

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

PRINTED: 03/05/2019
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 02/15/2019	
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 IN00286977.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00286977 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-684.</p> <p>Survey dates: February 10, 11, 12, 13, 14 & 15 2019.</p> <p>Facility number: 000133 Provider number: 155228 AIM number: 100266080</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 1 Medicaid: 58 Other: 4 Total: 63</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 20, 2019</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 the Federal State Law.</p> <p>Please accept this Plan of Correction as Credible Allegations of Compliance. We respectfully ask for the consideration of paper compliance.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to</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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	<p>facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview, and record review, the facility failed to assess and document an area of facial bruising for 1 of 2 residents reviewed for non-pressure skin condition. (Resident G)</p> <p>Findings include:</p> <p>Resident G's record was reviewed on 2/13/19 at 10:04 a.m. His diagnoses included but were not limited to, dementia, anxiety, depression, bipolar disorder, and vitamin B 12 deficiency. His Quarterly Minimum Data Set assessment dated 12/15/18, indicated he was severely impaired in his cognitive daily decision making skills. He had no skin issues. A Skilled Charting note for Resident G dated 1/28/19, indicated he had no new changes to his skin integrity.</p> <p>On 2/11/19 at 1:35 p.m., Resident G was observed with purplish discoloration down the left side of his nose and under his left eye. He indicated he didn't know how the discoloration happened. On 2/13/19 at 11:32 a.m., he continued to have the purplish discoloration down the the left side of his nose and under his left eye.</p> <p>During an interview with RN 3 on 2/13/19 at 1:22 p.m., she indicated she hadn't realized Resident G had any facial bruising. If areas of bruising were observed they were to be documented and she was unable to find the area of facial bruising had</p>			F 0684	<p>F684</p> <p>It has been and will continue to be the policy of this facility to ensure that based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and the resident's choices.</p> <p>Resident G had a skin assessment done on 2/13/19. (Attachment 1). Care plan updated on 2/13/19. (Attachment 2). On wound weekly observation tool dated 2/20/19 (Attachment 3) bruising under left eye has healed (Attachment 4).</p> <p>All residents have the potential to be affected. All residents will have a skin assessment completed by 2/28/19. Any new areas of concern will be documented, family and MD will be notified.</p> <p>All nursing staff in serviced on new skin areas and proper documentation (Attachment 5).</p>		02/28/2019

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	<p>been documented. On 2/13/19 at 1:30 p.m., RN 3 indicated another staff member informed her Resident G had been admitted with the area of bruising under his left eye.</p> <p>During an interview with LPN 2 on 2/13/19 at 1:31 p.m., she indicated Resident G had been admitted with discoloration under his left eye in April 2018, but the discoloration was not documented on the admission assessment. On 2/13/19 at 1:34 p.m., LPN 2 indicated it looked like his eye glasses rubbed his face and caused the areas of discoloration.</p> <p>The Skin Condition and Pressure Ulcer Assessment policy provided by Nurse Manager 4 on 2/13/19 at 11:22 a.m., indicated the following: "Any significant changes between seven (7) day assessments will be recorded in the nursing progress notes and skin report noted. ...7. Caregivers are responsible for promptly notifying the charge nurse of skin observations that include: ...b. Bruises...."</p> <p>This Federal tag relates to Complaint IN00286977.</p> <p>3.1-37</p>				<p>The DON or designee will use a skin audit tool (Attachment 6) to monitor 5 residents for new skin concerns with proper follow up weekly for 3 months (March, April May) then 3 residents for 2 months (June and July), then randomly ongoing to ensure compliance. Audits will be reviewed weekly at IDT meeting. The results of the audits will be reviewed at the quarterly QA meeting and any recommendations will be followed.</p>		