

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

PRINTED: 04/12/2017
FORM APPROVED
OMB NO. 0938-0391

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 11/09/2016	
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 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 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00201386. This visit resulted in an Immediate Jeopardy.</p> <p>Complaint IN00201386 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: November 1, 2, 3, 4, 6, 7 and 9, 2016</p> <p>Facility number: 000133 Provider number: 155228 AIM number: 100266080</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 9 Medicaid: 53 Other: 10 Total: 72</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</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>		

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.

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

PRINTED: 04/12/2017
FORM APPROVED
OMB NO. 0938-0391

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 11/09/2016	
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 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 0272 SS=D Bldg. 00	<p>Quality review completed by 30576 on November 16, 2016</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by</p>						

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 11/09/2016	
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 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
	<p>the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on interview and record review the facility failed to accurately code a Minimum Data Set (MDS) assessment with an active diagnosis of paranoid schizophrenia for a resident receiving an antipsychotic medication haldol decanoate for 1 of 5 residents who met the criteria for unnecessary medication use (Resident 6).</p> <p>Finding include:</p> <p>Review of the Resident 6 on 11/6/16 at 2:45 p.m., indicated the resident's diagnosis included, but were not limited to, paranoid schizophrenia.</p> <p>The "NeuroPsychiatric Hospital" discharge summary for Resident 6, dated 8/23/16, indicated the resident had severe recurrent schizophrenia.</p> <p>The Annual MDS assessment for Resident 6, dated 9/26/16, was not marked for active diagnosis of schizophrenia.</p> <p>The physician recapitulation for Resident 6, dated September, October and November 2016, indicated the resident</p>			F 0272	<p>F272-Comprehensive Assessments</p> <p>It has been and will continue to be the policy of this facility to conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>The MDS coordinator had not marked the comprehensive assessment due to resident #6 having not received or having any behaviors related to her condition during the look back period. The comprehensive assessment has now been changed to show the schizophrenic diagnosis. (attachment 1) There was no actual harm caused by this incident.</p>		11/11/2016

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 11/09/2016	
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 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 0323 SS=E Bldg. 00	<p>was ordered haldol 100 milligrams (mg) intramuscularly (IM) every 30 days.</p> <p>Interview with the MDS coordinator on 11/7/16 at 12:10 p.m., indicated she did not mark the 9/26/16 MDS with the active diagnosis of schizophrenia for Resident 6 because she did not have behaviors and was not receiving routine antipsychotic medication that required monitoring. The MDS coordinator indicated the resident had received haldol decanoate IM during the assessment period, but she was not able to mark an monthly injection. The nursing was responsible to monitor the haldol decanoate, but she could not code an injection haldol decanoate on the MDS assessment and therefore could not mark the active diagnosis schizophrenia.</p> <p>3.1-31(c)(7)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident</p>				<p>All other comprehensive assessments from the previous two months were reviewed for accuracy and any corrections needed were made.</p> <p>The MDS coordinator was made aware on proper procedure on coding of MDS by corporate consultant.</p> <p>DON or designee will monitor every MDS section I that is done for the next 6 months for accuracy. Any errors will be corrected and taken for review to QA for any further recommendations. (Attachment 3)</p> <p>Date of completion: November 11, 2016</p>		

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 11/09/2016	
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 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		
	<p>environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review the facility failed to store and label hazardous chemicals in a safe manner. This had the potential to affect 14 alert and oriented residents who were ambulatory and had the potential to effect 52 residents who utilized the west and east hallway shower rooms (Resident 92, 93, 94, 95, 96, 97, 98, 58, 99, 100, 101, 46, 102 and 103).</p> <p>Finding include:</p> <p>During observation on 11/3/16 at 10:25 a.m., there were 3, 32 ounce spray bottles "zep", "oasis" and bleach. They were located in the open west hallway shower room in a locked cabinet the with a key in the lock. The bottles were clear with handwritten taped labels, there were no company product label to identify the chemicals or hazards on the bottles.</p> <p>Interview with the Director Of Nursing (DON) on 11/3/16 at 10:30 a.m., no the chemicals should not be in the locked cabinet with a key in it. The DON removed the bottles of chemicals from the shower room.</p>	F 0323	<p>F323 Free of Accident hazards/supervision/d evices</p> <p>It has been and will continue to be the policy of this facility to ensure that residents' environment remains free of accident hazards as is possible, and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>All residents had the potential to be affected, but no residents were affected by this incident. All chemicals were removed from the cabinet until maintenance could check for functionality of the cabinets and staff were inserviced on proper storage of chemicals. (Attachment 7)</p>		11/11/2016		

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 11/09/2016	
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 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
	<p>During observation on 11/3/16 at 10:35 a.m., Medical Records was carrying 3 spray bottles of liquid out of the unlocked east side shower room.</p> <p>The east side shower room was unlocked and had a locked cabinet with a key hanging down on the outside.</p> <p>Interview with Medical Records on 11/3/16 at 10:47 a.m., the chemicals she was carrying out the east side shower room in spray bottles were oasis, zeb and Cisco. They were located in the locked cabinet with the key.</p> <p>Interview with Medical Records on 11/3/16 at 11:18 a.m., the key was suppose to be on top of the locked cabinet out of site. The chemicals could be stored in the locked cabinet in the shower room as a long the key was on top of the cabinet. The key was hanging down on the cabinet when she took the chemicals out of east side shower room.</p> <p>Interview with the DON on 11/9/16 at 5:40 p.m., indicated Resident 92, 93, 94, 95, 96, 97, 98, 58, 99, 100, 101, 46, 102 and 103 were alert and oriented.</p> <p>The "Safety Data Sheet" provided by the DON on 11/3/16 at 11:15 a.m., indicated oasis was a cleaner and disinfectant and was to be only for the purpose on the</p>				<p>Rounds will be made by charge nurse every shift to ensure all chemicals are properly stored in locked cabinets. DON or designess will do audits 3x weekly for two months, weekly for two months, and biweekly for two months. Any issues will immediately be corrected and gradual punishment to include education up to termination. The results of these audits will be brought to QA committee for review and any recommendations will be followed. (Attachment 8)</p> <p>Date of completion: November 11, 2016</p>		

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 11/09/2016	
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 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 0371 SS=L Bldg. 00	<p>product label. The precautionary statements for oasis was "wear protective gloves." "Wear eye of face protection." "Keep away from heat, sparks, open flames and hot surfaces-no smoking." "Keep in container tightly closed." "Use only outdoors or in a well-ventilated area." "Avoid breathing vapor." "Wash hands thoroughly after handling." "Caution harmful in contact with skin or if inhaled." "Causes eye irritation." The "Zep odor control concentrate" caused eye and skin irritation. "Wear eye protection/face protection."</p> <p>3.1-45(a)(1)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and clinical record review the facility failed:</p> <p>A. To ensure proper sanitation of dishware to prevent food borne illness.</p>		F 0371	<p>F371 Food Procure, Store/Prepare/Serve- Sanitary</p>		11/11/2016	

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 11/09/2016	
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 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		
	<p>Staff were not knowledgeable about the sanitation process for the three compartment sink and the sanitizing buckets.</p> <p>B. The facility failed to thaw raw hamburger in a manner to prevent food borne illness. The hamburger was observed partially submerged in a plastic container of hot water and staff were not knowledgeable about the thawing process. This has the potential to effect 70 of 72 residents who eat food prepared in the facility.</p> <p>This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 11/1/16, when dietary staff were observed not sanitizing dishes in a manner to prevent food borne illness and failed to thaw raw meat in a manner to prevent food borne illness. The Administrator was notified of the Immediate Jeopardy on 11/1/16 at 6:15 p.m. The immediate jeopardy that began on 11/1/16 was removed on 11/4/16 when the facility educated staff on proper sanitation of all dishware, including the 3 compartment sink and automated dishwasher, the policies were reviewed and updated but noncompliance remained at the lower scope and severity level of no actual harm with potential for more than minimal harm that is not immediate</p>		<p>It has been and will continue to be the policy of this facility to procure food from sources approved or considered satisfactory by Federal, State or local authorities and store, prepare, distribute and serve food under sanitary conditions.</p> <p>It was brought to this facility's attention that state surveyors had an issue with the facility sanitizing the dishes on the three bay sink at approximately 2:30pm on 11/1/16. The facility was using disposable plates, drink cups, and silverware at this time. At this point the administrator went back and immediately inserviced all dietary staff on the proper use of the three bay sink and sanitizing buckets. (Attachment 9) Facility immediately rewashed all pots, pans, dessert bowls, coffee carafes, water pitchers, and any other items that are used to serve food that weren't disposable. At no</p>				

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 11/09/2016	
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 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
	<p>jeopardy, because not all staff had been inserviced on proper sanitation of dishware.</p> <p>C. Based on observation and interview the facility failed to provide a clean, sanitary kitchen and equipment. This has the potential to effect 70 of 72 residents who eat in the facility.</p> <p>Findings include:</p> <p>A1. 11/01/16 at 9:03 a.m., during an interview the dietary manager stated, "the dishwasher motor broke, we ordered a new one, it will be here in 5 days. We have been using paper/plastic products since the dishwasher broke on Sunday, the dishwasher quit while we were doing breakfast dishes."</p> <p>11/1/16 at 9:06 a.m., two dietary staff members were observed washing dishes in a 3 compartment sink. The Dietary Manager used a test strip to check the amount of sanitation in the third compartment section of the sink. The first type of test strip used to check the sanitizing level was a chlorine test strip and did not change color when placed in the water. Another test strip was used and again placed in the water and did not register any level of sanitation. The Dietary Manager stated "that's not the</p>				<p>point were any of the dishes that were cited ever put into circulation without them being properly washed to manufacturer's recommendations.</p> <p>All sanitation buckets were immediately replaced at this time and all counter tops were wiped down again with new rags and sanitation buckets.</p> <p>Administrator remained for the rest of the night to observe all proper sanitation dining procedures. Call placed to registered dietician to come in following day. Registered dietician arrived prior to morning meal being served and reeducated staff on proper sanitation techniques. Education continued throughout day and following morning until all staff had been educated. (Attachment 10) Dietician went over these techniques</p>		

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 11/09/2016	
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 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
	<p>right type." She went over to the counter to get another type of test strip. The Dietary Manager used a third test strip identified as a quaternary test strip and registered 400 ppm (parts per million). The Dietary Manager was not familiar with what type of test strip that should be used to check the amount of sanitation.</p> <p>11/1/16 at 9:40 a.m., interview with Dietary Manager stated, "we serve 70 residents out of the kitchen."</p> <p>11/1/16 at 9:45 a.m., review of the Dish Machine Temperature/Sanitizer Report indicated the dishwasher sanitizer was not checked on 10/7/16 dinner, 10/14/16 dinner, 10/21/16 lunch, 10/27/16 dinner, 10/28/16 dinner, 10/30/16 and 10/31/16 no meals were filled out.</p> <p>11/1/16 at 12:06 p.m., during observation of the lunch meal, staff were observed utilizing non disposable dishware for resident use which included dessert bowls, coffee cups, coffee carafes, and water pitchers.</p> <p>11/1/16 at 2:03 p.m., interview with Dietary Aide #1, using the 3 compartment sink, stated: "I washed the dishes and then place them in the second sink to rinse, then into the 3rd sink for sanitization." During an interview,</p>				<p>with dietary manager and reviewed policy with administrator.</p> <p>The meat in question was never handled by Dietary Aide #3, dietary aides aren't responsible for the pulling and thawing of meat. The meat in question had been placed in plastic container under cold running water by the cook, at this point the cook left the kitchen to obtain another item for that night's dinner. When cook returned she noticed water not running and was told of state surveyor's concerns. She immediately discarded the meat in question. At no point was the meat in question ever put into circulation for consumption. At no point was hot water ever applied to the meat.</p> <p>Administrator remained for the rest of the night to observe all proper thawing procedures. Call placed to</p>		

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 11/09/2016	
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 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
	<p>Dietary Staff #1 said she uses multi quat for the dishes in the 3 compartment sink. She stated that sanitization sink should be 100 ppm to 175 ppm. During this time, an observation showed that Dietary Aide #2 immediately (less than 5 seconds) removed the dishes from the third compartment sink and placed them on a rack to drain.</p> <p>11/1/16 at 2:04 p.m., Dietary Aide #2 tested the sanitation in the 3rd sink with a quaternary test strip which read 150 ppm. Dietary Aide #2 stated: "I have only been here one and a half months and was not familiar with the reading."</p> <p>11/1/16 at 2:25 p.m., observation revealed a bucket of dirty water on the metal counter in the kitchen. A grayish/blackish cleaning cloth was observed in the bucket. Dietary aide #3 tested the sanitation of the bucket with a Quat test strip and the sanitizer did not register.</p> <p>11/1/16 at 2:30 p.m., interview with the Dietary Manger: "Usually the person doing dishes does the testing, everyone in dietary has been trained on using the strips."</p> <p>11/1/16 at 5:05 p.m., during observation of the evening meal, staff were observed</p>				<p>registered dietician to come in following day. Registered dietician arrived prior to morning meal being served and educated staff on proper thawing techniques. Education continued throughout day and following morning until all staff had been educated.(Attachment 10) Dietician went over these techniques with dietary manager and reviewed policy with administrator.</p> <p>After hearing state surveyors concerns on food splatter dietary manager and administrator immediately ordered a top to bottom cleaning of the kitchen. Walls were scrubbed, vents were cleaned, equipment was cleaned, and lights were cleaned.</p> <p>A review was immediately done by nursing administration of all infections for the past six months to see</p>		

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 11/09/2016	
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 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
	<p>utilizing non disposable dishware, for resident use, which included dessert bowls, coffee cups, coffee carafe and water pitchers.</p> <p>The undated "Manual Ware-washing Policy" (Three compartment sink) indicated: "To insure proper sanitation of Manual ware/hand washed items...If a chemical sanitizer is used...you must follow manufacturer's instruction...Items must be immersed for 30 seconds...."</p> <p>The undated "Sanitizing Solution Policy" provided by Dietary Aide #2, on 11/1/16 at 2:25 p.m., indicated the quaternary sanitizer was required to be 200 parts per million (ppm) at a minimum.</p> <p>B1. 11/1/16 at 2:33 p.m., observation revealed a 5 pound roll of raw hamburger partially submerged in a plastic container filled with water was noted in the sink. Dietary Aide #3 stated: "the hamburger hasn't been in the water long, we just got it out, put it in the container and poured hot water on it from the coffee pot over there, it hasn't been here that long.</p> <p>The "Proper Thawing of Foods Policy", provided by the Administrator on 11/1/16 at 4:40 p.m., indicated: "Food shall be thawed in a way that minimizes growth</p>				<p>if any were food borne. No infections were found to have resulted from food borne illnesses.(Attachment 11)</p> <p>All dietary staff were inserviced on proper sanitation of dishware and thawing of the meats prior to working and prior to the Immediate Jeopardy being removed. The inservicing was completed on 11/3/16. (Attachment 9, 10 and 11)</p> <p>Policy and procedure were reviewed by administrator and registered dietician and agreed upon changes were made. All dietary staff were given a card detailing proper sanitizing levels and temperature levels. All new staff members will, upon hire, be trained on the proper sanitization of dishware and thawing of meats if in their job duties.</p>		

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 11/09/2016	
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 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			
	<p>of microorganisms and is in compliance with sanitation regulations." Number 2 of the policy indicated "Submerged under running potable water, at temperature of 70 degrees...Water flow must be strong enough to wash loose food particles into the overflow drain. "</p> <p>C1. 11/01/2016 at 9:14 a.m., observations made during tour of the kitchen, included: a ceiling vent in the dry storage room had dust hanging from it. One light cover by the prep area had debris in it and was splattered with food on outside of it. The floor had a black substance around all the walls, by the edge of the trim. The meat slicer had food debris on it and the stand up mixer had dried food splattered on the back of the mixer stand. The cooking pans had black burnt substance on the outside them. The wall by the cook stove had splattered, dried food on it and the vent hood on the stove above cook top, observed to have dark brown, greasy substance collected on it.</p> <p>11/1/16 at 9:40 at 9:40 a.m., the dietary manager stated: "I will get these things fixed as soon as possible."</p> <p>The Immediate Jeopardy that began on 11/1/16 was removed on 11/4/16 when the facility educated staff on proper</p>		<p>Dietary Manager or designee will review all methods of thawing three times weekly for three months and weekly for three months. Any errors will immediately be addressed. Results will be shared with the administrator weekly and brought to QA for review. Any recommendations of QA committee will be followed. (Attachment 12)</p> <p>Dietary Manager or designee will check temperature and sanitation logs for dish machine and three compartment sink weekly for six months. Any errors will immediately be addressed. Results will be shared with administrator weekly and brought to QA for review. Any recommendations of QA committee will be followed. (Attachment 13)</p> <p>Registered dietician or designee will do a sanitation review of the kitchen weekly</p>				

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

PRINTED: 04/12/2017
FORM APPROVED
OMB NO. 0938-0391

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 11/09/2016	
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 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
	<p>sanitation of all dishware, including the 3 compartment sink and automated dishwasher, the policies were reviewed and updated but noncompliance remained at the lower scope and severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy, because not all staff had been inserviced on proper sanitation of dishware.</p> <p>3.1-21(i)(1)</p>				<p>for six months. Any corrections will be made immediately and brought to the administrator's attention. These results will be reviewed by the QA committee and any recommendations will be followed.</p> <p>Date of completion: November 11, 2016</p> <p>We are idr the scope and severity of the tag in regards to the items cited.</p>		