

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

PRINTED: 09/16/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155705		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/21/2024	
NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE OF WARREN				STREET ADDRESS, CITY, STATE, ZIP COD 801 N HUNTINGTON AVE WARREN, IN 46792			
(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 Complaint IN00439843.</p> <p>Complaint IN00439843 - State deficiencies related to the allegations are cited at F9999.</p> <p>Survey dates: August 20, 2024 and August 21, 2024</p> <p>Facility number: 000542 Provider number: 155705 AIM number: 100267380</p> <p>Census Bed Type: SNF/NF: 82 Total: 82</p> <p>Census Payor Type: Medicare: 10 Medicaid: 44 Other: 28 Total: 82</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 23, 2024.</p>			F 0000	<p>Please accept the included Plan of Correction as credible allegation of compliance for the deficiency cited during a complaint survey conducted on August 20, 2024. We hope you will find our remedies both thorough and just in the resolution of the cited deficiency. We would like to respectfully request consideration for paper compliance.</p>		
F 9999 Bldg. 00	<p>3.1-14 PERSONNEL</p> <p>(k) There shall be an organized ongoing in-service education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following:</p>			F 9999	<p>It is the policy of Heritage Pointe of Warren to complete background and reference checks and maintain training and education records for all personnel files. The files identified during the survey</p>		09/30/2024

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

TITLE

(X6) DATE

Terrence Jent

Executive Director

09/06/2024

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 disclosable 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>(1) Residents' rights.</p> <p>(q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:</p> <p>(6) Position in the facility and job description.</p> <p>(7) Documentation of orientation to the facility and to the specific job skills.</p> <p>(8) Signed acknowledgement of orientation to residents' rights.</p> <p>(u) In addition to the required in-service hours in subsection (l), staff who have regular contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete background and reference checks and training and education 12 of 13 employee records reviewed (CNA 1, CNA 2, LPN 3, LPN 4, LPN 5, RN 6, CNA 7, LPN 8, QMA 9, CNA 10, CNA 11, CNA 12)</p> <p>Findings include:</p> <p>Employee records were reviewed on 8/21/24 at 9:10 a.m., and indicated the following:</p> <p>CNA 1, CNA 2, and LPN 3's records lacked a criminal background check.</p> <p>CNA 1, CNA 2, LPN 4, LPN 5, RN 6, CNA 7, LPN</p>				<p>have been audited and corrected. All residents have the potential to be affected by the alleged deficient practice.</p> <p>An audit of all personnel files has been completed with any needed documentation identified (Attachment #1). HRIS & education platforms have been sourced, contracted, and are being rolled out to streamline maintenance of personnel files. UKG is being utilized for HRIS and Relias for education and orientation.</p> <p>To ensure continued compliance, the Administrator or his designee will audit all new employee files weekly for 3 months and monthly thereafter utilizing the Personnel File POC Tool (Attachment #2). Any findings will be reported and reviewed at the next QAPI committee meeting. All systemic changes and file corrections will be completed by 9/30/2024.</p>		

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	<p>8, QMA 9, and CNA 10's records lacked reference checks.</p> <p>CNA 1, CNA 2, LPN 4, LPN 5, RN 6, LPN 8, QMA 9, CNA 10, and CNA 11's records lacked signed general orientation training.</p> <p>CNA 1, CNA 2, LPN 4, LPN 5, QMA 9, CNA 11 and CNA 12's records lacked signed job descriptions job specific orientation training.</p> <p>CNA 2 and CNA 11's records lacked resident rights in-service training upon hire.</p> <p>LPN 5's record lacked dementia in-service training upon hire.</p> <p>LPN 5 and CNA 11's records lacked abuse in-service training upon hire.</p> <p>CNA 1's hire date was 5/21/24.</p> <p>CNA 2's hire date was 6/18/24.</p> <p>LPN 4's hire date was 1/3/24.</p> <p>RN 6's hire date was 5/7/24.</p> <p>Review of the clinical schedule, from 8/12/24 through 8/20/24, indicated the following:</p> <p>LPN 3's hire date was 4/1/24. Days worked included 8/14/24, 8/16/24, 8/17/24, 8/18/24, and 8/20/24.</p> <p>LPN 5's hire date was 7/1/24. Days worked included 8/16/24, 8/17/24, and 8/18/24.</p> <p>CNA 7's hire date was 1/3/24. Days worked included 8/13/24, 8/17/24, 8/18/24, and 8/20/24.</p>						

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	<p>LPN 8's hire date was 12/27/23. Days worked included 8/12/24, 8/13/24, 8/14/24, 8/15/24, 8/17/24, 8/18/24, and 8/19/24.</p> <p>QMA 9's hire date was 1/15/24. Days worked included 8/12/24, 8/15/24, 8/16/24, and 8/19/24.</p> <p>CNA 10's hire date was 5/4/23. Days worked included 8/20/24.</p> <p>CNA 11's hire date was 6/3/24. Days worked included 8/14/24, 8/15/24, 8/19/24, and 8/20/24.</p> <p>CNA 12's hire date was 9/22/22. Days worked included 8/14/24, 8/15/24, 8/18/24, 8/19/24, and 8/20/24.</p> <p>During an interview, on 8/21/24 at 10:55 a.m., the Human Resources designee indicated the employee records were incomplete and that they had been trying to audit those records since their last annual survey. There were no other records to be submitted.</p> <p>During an interview, on 8/21/24 at 12:00 p.m., the Administrator indicated they were working on employee records since their last annual survey in March 2024, and he knew there were still problems with employee records being inaccurate.</p> <p>A current undated facility policy, titled "Personnel Policies" provided by the Administrator, on 3/11/24 at 4:35 p.m., indicated the following: " ...Human resources will conduct personal reference checks and criminal conviction checks on all employees making application for employment ...A separate file is maintained for each employee. This file contains the following: 2. References and police check. 5. Orientation</p>						

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	record. All newly hired personnel must attend an orientation program within their first five days of employment. The orientation program includes but is not limited to: 5. Review of resident rights. 6. Dementia Training. 7. A review of the employee's job description and personnel policies. A signed job description is maintained in the employees file" This citation relates to Complaint IN00439843.						