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN 46805		
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00393817, IN00395621, IN00395790, IN00396006, IN00398011, and IN00398288..</p> <p>Complaint IN00393817 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00395621 - Substantiated. Federal/state deficiencies related to the allegations are cited at F565.</p> <p>Complaint IN00395790 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00396006 - Substantiated. Federal/state deficiencies related to the allegations are cited at F690.</p> <p>Complaint IN00398011 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00398288 - Substantiated. Federal/state deficiencies related to the allegations are cited at F602 and F755.</p> <p>Survey dates: January 10, 11, 12, and 13, 2023</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: 24</p>		F 000		

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 000	Continued From page 1 Medicaid: 97 Other: 17 Total: 138 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed January 19, 2023 Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)	F 000		
F 565 SS=E	§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to	F 565		

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F 565	<p>Continued From page 2</p> <p>participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure Resident Council grievances were resolved in a timely manner for 5 of 7 months reviewed.</p> <p>Finding include:</p> <p>On 1/11/23 at 3:59 P.M., the Resident Council President was interviewed. During the interview, he indicated there had been several grievances brought up by members of the Resident Council during the past several months. The concerns had not been resolved. The grievances included, cold food on room trays, long call light response times, and lack of linens. When questioned, he indicated Resident Council didn't receive written responses to their concerns although they talked about the same issues month after month.</p> <p>Resident Council meeting minutes reviewed indicated the following concerns:</p> <ul style="list-style-type: none"> -July 2022: 600 hall call light times were long on 3rd shift. -August 2022: Call lights took "forever"; long wait for care especially on the weekends; and staff were throwing away linens causing a shortage. -September 2022: Continue with long wait times 	F 565		

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F 565	<p>Continued From page 3</p> <p>for call lights to be answered; showers not consistently done on weekends; food on room trays were cold due to meals being in the hall carts too long; more towels, washcloths and linens were needed-staff were throwing them away.</p> <p>-October 2022: Continue with long call wait times; agency staff were not good; linens were short at all times even though staff were working on this issue.</p> <p>-November 2022: Long call wait times especially on night shift; not getting showers at times; some meals were hot, others cold; food on room trays served on the 200 hall was not very hot; there was not enough washcloths, especially on the evening shift; and new linens were needed-there was not enough.</p> <p>-December 2022: Food on room trays were cold.</p> <p>-January 2023: Food on room trays were cold; still not enough linens in the morning.</p> <p>On 1/12/23 at 2:04 P.M., the Social Services Director for long term care residents was interviewed. She indicated following Resident Council meetings, she would report concerns but wasn't aware of the process for resolution of the grievances after she notified the Administrator. She indicated the facility had a Resident Council meeting follow up form but wasn't used consistently. She had 1 of these forms completed for a September grievance but had no others for the remaining months reviewed. The Resident Council meeting follow up form, dated 9/7/22, indicated a concern with long call lights at times and need for help in the main dining room. The</p>	F 565		

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F 565	<p>Continued From page 4</p> <p>action taken response was not dated and read that call lights were being answered better and the main dining room had more help when the overhead page was used to tell staff help was needed.</p> <p>A current policy, titled "Resident Council" was provided by the SSD on 1/12/23 at 2:04 p.m. and stated: "The facility will promote and support the residents' right to participate and organize resident council. The council will be used to communicate concerns, give suggestions for future programming and events, and otherwise participate in and guide facility life...Procedure: 6. Concerns or suggestions from the meeting will be addressed by the appropriate department. The Executive Director will review all minutes and concerns to ensure thorough resolution of concerns. The facility responses to concerns/suggestions will be reviewed by the Resident Council President and the resident council on their next meeting...."</p> <p>This Federal tag relates to Complaint IN00395621.</p> <p>3.1-3(l)</p>	F 565		
F 602 SS=D	<p>Free from Misappropriation/Exploitation CFR(s): 483.12</p> <p>§483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p>	F 602		

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F 602	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from misappropriation of property for 1 of 2 residents reviewed (Resident F).</p> <p>Findings include:</p> <p>An Indiana report form, submitted by the facility, on 12/30/22 at 1:30 p.m., indicated potential misappropriation of resident property had occurred and the facility was investigating the allegation.</p> <p>On 1/13/23 at 9:45 A.M., Resident F's record was reviewed. The resident had been admitted for short term rehabilitation following hospitalization and had brought her home medications with her when she arrived to the facility.</p> <p>On 1/12/23 at 2:20 P.M., the Interim Director of Nursing Services (DNS) was interviewed. She indicated when Resident F was admitted, she had Percocet (narcotic pain medication) with her in a pale yellow envelope. The envelope holding the narcotics was placed in the locked medication room but were not double locked. The resident discharged on 12/30/22. Prior to leaving the facility, staff were unable to locate the Percocet. The facility conducted an investigation which included review of security cameras. The DNS indicated the camera footage showed an agency nurse put the bottle of Percocet into her pocket. The appropriate agencies were notified and the agency nurse would no longer be allowed in the facility.</p> <p>A current facility policy, titled " Abuse Prohibition,</p>		F 602		

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F 602	<p>Continued From page 6</p> <p>Reporting, and Investigation", was provided by the Administrator on 1/10/23 at 12:25 p.m. and stated the following: "It is the policy of American Senior Communities to provide each resident with an environment that free from abuse, neglect, misappropriation of resident property, and exploitation...."</p> <p>This Federal tag relates to Complaint IN00398288.</p> <p>3.1-28(a)</p>	F 602		
F 690 SS=D	<p>Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <ul style="list-style-type: none"> (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder 	F 690		

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F 690	<p>Continued From page 7</p> <p>receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to assess for a urinary tract infection (UTI) in a resident with an indwelling catheter and history of UTI's for 1 of 3 residents reviewed (Resident D).</p> <p>Findings include:</p> <p>On 1/11/23 at 12:35 P.M., Resident D's record was reviewed. Diagnoses included diabetes, dementia, urinary retention with an indwelling foley catheter, and urinary tract infection. He was hospitalized in July and September of 2022 for sepsis due to urinary tract infections.</p> <p>A care plan, dated 2/17/22 and revised 7/7/22, indicated Resident D had an indwelling catheter due to obstructive uropathy and was at risk for infections. Interventions included: avoid obstructions in the drainage, change catheter per physician order, encourage fluids, monitor urinary output and report signs of urinary tract infection (UTI) such as fever, new-onset low blood pressure, change in mental function, purulent discharge from catheter, or pain and swelling.</p>	F 690		

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F 690	<p>Continued From page 8</p> <p>Progress notes indicated the following:</p> <p>-7/22/22 at 1:37 p.m., the Nurse Practitioner (NP) indicated Resident D was seen urgently for increased lethargy, altered mentation, and tachycardia (fast heart rate). The resident's family member had noticed some changes in his mentation the day before. The resident appeared septic due to a UTI as a urine dip was positive for signs of infection and his urine was very cloudy in his foley catheter tubing. He was transferred to the hospital for treatment.</p> <p>-7/27/22 at 5:09 p.m., the resident returned to the facility from his hospital stay. He remained on antibiotic therapy for his UTI.</p> <p>-7/28/22 at 12:47 p.m., the NP visited the resident following re-admission to the facility. While hospitalized, Resident D had been diagnosed with sepsis, UTI, high blood sodium, acute kidney injury and toxic metabolic encephalopathy (brain dysfunction). He was treated for urinary obstruction and catheter not draining. He was given antibiotics, IV fluids, and his kidney function was closely monitored. He improved and returned to the facility. He was to follow up with urology and have his foley catheter changed each month.</p> <p>-8/15/22 at 1:24 p.m., the NP visited for follow up to his hospitalization in July. Since returning from the hospital, his kidney function had improved and his blood work had returned to normal.</p> <p>-8/18/22 at unknown time, a Urology NP note indicated the resident had been seen following recent hospitalization for UTI and sepsis in July. His catheter was observed draining clear yellow urine. The plan included to continue with foley</p>		F 690		

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F 690	<p>Continued From page 9</p> <p>catheter, to be changed monthly and as needed; irrigate foley daily with 60-120 milliliters of sterile water; if signs of UTI-facility was to change the foley catheter and obtain a urine culture; and stay well hydrated.</p> <p>-9/20/22 at 3:17 p.m., the physician indicated Resident D had been seen for a routine visit. He'd had a recent hospitalization for obstructive uropathy and UTI. No changes were made to his care plan.</p> <p>-9/23/22 at 7:10 p.m., the resident's blood sugar was checked before supper and was elevated. The NP was notified and new order given for fast acting insulin, 15 units to be given immediately and recheck the blood sugar in 1 hour. The blood sugar was rechecked and remained elevated and another 15 units of insulin was given.</p> <p>-9/24/22 at 7:30 a.m., the resident had been up in his wheelchair for breakfast and had eaten 75% of his meal and drank 360 milliliters of fluid. His blood sugar was checked and was elevated. He was given 15 units of insulin. When asked if the resident felt ok, he had responded "yea". At 12:20 p.m., the resident was still seated in his wheelchair in his room and appeared pale in color, was diaphoretic (sweating heavily) but cool to touch and was lethargic. His blood sugar was checked and remained elevated. The resident's family member came into visit, indicated something wasn't right with the resident and he needed sent to the hospital immediately. The family member was concerned about his recent elevations in blood sugar, his catheter and concern for UTI's. The resident had little urinary output in the morning-approximately 30 milliliters. The NP was notified and orders given to be sent</p>	F 690		

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F 690	<p>Continued From page 10 to the hospital.</p> <p>An NP progress note with a late entry made on 9/30/22 at 3:33 p.m., indicated the NP had received a phone call on the evening of 9/23/22 about the resident's elevated blood sugar. He was given 15 units of rapid acting insulin. Another phone call was received on the morning of 9/24/22. The nurse indicated the resident's family member was concerned that the resident wasn't acting like himself, had decreased urine output, cloudy urine, diaphoresis, and abnormal mentation. An order was given to send the resident to the hospital for treatment.</p> <p>Hospital records indicated Resident D was brought to the ER due to lethargy and inability to feed himself. His foley had pus coming out of it and his urinary output was decreased. He was admitted to the hospital for sepsis due to UTI and kidney infection, acute kidney failure, and urinary retention.</p> <p>Resident progress notes hadn't indicated the resident had been assessed for a UTI when his blood sugars became elevated on 9/23/22. A TAR (Treatment Administration Record) for September 2022, indicated by nurse initials the resident's catheter had been irrigated on that day. There was no urinary assessment completed when the resident had only 30 ml of urine in his catheter bag and no description documented of the urine which had been observed with pus while at the ER.</p> <p>On 1/13/22 at 11:14 A.M., Nurse 2 was interviewed. She indicated nurses were responsible for completing catheter care every shift and for assessing residents for indicators of</p>	F 690		

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F 690	<p>Continued From page 11</p> <p>urinary tract infections. Nurses were responsible for documenting the urinary output from a foley catheter although CNA's (Certified Nurse Assistants) were allowed to empty the catheter bags.</p> <p>On 1/13/22 at 11:45 A.M., the Interim Director of Nursing Services was interviewed. She indicated the facility had no specific policy for UTI assessments or catheter care.</p> <p>A copy of the facility nursing policy for irrigation of an indwelling urinary catheter was provided. The policy indicated after the nurse completed irrigation of a catheter, the procedure was to be documented in addition to pertinent information.</p> <p>This Federal tag relates to Complaint IN00396006.</p> <p>3.1-41(a)(2)</p>	F 690		
F 755 SS=D	<p>Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p>	F 755		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023	
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN 46805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 755	<p>Continued From page 12</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure reconciliation and proper storage of a controlled substance for 1 of 1 residents reviewed for pharmacy services (Resident F).</p> <p>Findings include:</p> <p>An Indiana report form, submitted by the facility, on 12/30/22 at 1:30 p.m., indicated potential misappropriation of resident property had occurred and the facility was investigating the allegation.</p> <p>On 1/13/23 at 9:45 A.M., Resident F's record was reviewed. The resident had been admitted for short term rehabilitation following hospitalization and had brought her home medications with her when she arrived to the facility.</p> <p>On 1/12/23 at 2:20 P.M., the Interim Director of</p>		F 755		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 755	<p>Continued From page 13</p> <p>Nursing Services (DNS) was interviewed. She indicated when Resident F was admitted, she had Percocet (Schedule II controlled narcotic pain medication) with her in a pale yellow envelope. The envelope holding the narcotics was placed in the locked medication room and staff were instructed to send the medication home as they would not be used while at the facility. The medication was not placed in a 2nd secured container in the medication room and was not reconciled (A system of recordkeeping that ensures an accurate inventory of medications by accounting for controlled medications that have been received, dispensed, administered and/or, are in the process of disposition to prevent loss or diversion of the controlled medication) nor sent home. The resident discharged on 12/30/22. Prior to leaving the facility, staff were unable to locate the Percocet. The facility conducted an investigation which included review of security cameras. The DNS indicated the camera footage showed an agency nurse put the bottle of Percocet into her pocket. She indicated the controlled pain medication had not been reconciled initially nor periodically following placement in the medication room nor had it been placed in a 2nd secured container but should have been. Nursing staff were to reconcile controlled medications at the end of their shift with the oncoming nurse to ensure accurate medication counts and prevent loss or diversion of these medications.</p> <p>On 1/13/23 at 9:17 A.M., the Administrator provided a current copy of the facility's policy, titled "Storage and Expiration of Medications, Biologicals, Syringes and Needles" which stated the following: "General Storage Procedures: Facility should store Schedule II Controlled</p>	F 755		

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F 755	Continued From page 14 Substances and other medications deemed by Facility to be at risk for abuse or diversion in a separate compartment within the locked medication carts and should have a different key or access device...." This Federal tag relates to Complaint IN00398288. 3.1-25(e)(2) 3.1-25(n)		F 755		