

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

PRINTED: 08/27/2018  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155228		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/08/2018	
NAME OF PROVIDER OR SUPPLIER  HERITAGE HOUSE OF RICHMOND				STREET ADDRESS, CITY, STATE, ZIP CODE 2070 CHESTER BLVD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00261445.</p> <p>Complaint IN00261445 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: August 7 and 8, 2018</p> <p>Facility number: 000133 Provider number: 155228 AIM number: 100266080</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 3 Medicaid: 60 Other: 6 Total: 69</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 10, 2018</p>			F 0000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.</p> <p>Please accept this Plan of Correction as Credible Allegations of Compliance.</p> <p>The Facility respectfully requests paper compliance for this citation.</p>		
F 0677 SS=D 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</p>			F 0677	F677-ADL Care Provided for		08/23/2018

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 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>review, the facility failed to perform rounds on a resident that was later identified as having an incontinent episode for 1 of 3 residents reviewed for activities of daily living (ADLs). (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/7/18 at 10:00 a.m. The diagnoses included, but were not limited to, dementia and muscle weakness.</p> <p>A Quarterly Minimum Data Set (MDS), dated 5/30/18, noted a Brief Interview for Mental Status (BIMS) score of 8, indicating Resident B had moderate cognitive impairment. The MDS also noted Resident B as extensive assist with one staff person for toileting and personal hygiene.</p> <p>An observation of Resident B's room, on 8/7/18 at 10:22 a.m., noted a brown, formed, hand length item on the floor next to Resident B's bed.</p> <p>An interview conducted with Registered Nurse (RN) 4, on 8/7/18 at 10:25 a.m., indicated Resident B needs cueing to use the bathroom. Resident B is adamant about doing care for herself but she does need assistance with ADL care. Resident B will take herself to the bathroom, without asking staff or pressing her call light, and will have incontinent episodes at times. RN 4 identified the item on the floor, beside Resident B's bed, as fecal matter.</p> <p>An interview conducted with Certified Nursing Assistant (CNA) 5, on 8/7/18 at 10:33 a.m., indicated Resident B usually takes herself to the bathroom. Third shift staff assists Resident B with getting up in the morning. When CNA 5 arrived to work, at 6:00 a.m., Resident B was already up and</p>				<p><b>Dependent Residents</b></p> <p>It has and will continue to be the policy of this facility to ensure that 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.</p> <p>While Resident B had the potential to be affected, no harm was caused to Resident B for this incident. Upon review of the facility's cctv system Resident B had been checked on by wound nurse after surveyor's arrival. Resident B also was spotted to be at the nurses' station talking to RN on duty at 9:32am, less than an hour prior to surveyor's findings. Please note on MDS cited by surveyor Resident B was noted to always be continent (attachment 1). Resident B was provided assistance with toileting and cleaning upon finding of surveyor.</p> <p>The facility audited all residents' cna tickets to ensure proper coding and any errors were corrected (attachment 2).</p> <p>Nursing staff was inserviced on 8/15/2018 in regards to providing toileting to residents that require extensive to total assist (attachment 3).</p>		

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	<p>in the dining room. CNA 5 indicated she usually checks on Resident B around 10:00 a.m. to 11:00 a.m. She has not been in Resident B's room prior to 10:33 a.m., on this day. An observation was conducted, at that time, of perineal care for Resident B performed by CNA 5. CNA 5 commented "this is all dried up", referring to a brown substance on Resident B's skin. The brown substance was noted from Resident B's perineal area down to the middle of her shins. There was also a brown substance noted to the bottom on Resident B's shoes. CNA 5 identified that brown substance was fecal matter.</p> <p>A care plan for ADLs, revised 5/1/18, indicated the following, "...[name of Resident B] requires supervision [sic] for bed mobility, eating, and transfers and requires extensive assistance with toileting...Goal...[name of Resident B] will be clean and well groomed daily...Interventions...1 person assist with toileting...."</p> <p>An interview conducted with Wound Nurse 6, on 8/7/18 at 11:36 a.m., indicated CNA 5 was working the assignment that included Resident B.</p> <p>An interview conducted with the Staff Development Coordinator (SDC), on 8/8/18 at 10:50 a.m., indicated the CNAs should be rounding and checking on the residents' every two hours. This includes the staff to see if a resident needs assistance with toileting or personal hygiene if they are incontinent.</p> <p>An interview conducted with the Director of Nursing (DON), on 8/8/18 at 11:00 a.m., indicated there is no facility policy in regards to ADLs.</p> <p>This Federal tag relates to Complaint IN00261445.</p>				<p>DON or designee will do a weekly audit 5x weekly for two weeks, 3x weekly for two weeks, weekly for four weeks, and biweekly for four months for residents who require extensive to total assist with toileting (attachment 4). Any adverse effects will be noted and immediate action taken including education and/or up to termination. Results will be shared with administrator weekly and brought to QA meeting for review. All recommendations of QA committee will be followed.</p> <p>It is our request to idr this tag. Resident B, according to her last resident assessment, was deemed to be always continent. She was spotted on facility's cctv system having been approached by multiple different staff members prior to surveyor's observation. The last observation was known to be less than one hour prior to surveyor's observations, contrary to the insinuation that she had not been rounded on all day, resident B had been checked on. Resident B, as noted by surveyor, was adamant about providing her own care for herself. Facility maintains that Resident B, according to the Federal regulations, has the ability to choose her plan of care and facility will work within the limitations of such to provide the best care possible. As such facility maintains that the</p>		

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	3.1-38(a)(3)(A)				observation of Resident B had been provided and without intruding on the rights of the resident provided necessary care.		