

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155228	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2018
NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE OF RICHMOND		STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374		
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00249923.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00248458.</p> <p>Complaint IN00249923- Substantiated with findings cited at F-557 and F-677.</p> <p>Complaint IN00248458 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 2, 3, 4, 5, 8, & 9 2018.</p> <p>Facility number: 000133 Provider number: 155228 AIM number: 100266080</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 6 Medicaid: 54 Other: 10 Total: 70</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 is required by the provisions of Federal and State Law.</p> <p>Please accept this Plan of Correction as Credible Allegations of Compliance. We respectfully ask for your consideration for paper 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 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 disclosed 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 0557 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 17, 2018</p> <p>483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Based on observation, interview and record review the facility failed to maintain a resident's bedroom free from urine odor for 1 of 3 resident's reviewed for odors (Resident D).</p> <p>Findings include:</p> <p>Review of the record of Resident D on 1/8/18 at 10:50 a.m., indicated the residents diagnoses included, but were not limited to, nontraumatic subdural hemorrhage, hypertension, hyperlipidemia, arteriosclerotic heart disease, chronic kidney disease and dementia without behavioral disturbance.</p>	F 0557	<p>It has been and will continue to be the policy of this facility to treat the resident with respect and dignity thru allowing them the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Resident D's room was</p>	02/06/2018

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	<p>The Quarterly Minimum Data Set (MDS) assessment for Resident D, dated 11/23/17, the resident was severely impaired for decisions of daily decision making and was totally dependent of one person for bathing. The resident was occasionally incontinent of urine.</p> <p>The bladder incontinence assessment for Resident D, dated 10/18/17, the resident had 2-6 incontinent episodes a week and dribbled after voiding.</p> <p>The careplan for Resident D, dated 8/22/16, the resident was frequently incontinent of bowel and bladder. The interventions included, but were not limited to, assist the resident to the restroom in the morning, before breakfast and in the evening and every two hours, encourage fluids and provide incontinence care as needed.</p> <p>During observation on 1/2/18 at 11:53 a.m., Resident D was in his bedroom and the room smelled of urine.</p> <p>Interview with Resident D's family member on 1/2/18 at 3:01 p.m., visited the resident every two weeks and sometimes more often. The resident's bedroom always smelled of urine. The resident would hide his</p>		<p>thoroughly cleaned once again before state surveyors left the building and it helped to eliminate the odor per surveyors. Housekeeping is checking to spot clean three times per their usual shift. CNA staff are checking resident's room for soiled clothing at the beginning and end of each shift.</p> <p>All residents had the potential to be affected, but no residents were actually affected.</p> <p>Managers will spot check rooms five times weekly for 6 weeks, biweekly for 6 weeks, and weekly for 3 months. (Attachment 1) Any issues will be immediately addressed; any ongoing issues will be taken to QA for review and all recommendations will be followed.</p>	

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	<p>incontinent clothes in his room and this may be where the urine odor was coming from. The family would like staff to check the resident's room more often for urine soaked clothes.</p> <p>During observation on 1/4/18 at 1:52 p.m., Resident D was in bed with eyes closed, the room had an urine odor.</p> <p>During observation on 1/5/18 at 10:54 a.m., Resident D was in his bedroom, the room had an urine odor.</p> <p>During observation on 1/5/18 at 3:00 p.m., Resident D was in bed with eyes closed. The resident's room had an urine odor.</p> <p>During observation on 1/8/18 at 10:43 a.m., Resident D was in bed with eyes closed. The resident's room had an urine odor.</p> <p>Interview with CNA 5 on 1/8/18 at 4:05 p.m., Resident D would go to the bathroom, but was sometimes incontinent. The resident was not on a toileting program, but staff did assist him to the bathroom especially if the resident slept a long time. The resident had confusion and would sometimes forget where the restroom was. The resident would hide his clothes wet with urine. The staff check his closets and drawers at night for</p>				

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F 0677 SS=D Bldg. 00	<p>wet clothes.</p> <p>Interview with the Staffing leader on 1/8/18 at 4:34 p.m., Resident D hid his urine wet clothes frequently. Would find the source of the urine odor in Resident D's bedroom.</p> <p>Interview with the Staffing leader on 1/9/18 at 10:50 a.m., was having Maintenance check Resident D's flooring as the resident may have been urinating on the floor.</p> <p>This Federal tag relates to complaint IN00249923.</p> <p>3.1-19(f)(5)</p> <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;</p> <p>Based on observation, interview and record review the facility failed to assist a dependent resident with showers two times a week as scheduled for 1 of 3 residents reviewed for ADL assistance (Resident D).</p> <p>Findings include:</p>	F 0677	<p>It has been and will continue to be the policy of this facility that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and</p>	02/06/2018

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	<p>During observation on 1/2/18 at 11:53 a.m., Resident D had facial hair, smelled of urine and had pajama bottoms on. The resident was smiling and talking.</p> <p>Review of the record of Resident D on 1/8/18 at 10:50 a.m., indicated the residents diagnoses included, but were not limited to, nontraumatic subdural hemorrhage, hypertension, hyperlipidemia, arteriosclerotic heart disease, chronic kidney disease and dementia without behavioral disturbance.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident D, dated 11/23/17, the resident was severely impaired for decisions of daily decision making and was totally dependent of one person for bathing. The resident was occasionally incontinent of urine.</p> <p>The careplan for Resident D, dated 12/12/17, the resident was independent with bed mobility, toileting and transfers and supervision with eating. The interventions included, but were not limited to, off and assist the resident with showers two times a week and as need.</p> <p>Review of the Resident shower sheets and ADL grid 2017 from October 25th to</p>		<p>personal and oral hygiene.</p> <p>While Resident D had refused a shower, which was within his resident rights, the documentation was missing explaining this, but no harm was done to resident D as this is his preference.</p> <p>All other residents were reviewed and no other residents were affected. An inservice was held for all nursing staff on the documentation for showers. (Attachment 5) An audit will be done 5 times weekly for six weeks, bi-weekly for six weeks, and weekly for three months to ensure appropriate documentation and compliance. (Attachment 6) The results of the audit will be brought to the quarterly QA for review and any recommendations will be followed</p>	

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	<p>November 6th the resident did not receive a shower for 11 days, November 6th to November 14 the resident did not receive a shower for 6 days and from November 20th to November 27th the resident did not receive a shower for 6 days. The December 2017 shower sheets and ADL grid for Resident D revealed the resident did not receive a shower for 18 days from the 6th to the 25th. There was no documentation the resident had refused any showers.</p> <p>The careplan for Resident D, dated 1/5/18, the resident would refuse showers at times or could choose to only have one a week. The interventions included, allow the resident to vent his feelings, explain to the resident what you are going to do prior to initiating care, if necessary return at a later time for completion of care, praise the resident for cooperation and respect the resident's right to make decisions.</p> <p>Interview with the Staffing leader on 1/8/18 at 4:34 p.m., it was the charge nurses responsibility to ensure Resident D received showers as scheduled. If the resident refused a shower the staff were suppose to reapproach later and then if the resident continued to refuse the charge nurse would document the resident refused.</p>			

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	<p>The shower assistant policy provided by Medical records on 1/9/18 at 12:30 p.m., "A shower will clean, refresh, and soothe the resident, stimulate circulation, provide an opportunity for resident to exercise arms and legs." "Residents will receive a shower at least two times a week unless condition warrants otherwise or resident refuses."</p> <p>This Federal tag relates to complaint IN00249923.</p> <p>3.1-38(a)(3)</p>			