STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155228	A. BUILDING 00 B. WING	02/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF RICHMOND	2070 CHESTER BLVD RICHMOND, IN 47374

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00318507. Complaint IN00318507 - Substantiated. Federal/State deficiencies related to the allegations are cited at F641 and F656. Survey date: February 10, 2020 Facility number: 000133 Provider number: 155228 AIM number: 100266080 Census Bed Type: SNF/NF: 65 Total: 65 Census Payor Type: Medicare: 6 Medicaid: 57 Other: 2 Total: 65 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1 Quality review completed on February 11, 2020	F 0000	**F000** 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. Please accept this Plan of Correction as Credible Allegations of Compliance. The facility respectfully requests paper compliance for this citation.	
F 0641 SS=D Bldg. 00	483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. Based on observation, interview and record review, the facility failed to ensure an Minimum Data Set (MDS) assessment accurately reflected a resident's risk for skin issues and/or pressure	F 0641	**F641** It has and will continue to be the policy of this facility to	02/20/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	area development for a resident identified as being at risk of pressure areas on a formal assessment instrument/tool for assessment of the risk of possible development of pressure areas for 1 of 3 residents reviewed for incontinence care. (Resident D) Findings include: The clinical record of Resident D was reviewed on 2-10-20 at 1:26 p.m. Her diagnoses included, but were not limited to, COPD (chronic obstructive pulmonary disease), depression, dementia, general muscle weakness, high blood pressure and diabetes. Her stay at the facility was documented as over three years. Review of the two most recent MDS assessments, dated 10-14-19 and 12-10-19, indicated Resident D was severely cognitively impaired, dependent for toileting needs, non-ambulatory, used a wheelchair for mobility, required extensive assistance of 2 or more staff members for transfers, dependent of 2 or more staff member for movement in bed and was frequently incontinent of bowel and bladder. In Section M, both MDS assessments identified her as being not at risk of of pressure area development, based upon a clinical assessment and the use of a formal assessment instrument or tool. The most recent formal assessment instrument or tool for assessment of the risk of possible development of pressure areas located in Resident D's clinical record was a "Braden Scale," dated 7-16-19, which demonstrated the resident was at risk of pressure area development with a score of 18. The assessment's legend identified a score of 15 to 18 as being at risk. During an observation of care, on 2-10-20 at		assure that each resident receives an accurate assessment, reflective of the resident's status at the time of assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline. While all residents have the potential to be at risk for developing pressure areas, all residents have been assessed (Attachment 1) and a new Braden Scale (Attachment 2) has been updated in PCC. Resident D's Braden Scale also updated to reflect at risk for pressure areas (Attachment 3). Resident D's section M (Attachment 4) has been modified to reflect resident is at risk of developing pressure ulcers/injuries. DON or designee will monitor and audit section M of all completed MDS to ensure that those that are properly at risk of pressure ulcers are reflected accordingly via the MDS Pressure Area Risk Tool. This will be completed 3 times a week for 4 weeks, 2 times a week for 4 weeks, weekly for 2 months, and bi weekly for 8 weeks. For a total of 6 months (Attachment 5). Follow up will be randomly ongoing to ensure accuracy of	

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	1:10 p.m., Resident D was transferred by two CNA staff members from a high-backed wheelchair into her bed with the use of mechanical lift. She wore an incontinence brief and her skin, at that time, was intact without redness or irritation. In an interview on 2-10-20 at 1:55 p.m., with the Staffing Coordinator, she explained the facility's MDS Coordinator was out of the office at that time, but she had spoken with her by phone. She relayed the MDS Coordinator had told her the coding on the MDS for being at risk for pressure was done in error. "She [Resident D] is definitely at risk." In an interview on 2-10-20 at 1:55 p.m., the Administrator indicated, "Almost everyone in a facility could be at risk for pressure areas." In a second interview on 2-10-20 at 3:21 p.m., with the Administrator, she indicated the facility did not have a policy or procedure for accuracy of the MDS, but uses the RAI (Resident Assessment Instrument) manual for guidance. This Federal tag relates to Complaint IN00318507. 3.1-31(a)		Section M on the MDS. Any findings will be immediately corrected and DON/designee will report all audits during the QAPI meetings and all recommendations will be followed. **Date of Completion: 2/20/2020**	
F 0656 SS=D Bldg. 00	483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a			

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	resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.			
	Based on observation, interview and record review, the facility failed to ensure a care plan was developed for prevention of skin issues	F 0656	**F656** It has and will continue to	02/19/2020

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	and/or pressure area development for a resident identified as being at risk of pressure areas for 1 of 3 residents reviewed for incontinence care. (Resident D) Findings include: During an observation of Resident D on 2-10-20 at 1:10 p.m., the resident was transferred by two CNA staff members from a high-backed wheelchair into her bed with the use of mechanical lift. She wore an incontinence brief and her skin, at that time, was intact without redness or irritation. The clinical record of Resident D was reviewed on 2-10-20 at 1:26 p.m. Her diagnoses included, but were not limited to, COPD (chronic obstructive pulmonary disease), dementia, general muscle weakness, and diabetes. Her stay at the facility was documented as over three years. The Quarterly Minimum Data Set (MDS) assessment, dated 12-10-19, indicated the resident was severely cognitively impaired. The resident required extensive assistance of two staff members for transfers and bed mobility. The resident was frequently incontinent of bowel and bladder. The resident's "Braden Scale" a most recent formal assessment instrument tool (assessment tool to establish the resident's risk of possible development of pressure areas), dated 7-16-20, indicated the resident had a score of 18. The assessment's legend identified a score of 15 to 18 as being at risk. The clinical record lacked a care plan for the resident's at risk for skin related issues or concerns.		be the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth and that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental psychosocial needs that are identified in the comprehensive assessment. While all residents have the potential to be at risk for developing pressure areas, all residents have been assessed (Attachment 5) and a new Braden Scale (Attachment 6) has been updated in PCC. Care plans have been updated on all residents to reflect for skin breakdown if needed. Resident D's Braden Scale also updated to reflect at risk for pressure areas (Attachment 7). Resident D's care plan also updated in PCC to reflect resident is at risk for skin breakdown (Attachment 8). DON or designee will monitor and audit all new admissions for risk of skin breakdown via the tool 5 times a week for 4 weeks, 3 times a week for 4 weeks, bi weekly times 2 months, and weekly times 8 weeks. For a total of 6 months	

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	In an interview on 2-10-20 at 1:55 p.m., with the Staffing Coordinator, she indicated she had spoken with the MDS coordinator by phone. She relayed the MDS Coordinator had told her "She [Resident D] is definitely at risk." In an interview on 2-10-20 at 1:55 p.m., the Administrator indicated, "Almost everyone in a facility could be at risk for pressure areas." In a second interview on 2-10-20 at 3:21 p.m., with the Administrator, she indicated she could not locate any care plans for Resident D for skin or pressure area risk. On 2-10-20 at 3:25 p.m., the Administrator provided a copy of a policy, entitled, "Comprehensive Assessment and Care Plan Policy." This policy was identified the current policy utilized by the facility and had an amendment date of 3-1-18. This policy indicated, "...strives to use these assessments to develop and implement a person-centered comprehensive care plan consistent with the resident's rights...The comprehensive care plan will describe the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being..." This Federal tag relates to Complaint IN00318507. 3.1-35(a) 3.1-35(b)(1)		(Attachment 9). Follow up will be randomly ongoing to ensure accuracy of all new admissions. Any findings will be immediately corrected and DON/designee will report all audits during the QAPI meetings and all recommendations will be followed. **Date of Completion: 2/19/2020**	