STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: April 19, 20, 21, 22, 25, 26, and 27, 2022. Facility number: 000542 Provider number: 155705 AIM number: 100267380 Census Bed Type: SNF/NF: 88 Residential: 101 Total: 189 Census Payor Type: Medicare: 6 Medicaid: 57 Other: 25 Total: 88 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on May 9, 2022.	F 0000		
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to prevent the development and worsening of pressure injuries for dependent residents for 3 of 7 residents reviewed for pressure injuries. This deficient practice resulted in 3 residents' pressure injuries progressing to and/or being discovered at Stage 3 (full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present) pressure injuries (Residents 138, 15, and 49). Findings include: 1. On 4/20/22 at 1:28 p.m., Resident 138 was in bed, with CNA 50 assisting her with positioning. On 4/21/22 at 8:46 a.m., she was seated in her wheelchair in the dining room for breakfast. She kept her eyes closed while being assisted to eat her meal. On 4/21/22 at 11:19 a.m., she was seated in her wheelchair near the nurses' station. On 4/22/22 at 12:51 p.m., she was seated in her wheelchair in the dining room for lunch. On 4/25/22 at 8:44 a.m., she was up in her wheelchair for breakfast. Resident 138's clinical record was reviewed on	F 0686	- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Skin checks completed on all residents. - How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Care-plans reviewed for all residents with pressure injuries. Dietician reviewed all residents with wounds to ensure nutritional supplements are adequate to promote wound healing. All recommendations from dietician reviewed with provider and orders obtained and initiated as appropriate. Wound specialist consultant assessed resident #49 and resident #15 for appropriate	06/01/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	4/21/22 at 2:30 p.m. Diagnoses included, but were not limited to, cerebral infarction, aphasia, hemiplegia and hemiparesis, chronic kidney disease, and dysphagia. Current physician orders included, but were not limited to, (4/2/22) float heels when in bed, (4/2/22) mechanical lift for all transfers, (4/14/22) protective skin wipe to right outer ankle twice daily, and (4/15/22) pressure relief boots when in bed. A 4/8/22, admission, Minimal Data Set (MDS) assessment indicated she was severely cognitively impaired, required extensive assistance for bed mobility, and was dependent for transfers and locomotion. Her skin was intact. She had a current, 4/14/22, care plan problem of ADL self-care deficit related to right sided weakness and expressive aphasia. She required extensive to total assistance with ADLs and a mechanical lift for transfers. She had a current, 4/14/22, care plan problem of potential for impairment to skin integrity. She had a current, 4/18/22, care plan problem of a deep tissue injury (DTI) (Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister resulting from intense and/or prolonged pressure and shear forces) to her right outer ankle. Interventions included treatment per order, monitor nutritional status, and weekly documentation. The care plan did not include the use of pressure relief boots.		treatment recommendations. Wound consultant to make rounds monthly and conduct exit interviews with administrator or designee with any concerns. - What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Wound care in-service provided to nurses which covered: wound prevention, wound assessments, appropriate treatments and documentation of wounds/pressure injuries. Attachment A pages 1-58 All nurses completed pressure injury appropriate treatment and documentation competency. Attachment B page 1 of 1 Facility wound nurse to attend additional training to become wound care certified. CNAs to complete in person in-service presented by Certified Wound Specialist over turning, repositioning, skin inspection, reporting skin alterations, and incontinence care. Attachment C pages 1-2.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	She had a current, 4/18/22, care plan problem of potential for skin impairment and the need for pressure relieving/reducing mattress to protect her skin while in bed. Review of a 4/1/22 hospital history and physical document indicated she had right-sided weakness and slurred speech due to a stroke. Review of a 4/7/22 Braden assessment (risk for skin breakdown) indicated a score of 12, which was high-risk for skin breakdown (10-12 high risk). A 4/11/22 progress note indicated her physical therapy had been discontinued. A 4/14/22 physician note indicated she was not progressing as much as hoped and was experiencing gastrointestinal upset. A 4/14/22 progress note indicated she had non-blanchable redness to her right outer ankle. Orders were received to apply skin protectant and keep her feet afloat while in bed. Review of a 4/15/22 Wound Nurse initial assessment indicated she had a pressure injury to her right outer ankle. It presented as a DTI, and measured 1.2 centimeters (cm) long (L) x 1.4 cm width (W) and was deep purple in color. Review of a 4/19/22 weekly wound assessment indicated her right outer ankle DTI remained, with improvement noted as evidenced by decrease in size of 1 cm L x 0.8 cm W. It was deep red, slight purple in color, and remained intact, with no open areas noted. Review of 4/19/22 progress notes indicated she required hypodermoclysis hydration of 250		- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date. Facility wound nurse to meet with HFA and DON weekly to review weekly skin report to ensure appropriate action including treatment orders, care-plan revision interventions. If compliance of appropriate preventative measures and appropriate treatment is not obtained, additional monitoring including audits will be extended per the QA Committee's recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	milliliters (mL) of 0.9% normal saline and catheterization due to retention of urine. During an attempted wound observation, on 4/22/22 at 2:55 p.m., the resident was asleep in bed. LPN 51 attempted to rouse her, but she would not awaken. Review of a 4/24/22 assessment note indicated she continued with the pressure injury to her right outer ankle. The area was improving as evidenced by a smaller size. During a wound observation, on 4/25/22 at 9:27 a.m., accompanied by LPN 53, the resident's right ankle wound was open and approximately the size of a lady bug. LPN 53 indicated she had just finished the application of the skin protectant. She confirmed the wound was open, but the skin protectant would sometimes make wounds "look like that". She replaced the resident's pressure relief boots and left the room. During a wound observation, on 4/25/22 at 10:01 a.m., the facility Wound Nurse indicated the resident's wound had probably developed from her laying in bed and not doing a lot. The wound measured 0.9 cm L x 0.6 cm W, and the overlaying skin had came off, so it was a stage 3 pressure injury. She indicated the other nurses would be expected to notify the physician to change treatment orders if a change was observed in a wound. Review of the resident's April 2022 treatment record indicated LPN 53 had performed the resident's treatment twice daily for the two days prior to the wound observation on 4/25/22. 2. During an observation on 4/20/22 at 1:40 p.m., Resident 15 was sitting in a tilt in space			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	positioning chair in the common area near the nurses' station. During an observation on 4/20/22 at 1:43 p.m., CNA 7 assisted him to his room where PCA 2 was in his room with a mechanical lift. They transferred him from the chair to the bed with the mechanical lift. He was rolled onto his right side while the lift sling was being rolled against his side, his incontinent brief was checked for soilage, a wound dressing was visible over his coccyx, he was rolled onto his left side, the lift pad was removed from underneath him and his pants were pulled back up. Pillows and a wedge cushion were used to prop him on his left side. On 4/21/22 at 9:11 a.m., he was in his room sitting in the tilt in space positioning chair, the mechanical lift sling was underneath him, there was a pressure reducing cushion on the chair under the lift sling. On 4/21/22 at 1:12 p.m., he was sitting in tilt in space positioning chair in the common area near the nurses' station. During a wound care observation, on 4/22/22 at 10:09 a.m., the resident was positioned on his right side, a wound dressing over his coccyx was removed, the wound was cleansed and dried, it was the size of a quarter, 90% of the wound bed was covered with slough (non-viable tissue), the remaining 10% was red tissue. Maceration (occurs when skin is in contact with moisture for too long) was visible to the tissue surrounding the wound. Calcium alginate with silver was placed over the wound bed, the wound was then covered by a bordered foam dressing. His clinical record was reviewed on 4/20/22 at			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	11:22 a.m. Diagnoses included, but were not limited to, Parkinson's disease and dementia with behavioral disturbance. Current physician orders included, but were not limited to, the following: a. Z-guard (protectant skin barrier) to bilateral buttocks and scrotum every shift for blanchable redness, the order date was 8/21/21. b. Z-guard to bilateral buttocks and scrotum as needed for soilage, the order date was 8/21/21. c. Active Critical Care (liquid protein supplement) 30 ml (milliliter) three times a day for promotion of wound healing, the order date was 1/28/22. d. Turn and reposition every two hours to remain off of coccyx, every shift for skin/wound pressure area, the order date was 2/7/22. e. Cleanse coccyx with soap and water, pat dry, then apply silver alginate to wound base and cover with super absorbent dressing, every day shift for skin/wound pressure area, the order date was 2/18/22. f. To be laid down after meals for wound healing, reposition every two hours for wound healing, the order date was 3/22/22. A 2/4/22 quarterly MDS (Minimum Data Set) assessment indicated she had severe cognitive impairment. He required extensive assistance with bed mobility, dressing, eating and personal hygiene, total dependence for transfers, toilet use and locomotion on and off the unit. He was at risk for the development of pressure ulcers, had a Stage 3 pressure ulcer (the NPIAP [National			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Pressure Injury Advisory Panel] defined a Stage 3 as full-thickness loss of skin, adipose (fat) is visible in the ulcer. If slough or eschar [dry, non-viable tissue] obscures the extent of tissue loss this is an Unstageable Pressure Injury). A current care plan, initiated on 5/4/16 and revised on 4/15/22, indicated he was at risk for pressure ulcers related to decreased mobility, incontinence, edema, history of basal cell carcinoma to right cheek/forehead. The interventions included, but were not limited to, Active Critical Care liquid three times a day, dated 12/18/20 and monitor/document location, size and treatment of skin injury, report abnormalities, failure to heal, signs/symptoms of infection, maceration, etc to the medical doctor, dated 5/4/21. A current care plan, initiated on 1/31/22 and revised on 2/2/22, indicated the resident had a Stage 3 pressure ulcer to his coccyx. The goal was for the area to show signs of healing and remain free from infection by/through review date, the target date was 5/5/22. The interventions included, but were not limited to, administer treatments as ordered and monitor for effectiveness, revised date was 2/2/22 and to be laid down after meals for wound healing, dated 3/23/22. A Braden scale assessment, dated 11/4/21, indicated he was at high risk for skin breakdown. A progress note, dated 1/26/22 at 9:36 p.m., indicated an area of concern to the resident's coccyx had been noted, Z-guard applied and staff instructed to reposition off his coccyx at least hourly. Wound nurse was notified and would assess Friday when she returned.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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

A progress note, dated 1/27/22 at 12:53 p.m., indicated a new area had been found to his sacrum and barrier cream had been applied.

A progress note, dated 1/27/22 at 9:02 p.m., indicated a new area had been noted to his sacrum, barrier cream had been applied and a message had been sent to the wound nurse evaluate.

An initial wound nurse assessment, dated 1/28/22 at 9:25 a.m., indicated a new area to coccyx/sacrum. Area presented as a Stage 3 pressure injury with full thickness loss. The area measured 1.8 cm (centimeter) in length and 1.2 cm in width with depth less than 0.2 cm, 100% granulation tissue to wound base. He voiced pain with cleansing area. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours, gel cushion to chair and Z-guard to buttocks. New order to cleanse with soap and water, pat dry, apply bordered hydrogel dressing.

A weekly wound nurse assessment, dated 1/31/22 at 12:28 p.m., indicated the Stage 3 wound to his coccyx measured 1.5 cm in length and 0.6 cm in width with depth at less than 0.2 cm. Moderate amount of serous (clear) drainage noted. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours, gel cushion to chair and Z-guard to buttocks. Continue with current treatment.

A weekly wound nurse assessment, dated 2/7/22 at 8:01 a.m., indicated Stage 3 wound noted with significant decline as evidenced by an increase in size and now presented as a DTI (Deep Tissue Injury) (The NPIAP defined a DTI as persistent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	non-blanchable deep red, maroon or purple discoloration with intact or non-intact skin). The area measured 3.0 cm in length and 2.0 cm in width. 50% granulation tissue to outer edges of wound base and 50% deep purple tissue to center of the wound. Moderate amount of serous drainage noted. New order to discontinue the bordered hydrogel dressing and begin hydrogel and cover with super absorbent dressing. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours, gel cushion to chair and Z-guard to buttocks. A progress note, dated 2/8/22 at 9:47 a.m., indicated a new order to discontinue current treatment to coccyx and begin treatment to cleanse wound with soap and water, pat dry, apply silver collagen to wound base and cover with super absorbent dressing daily. A weekly wound nurse assessment, dated 2/15/22 at 9:27 a.m., indicated Stage 3 wound to coccyx improved as evidenced by a decrease in size. Wound now presented as Unstageable, (The NPIAP defined an Unstageable Pressure Injury as full-thickness skin and tissue loss in which the extent of tissue within the ulcer cannot be confirmed because it is obscured by slough or eschar). The area measured 2.0 cm in length and 1.2 cm in width, pink granulation tissue to 50% of wound and other 50% with pale, yellow slough and moderate amount of serous drainage. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours, gel cushion to chair and Z-guard to buttocks. A weekly wound nurse assessment, dated 2/21/22 at 8:03 a.m., indicated Stage 3 wound presented as			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Unstageable, measured 0.5 cm in length and 1.1 cm in width. The wound had 50% pink tissue and 50% pale, yellow slough and a moderate amount of serous drainage. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours, gel cushion to chair and Z-guard to buttocks. No change in treatment order. A weekly wound nurse assessment, dated 2/28/22 at 11:01 a.m., indicated Stage 3 wound presented as Unstageable. Measured 0.8 cm in length and .08 cm in width. The wound bed had 50% pink tissue and 50% pale, yellow slough and a moderate amount of serous drainage. Continued with same treatment. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours, gel cushion to chair and Z-guard to buttocks. A weekly wound nurse assessment, dated 3/7/22 at 9:33 a.m., indicated Stage 3 wound had a decrease of slough with 100% red, viable tissue to wound base, measured 0.8 cm in length and 0.8 cm in width with a depth of less than 0.2 cm and a moderate amount of serous drainage. No change in treatment order. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours, gel cushion to chair and Z-guard to buttocks. A weekly wound nurse assessment, dated 3/14/22 at 10:06 a.m., indicated Stage 3 wound measured 0.8 cm in length and 0.6 cm in width with a depth of less than 0.2 cm, 100% red tissue to wound base and moderate amount of serous drainage. Continue with the same treatment. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours and gel cushion to chair.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	A weekly wound nurse assessment, dated 3/21/22 at 8:13 a.m., indicated Stage 3 wound now presented as Unstageable, measured 1.5 cm in length and .06 cm in width, wound base covered with 100% slough and moderate amount serous drainage. Continue with current treatment. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours and gel cushion to chair. A weekly wound nurse assessment, dated 3/28/22 at 8:16 a.m., indicated Stage 3 wound continue to present as Unstageable Pressure Injury, measured 1.5 cm in length and 0.6 cm in width, wound bed with 90% slough and 10% red tissue and moderate amount of serous drainage. Continue with current treatment. Current preventative measures included a low-air loss mattress, Active Critical Care, repositioning every two hours and gel cushion to chair. A weekly wound nurse assessment, dated 4/4/22 at 11:09 a.m., indicated Stage 3 wound continued to present as Unstageable Pressure Injury, measured 1.5 cm in length and 0.5 cm in width, wound bed with 50% slough and 50% red tissue and moderate amount of serous drainage. Continue with current treatment. Current preventative measures included a repositioning wedge, low-air loss mattress, Active Critical Care, repositioning every two hours and gel cushion to chair. A weekly wound nurse assessment, dated 4/12/22 at 8:48 a.m., indicated Stage 3 wound continued to present as Unstageable, measured 1.5 cm in length and 0.5 cm in width, wound bed with 50% slough and 50% red tissue and moderate amount of serous drainage. Tissue surrounding the wound			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	with hypopigmentation (patches of skin lighter than your overall skin tone). Continue with current treatment. Current preventative measures included a repositioning wedge, low-air loss mattress, Active Critical Care, repositioning every two hours and gel cushion to chair. A weekly wound nurse assessment, dated 4/19/22 at 7:58 a.m., indicated Stage 3 wound continued to present as an Unstageable Pressure Injury, measured 1.5 cm in length and 0.5 cm in width. Wound bed with 50% slough and 50% red tissue and moderate amount of serous drainage. Continue with current treatment. Current preventative measures included a repositioning wedge, low-air loss mattress, Active Critical Care, repositioning every two hours and gel cushion to chair. During an interview, on 4/21/22 at 1:47 p.m., LPN 5 indicated the resident was usually up only for meals, pillows and a wedge cushion were used to prop his off his coccyx. During an interview, on 4/25/22 at 9:26 a.m., the Wound Nurse indicated the resident had an open wound and she followed the wound weekly. During a follow-up interview, on 4/27/22 at 12:52 p.m., LPN 5 indicated she had written the note on 1/26/22 about the area of concern to his coccyx, she had sent a notification to the Wound Nurse, didn't think the wound looked that deep and had applied Z-guard to the area. She didn't measure or stage wounds, the Wound Nurse did that, but she should have described it more in her progress note. 3. During an observation, on 4/20/22 at 1:32 p.m., Resident 49 was sitting in a recliner in her room			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	looking at a newspaper. During an interview, on 4/20/22 at 3:10 p.m., the resident indicated she had a sores on her bottom for about a year that they were doctoring and thought they were getting better. During a wound care observation, on 4/25/22 at 9:15 a.m., the Wound Nurse indicated the Stage 3 wounds were resolved, the skin still had areas from shearing and friction but the pressure injuries were resolved. The resident was lying on top of the covers, the Wound Nurse assisted her with rolling over onto her side, the resident indicated her bottom was sore. Unblanchable redness, the size of a saucer, was spread over both buttocks and the coccyx area, an open area, the size of a dime, visible to her right buttock, wound bed was red. The Wound Nurse indicated the treatment had been changed to a protectant skin barrier since the area was no longer related to pressure. (The NPIAP defined a pressure injury as an injury that occurs as a result of intense and/or prolonged pressure or pressure in combination with shear). Her clinical record was reviewed on 4/20/22 at 2:18 p.m. Diagnoses included, but were not limited to, dementia without behavioral disturbance and need for assistance with personal care. Current physician orders included, but were not limited to, the following: a. Cleanse bilateral buttocks and apply skin prep every day and evening shift, the order date was 4/4/22. b. Calazime/A&D mixture (protectant skin barrier), to coccyx and bilateral buttocks every day and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	evening shift for blanchable redness and incontinence, the order date was 4/4/22. c. Cleanse right buttock Stage 3 pressure injury with soap and water, pat dry, apply hydrogel to wound base and cover with bordered absorbent dressing every day shift on Monday, Wednesday and Friday, the order date was 4/13/22. d. Cleanse left upper buttock Stage 3 pressure injury with soap and water, pat dry, apply hydrogel to wound base and cover with bordered absorbent dressing every day shift on Monday, Wednesday and Friday, the order date was 4/13/22. e. Cleanse left lower buttock Stage 3 pressure injury with soap and water, pat dry, apply hydrogel to wound base and cover with bordered absorbent dressing every day shift (may use same dressing to cover both areas), the order date was 4/13/22. A 3/9/22 quarterly MDS assessment indicated she was cognitively intact. She required extensive assistance with bed mobility, locomotion on the unit, toilet use, personal hygiene and total dependence for transfers. She was at risk for the development of a pressure ulcer. A current care plan, initiated on 2/19/15 and revised on 4/6/22, indicated she was at risk for pressure ulcers related to dementia, weakness and a history of pressure ulcers. Actual impairment: history of pressure ulcers to buttocks. The goal was for her to maintain or develop clean and intact skin by the review date, the target date was 6/9/22. Interventions included, but were not limited to, monitor/document location, size and treatment of skin injury, report abnormalities, failure to heal,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	signs or symptoms of infection, maceration, etc to the medical doctor, dated 2/19/15 and hydrocolloid to buttock weekly, dated 4/6/22. A current care plan, initiated 4/13/22, indicated she had the following pressure ulcers: Stage 3 left lower buttock and right buttock. The goal indicated the pressure ulcers would show signs of healing and remain free from infection by/through review date, target date was 6/9/22. Interventions included, but were not limited to, monitor/document/report as needed any changes in skin status: appearance, color, wound healing, signs or symptoms of infection, wound size and stage, dated 4/14/22. A Braden scale assessment, dated 3/9/22, indicated she was at risk for the development of pressure injuries. A progress note, dated 3/31/22 at 9:45 p.m., indicated the CNA had reported the hydrocolloid dressings had come off due to loose stools. Area was cleansed and hydrocolloid dressings to applied to bilateral buttocks, wounds looked better and the open areas with granulation were smaller. An initial wound nurse assessment, dated 4/13/22 at 8:57 p.m., indicated left upper buttock presented as a Stage 3 Pressure Injury, same site as a previous Stage 3 injury, measured 0.4 cm in length and 0.3 cm in width with a depth at less than 0.2 cm, 100% granulation tissue to wound bed, minimal amount of serous drainage. New order to cleanse with soap and water, pat dry, apply hydrogel to wound bed and cover with border dressing. Left lower buttock presented as a Stage 3 Pressure Injury, same site as a previous Stage 3 injury, measured 0.4 cm in length and 0.2 cm in			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	width with a depth of less than 0.2 cm, 100% granulation tissue to wound bed, minimal amount of serous drainage. New order to cleanse with soap and water, pat dry, apply hydrogel to wound bed and cover with border dressing. Right buttock presented as a Stage 3 Pressure Injury, same site as a previous Stage 3, measured 0.2 cm in length and 0.4 cm in width with a depth of less than 0.2 cm, 100% granulation tissue to wound bed, minimal amount of serous drainage. New order to cleanse with soap and water, pat dry, apply hydrogel to wound bed and cover with border dressing. A weekly wound nurse assessment, dated 4/19/22 at 8:35 a.m., indicated left upper buttock Stage 3 was resolved. Left lower buttock presented as Stage 3, measured 0.3 cm in length and 0.2 cm in width with a depth of less than 0.2 cm. Continue with current treatment. Right buttock presented as Stage 3, measured 0.2 cm in length and 0.2 cm in width with a depth of less than 0.2 cm. Continue with current treatment. A weekly wound nurse assessment, dated 4/25/22 at 12:49 p.m., indicated left lower buttock pressure injury was resolved and right buttock pressure injury was resolved. New skin issue included partial thickness loss from friction and shearing to bilateral buttocks with minimal amount serous drainage. New order to discontinue hydrogel an bordered dressings and begin Calazime/A&D mixture twice a day and as needed for soilage, due to friction and shearing. During an interview, on 4/25/22 at 9:24 a.m., the Wound Nurse indicated it did not have all the redness to bilateral buttocks, nurses do a weekly skin inspection of all residents, CNA's inspect resident skin with morning and bedtime care,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	during showers, with toileting, bed checks and other encounters, they are to report any changes to the nurse, the nurse would notify her. Review of a current facility policy titled "Pressure Ulcer/Skin Condition Assessment Policy," updated March 2015 and provided by the Administrator on 4/25/22 at 2:53 p.m., indicated the following: "...To establish guidelines for assessing, monitoring, and documenting the presence of skin breakdown and assuring intervention is implemented, and to provide a system to evaluate the response to medical, nursing, and dietary treatment, and intervention of all pressure areas...Skin observations are made daily during bathing and dressing residents and administering treatment procedures...Changes shall be promptly reported to the licensed nurse for a complete assessment...The licensed nurse or Wound Nurse is responsible for notifying Attending Physician, Director of Nursing, and Infection Control Nurse of any changes...The resident's care plan will be revised to include the skin problem and approaches and goals for care. The resident's care plan will be promptly revised to reflect any alteration of the skin integrity and/or revisions to approaches being used...." 3.1-40(a)(1) 3.1-40(a)(2)			
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure adequate supervision to prevent falls with major injury for 2 of 4 residents reviewed for falls (Resident 23 and Resident 82). Findings include: 1. On 4/20/22 at 1:40 p.m., Resident 23 was in her Broda chair (high back chair with wheels), she was pushed up to her desk and a meal tray was in front of her, the back of the chair was towards the entrance to her room. Broda chair brakes were locked. On 4/20/22 at 2:15 p.m. the ADON indicated to staff they needed to lie her down do to her being busy. On 4/20/22 at 2:36 p.m. she was observed in bed with fall mat and motion sensor in place. On 4/21/22 at 9:03 a.m., the door to her room was slightly open, she was in her Broda chair, the brakes were locked, motion sensor lying on the floor behind Broda chair, the back of her chair was towards the entrance to room. On 4/21/22 at 11:16 a.m., she was in her Broda chair facing towards the entrance to her room, her call light was in reach and the motion sensor was to her right on the floor. On 4/22/22 at 12:56 p.m., Hostess 79 sat outside of the residents room, she indicated she sat there to watch her eat. The resident was in her Broda chair, her eyes were closed, the overbed table was in	F 0689	- How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Record review completed on all residents experiencing a fall in the first quarter of 2022. Record review findings reviewed by Medical Director. - What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Fall care plan reviewed by IDT and Medical Director to ensure appropriate interventions remain appropriate for affected residents. - What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Purposeful rounding program initiated after IDT review for all residents that have experienced 2 or more falls in the past 30 days in order to increase supervision. Purposeful rounding program to be initiated for all new admissions	06/01/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	front of her. On 4/25/22 at 9:45 a.m.. she was in her room, in her Broda chair and the back of the chair faced the entrance to her room. The brakes were locked on the Broda chair. Resident 23's clinical record was reviewed on 4/20/22 at 11:25 a.m. Diagnoses included, but was not limited to, nondisplaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing, fracture of orbital floor, left side, subsequent encounter for fracture with routine healing, unspecified fracture of shaft of humerus, left arm subsequent encounter for fracture with routine healing, displaced fracture of greater tuberosity of right humerus, subsequent encounter for fracture with routine healing, effusion, unspecified shoulder, cognitive communication deficit, unspecified dementia with behavioral disturbance, anxiety disorder, delusional disorders, Alzheimer's disease, muscle weakness (generalized), and other abnormalities of gait and mobility. Her orders for July 2021 included, but were not limited to, donepezil 10 mg daily, hydrochlorothiazide 25 mg daily, sertraline 200 mg daily, hydrocodone-acetaminophen 10-650 mg three times daily, lorazepam 0.5 mg one time only on 7/16/21, sling to left arm, check CSM (circulation, sensation and motion) each shift, no motion to left shoulder, may come out of sling to work on wrist and elbow motion, low bed every shift (7/19/21), motion sensor alarm while in room (7/19/21), rolling recliner chair for comfort (7/19/21) An admission MDS (Minimum Data Set), dated 7/19/21, indicated she was moderately cognitively impaired. She required extensive assistance of two		with a history of falls prior to admission. In-service on purposeful rounding for personnel. Attachment F pages 1- 6 - How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date. Monitoring sheets will be reviewed by fall prevention nurse to ensure compliance weekly for 6 months. Fall prevention nurse to report any noncompliance to the IDT and the QA Committee. If 100% compliance is not obtained, additional interventions including audits will be extended per the QA Committee's recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	staff members for bed mobility, transfers, locomotion on/off unit, dressing, toilet use and personal hygiene. She required limited assistance of one staff member for walking in room/corridor. She had an impairment to one side of her upper extremity. She used a wheelchair. She was frequently incontinent of bladder and always continent of bowel. A motion sensor alarm was used daily. She had one fall with major injury. A fall risk assessment dated 7/12/21 indicated she was at a high risk for falls. She had a care plan that indicated she was at risk for falls related to Alzheimer's dementia, history of falls with fracture, hypertension and anxiety initiated on 7/12/21. Her goal was she would have a reduction in falls and serious injury or hospitalization related to injury as needed through next review date initiated on 10/1/20. Her interventions included, but were not limited to, gripper socks at bedtime revised on 7/13/21, anticipate and meet her needs revised on 7/13/21, be sure her call light was within reach in her room and encourage her to use it for assistance as needed. She needed prompt response to all requests for assistance revised on 7/13/21, she needed a safe environment with: even floors free from spills and/or clutter; adequate, glare-free light, a working and reachable call light, side rails as ordered, handrails on walls, personal items within reach revised on 7/13/21, encourage her to participate in activities that promote exercise, physical activity for strengthening and improved mobility initiated on 7/13/21. Her incident notes and care plans indicated, but was not limited to, the following: On 7/17/21 at 8:53 p.m., she was ambulating on her			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	own and fell in front of the wheelchair restroom. She was laid in the recliner and complained of right shoulder pain, mobile x-ray was called. An xray report for her right humerus, dated 7/18/22, indicated a fracture of the proximal humerus with mild impaction and angulation. On 7/19/21 at 8:47 a.m., her care plan was reviewed and room was inspected due to a fall on 7/17/21 at 8:25 p.m. She was on the floor by to community bathroom on the unit. She reported pain to right shoulder. Staff assisted up and placed in a recliner in the lounge for comfort. She continued to have pain to shoulder and was sent to the ER. Resident returned with a diagnosis of fracture to right humerus. Hourly rounding was started upon return from the hospital. Also added low bed and motion alarm in her room. She had a new order for a Hoyer (mechanical lift) for transfers. Transfer to recliner was discontinued and now to rolling recliner for comfort. On 7/19/21 at 9:30 a.m., her fall and new interventions were reviewed and discussed with IDT (Interdisplinary Team) this am and was agreeable to current interventions. A star was also added to her door due a fall just prior to admission. On 7/19/21 a care plan intervention was initiated for a low bed and motion alarm when in her room. On 8/24/21 a care plan intervention was initiated to assist her to call her daughter when restless and other interventions had not been effective. On 7/28/21 at 7:20 a.m., she continued to be have increased restlessness and combativeness with staff, hourly visual checks would continue at this			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	time. On 7/30/21 at 9:29 p.m., she was found laying on floor in her room. She indicated she was trying to walk. She was brought to the lounge and put into recliner for one on one. On 7/30/21 at 9:33 p.m., the writer provided one on one with resident from time of fall to 10:00 p.m. She had been sleeping in recliner in lounge during this time. A new order was received for scoop mattress for fall prevention. On 8/2/21 at 9:40 a.m., her care plan was reviewed and her room was inspected and fall reviewed with IDT due to a fall on 7/30/21. She was on the floor beside her bed. Her motion alarm was sounding. She reported she tried to get up to walk. Staff assisted her up and brought her out to the lounge for one on one until 10:00 p.m. A scoop mattress was added to her bed for bed parameter. On 8/2/21 a care plan intervention was initiated for a scoop mattress on her bed and skid strips to her bed, chair and toilet. On 8/3/21 at 10:41 a.m., she had a motion alarm when in her room. She continued to be at risk for falls. She continued to attempt to get up unassisted and would often become resistive to staff assist. Motion alarm remained appropriate at this time. On 8/16/21 at 11:42 a.m. she had not had any falls since 7/30/21. Interventions included, but not limited to, scoop mattress and hourly visual checks had been effective. On 8/18/21 at 10:02 a.m., she was found on floor on her knees next to her bed. She was able to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	maneuver her legs back into bed without assistance. No injuries were noted. On 8/18/21 at 2:31 p.m., she was found on the floor in her room next to her bed. Resident noted with a small skin tear and a raised area above her right eye. Floor mat at bedside. On 8/19/21 at 12:22 p.m., she was found sitting on the floor in front of her wheelchair in the lounge. Approximately 30 minutes prior to fall, writer had noticed she was beginning to slouch down and offered to help her sit up better so she didn't slide out of wheel chair, but she indicated she was fine and comfortable right where she was. She had crossed her legs and laid her head back on the wheelchair. On 8/20/21 at 6:33 a.m. her care plan was reviewed and her room was inspected on 8/18/21 due to a fall 8/18/21 at 6:30 a.m. She was on her knees next to the bed and reported she tried to go to the bathroom. Staff toileted and resident wanted to continue to rest in bed. Care plan updated to include to place her on the bed pan around 6:00 a.m. On 8/20/21 at 6:47 a.m., her care plan was reviewed and her room was inspected on 8/19/21 due to a fall on 8/18/21. She was on her knees beside her bed. Staff immediately placed a mat on the floor beside her bed. The intervention was not written on the careplan but was in place. Staff educated on the importance of updating the care plan immediately. Spoke with unit charge nurse and reported that She liked to lay down and that she is exhausted after lunch, but would not stay down long. Would try laying resident down immediately following lunch and get back up in her chair before 2:00 p.m.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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

On 8/20/21 at 6:58, her care plan was reviewed and her room was inspected on 8/19/21 due to a fall on 8/19/21 at 11:15 a.m. She was sitting in the lounge area in her wheelchair and slid her bottom out of the chair and to the floor. Discussed using a gerichair for residents comfort. Nurse reported therapy was working with resident and did not want her to use the gerichair due to maintaining upper body strength. Dycem was placed in the seat of her chair at this time.

On 8/20/21 a care plan intervention was revised to have a mat on her floor beside her bed.

On 8/22/21 at 1:56 a.m., a CNA was in with another resident and heard her alarm going off by the time she got to her room she was on the floor mat next to the bed. She was assisted into the bed and indicated she didn't know how to get help, call light was next to her on the floor mat. The call light was changed out to a touchpad, writer educated and encouraged her to use call light for assistance.

On 8/23/21 at 10:43 a.m., her care plan was reviewed and room was inspected due to a fall 8/21/21 at 11:50 p.m. She was on the floor mat next to her bed. She reported to staff that she did not know how to call for help. Call light was replaced with a soft touch call light. Visual checks would be increased to every 1/2 hour due to recent increase in falls.

On 8/23/21 at 6:00 p.m., her motion alarm was sounding, immediately went to room and found her on the floor beside her bed. No injuries were noted.

On 8/23/21 at 6:45 p.m., CNA responded to call

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	light and alarm sounding and found she had slid out of bed onto the floor at 6:23 p.m. and was trying to crawl across the floor and indicated she needed to go to Bluffton. No injuries were noted. On 8/23/21 a care plan intervention was initiated for a soft touch call light. On 8/24/21 a care plan intervention was initiated to assist her to call her daughter when restless and other interventions had not been effective. On 8/25/21 at 6:30 a.m., her care plan was reviewed and her room was inspected 8/24/21 due to a fall 8/23/21 at 6:00 p.m. She was on the floor beside her bed. Staff immediately assisted her up and a hostess sat with her and assisted with activities in her room. She was currently on isolation due to possible exposure to covid. Visual checks were increased from every 1/2 hour to every 15 minutes and would reevaluate when resident was off of isolation. On 8/29/21 at 12:34 p.m., she was in her room due to being on isolation, her motion alarm was sounding and she was found lying on the floor under her bedside table. she indicated she was trying to her her colored pencils and fell forward out of her chair. On 8/30/21 at 10:46 a.m., her care plan was reviewed with unit staff and room inspected due to a fall 8/29/21 at 12:26 p.m. She leaned forward to attempt to get her colored pencils and fell out of her wheelchair. Staff added interventions of offering to lay resident down in bed or transfer to recliner after meals. Discussed with unit staff not placing resident in her wheelchair while still on isolation in her room. Staff reported that resident would not be able to reach her tray at meal time			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	due to limitations to both shoulders. Staff also reported that resident often drops colored pencils onto the floor. She now had a tray table with an edge to help her keep things in place. Her care plan was also updated to keep personal items in place. On 8/30/21 a care plan intervention was initiated to keep personal items in reach (water and coloring items) and offer to transfer her to bed/recliner after meals. On 9/8/21 at 6:16 a.m., she had not had a fall since 8/29/21. Current interventions had been effective and would discontinue 1/2 hour visual checks and start hourly rounding. On 9/12/21 at 3:20 p.m., she sat in the lounge in front of the TV in her wheelchair, last attended to less than 10 minutes prior to fall. She leaned forward and slid from her wheelchair to the floor and onto her knees, witnessed fall. No injuries were noted. no injury,did not hit head. Intervention was to have dycem on top of the Hoyer pad and underneath. She was already on hourly visual checks. On 9/13/21 at 12:14 p.m., her care plan was reviewed and her room was inspected due to a fall 9/12/21 at 3:09 p.m. She slid out of her wheelchair in the lounge area. Staff assisted her up and placed dycem between her and the Hoyer lift net, she already had dycem in the seat of her chair. The star would remain on the residents door for 30 more days. On 9/21/21 at 7:38 a.m., her care plan was reviewed and her room was inspected due to a fall 9/20/21 at 4:00 p.m., she was on the floor in front of her recliner. Staff assisted her up and laid her down in			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	bed. Her care plan was updated to use motion alarm at all times and would continue motion alarm in room and motion alarm when in recliner in the lounge. A star on her door would continue for 30 more days. On 9/23/21 at 11:01 a.m., her care plan was reviewed and her room was inspected due to a fall 9/22/21 at 8:49 p.m., her alarm was sounding and she was sitting on the floor beside her bed. Staff assisted up and increased visual checks from hourly to every 1/2 hour and motion alarm would be continued. A star would remain on her door for an additional 30 days. Spoke with her daughter regarding ideas to help decrease falls and she felt that increasing activities would be most useful, due to the resident liked to stay busy with her hands. Suggestions included fidgets, writing letters to family and assist her to send them, a baby to hold and ceramics. On 10/14/21 a care plan intervention was initiated to add dycem to her wheelchair. On 10/19/21 at 7:59 a.m., she had not had a fall since 9/22/21. Her current interventions had been effective and the hourly visual checks would be discontinued. On 10/26/21 at 7:08 a.m., she continued to do well with current fall interventions. She has not had a fall since 9/22/21. The star would be remove from her door. On 12/27/21 at 12:45 a.m. while doing bed check, CNA found that resident had fallen in the TV lounge, second shift had got resident up and was sitting in lounge due to not being sleepy. Third shift CNA was doing bed check but checked on resident frequently after leaving each residents			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	rooms. CNA saw that resident was not seated in chair anymore and found resident lying directly in front of nurses station. Resident appeared to have gotten up and hit head on nurses station. Skin tear to right eyebrow. Cleansed and 3 steri strips applied. Assist up per two person and sat with writer behind nurses station after fall for close observation. On 12/27/21 at 9:37 a.m. her care plan was reviewed and room inspected due to a fall on 12/27/21 . She was in the lounge and attempted to get up per self. Care plan was updated to include place motion alarm on her in the lounge if she was up on third shift. On 12/27/21 a care plan intervention was initiated for her motion alarm to be used in the lounge if she was up on third shift. On 4/24/22 at 8:41 p.m., she was found laying on floor in her room and looked like she had attempted to get out of her Broda chair unassisted as the chair was laying on its side. She was very distressed. When asked if she was in pain she indicated she was. She could not give a specific area that was in pain. No injuries other than a skin scrape on her back. No bleeding. Resident was put into bed and calmed down. 4/25/22 at 10:44 a.m., her care plan was reviewed and her room was inspected due to a fall on 4/24/22. She was restless and tipped her Broda chair. Staff assisted resident to bed and she rested comfortably. Care plan was updated to assist to bed if restless. On 4/25/22 a care plan intervention was initiated to assist her to bed when she was restless.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	During an interview with LPN 77, on 4/22/22 at 10:18 a.m., she indicated she had came to the unit very angry when she moved from assisted living, she had behavioral issues and her dementia was progressing. She fell in assisted living and had fractures. She fell on second shift and broke her other humerus bone, it healed up awesome. Her interventions were a motion sensor alarm in room, orange juice, she used to love to color, but the movement in shoulders was not as good, she liked to paint, fold clothes and her stuffed cat and dog. She would push herself back and they lock her brakes because she would try to stand, she was only in her room due to being in isolation because she was covid positive. She liked animals and looked at cards with faces, word search book, and she had a picture book of her and her husband. 2. On 4/20/22 at 1:37 p.m. Resident 82 was in bed, non skid strips on floor next to bed, her walker was next to her bed and quarter side rails were up. On 4/21/22 at 9:06 a.m., she was lying in bed, her shoes were on and her walker was beside her bed. On 4/22/22 at 3:28 p.m., she was lying in bed, her shoes were on and her walker was beside her bed. On 4/25/22 at 8:53 a.m., she sat in a facility chair in front of the TV in the common area, a gait belt was around her waist and her walker was in front of her. Resident 82's clinical record was reviewed on 4/21/22 at 12:56 p.m. Diagnoses included, but was not limited to, fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing, nondisplaced fracture of coronoid process of right ulna, subsequent encounter for closed fracture with			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	routine healing, unspecified fracture of upper end of right ulna, subsequent encounter for closed fracture with routine healing, other lack of coordination, Alzheimer's disease, mild cognitive impairment, unspecified dementia with behavioral disturbance, delusional disorders, anxiety disorder, muscle weakness, other abnormalities of gait and mobility and blindness right eye category 3. Her December 2021 orders included, but were not limited to, sertraline 75 mg daily, trazadone 100 mg daily, risperidone 1 mg daily hourly visual check (document on paper at the nurses station and motion alarm for fall prevention for two weeks. A quarterly MDS, dated 9/21/21, indicated she was moderately cognitively impaired. She required extensive assistance of one staff member for bed mobility, transfers, walk in room/corridor, locomotion on/off unit, dressing, toilet use and personal hygiene. She used a wheelchair. She was occasionally incontinent of bladder and bowel. She had one fall with no injury. A fall risk assessment dated 12/4/21 indicated she was at a high risk for falls. On 11/21/21 at 9:56 a.m., she fell while getting a sweater from her closet. She had a small shear to her right low extremity and elbow. On 11/22/21 at 7:46 a.m., her care plan was reviewed and her room was inspected due to a fall on 11/21/21 at 9:52 a.m. She attempted to get a sweater out of her closet and lost her balance. Her care plan was updated to include offer a sweater or keep sweater in reach. On 12/1/21 at 7:55 p.m., she had unwitnessed fall			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	and was lying on her left side in the restroom. Clothes and shoes were on. She was assess for injuries with no deficits noted. CNA and Nurse assisted resident to standing and supervised her walking to her chair. On 12/2/21 at 9:52 a.m., her care plan was reviewed due to a fall 12/1/21 5:50 p.m. She attempted to go to the bathroom when she lost her balance. Her care plan was updated to toilet her after every meal. She currently had a star on her door. On 12/4/21 at 9:19 p.m., she was found on the floor in her room and lying on her right side. She stated she was trying to help her family bring a fridge into her room. Staff put her to bed and encouraged call light use. On 12/6/21 at 10:02 a.m., her care plan was reviewed on 12/6/21 due to a fall on 12/4/21 at 9:09 p.m., she was found on floor in room with walker tipped over, stating she was trying to move the fridge into her room. IDT met on 12/6/21 and agreeable to trial of motion alarm while in room at all times due to increased falls. She recently failed GDR (Gradual Dose Reduction) attempt of Risperdal and med recently increased. An alarm was to be trialed for two weeks then re-evaluated by IDT. On 12/17/21 at 1:32 p.m., at 1140 a.m., she was found on the floor in her room, laying on her left side. When asked what she was doing she stated she was taking a nap. Assisted to feet per two staff assist and brought out to lounge. Reported that she did fall and hit her head. She had a hematoma to her left temple, slightly larger then a golf ball. She remained adamant that she can do what she wanted, when she wanted, that her family are all around her to keep an eye on her.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	She had a pair of pants she had removed from the closet on the floor beside her and she did not have shoes on. Reported that her socks were slippery. She did have shoes on previously, so had removed them herself. On 12/20/21 at 9:52 a.m., her care plan was reviewed and her room was inspected due to a fall 12/17/21 at 11:44 a.m., she was on the floor in her room. She had removed her gripper socks and she had removed a pair of pants from her closet. Skid strips added to toilet, chair and closet. She was later sent to ER due to hip pain and was admitted for a left hip fracture. Discussed in IDT would continue to use motion alarm. Would move resident up the hallway to a room closer to the nurses station for her safety. During an interview with LPN 77, on 4/22/22 at 10:13 a.m. she indicated she had was not having behaviors and was doing amazing, she had a long history of mental health issues with delusions and hallucinations, she talked to people that were not there and would not take her medication. She had a tough period when she came in November. She fell and broke hip in December. She stopped eating and wouldn't not take medication. They had to crush her medication and dissolve her medication in chocolate boost. She snow balled due to a GDR of her medications. An undated policy titled, "Fall Intervention Policy and Procedure," lying on table in the conference room, on 4/26/22 at 1:15 p.m., indicated the following: "Purpose: To assess residents at risk for falls and to implement fall/injury prevention plan of care. Due to age, physical, and cognitive status, and possible environmental factors, long-term care residents are likely candidates for falls and not all falls will be prevented. Utilizing a			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	multidisplinary team evaluation of resident falls will enhance the prevention and/or reduction of continuing resident falls and/or injury prevention....." 3.1-45(a)			
F 0744 SS=D Bldg. 00	483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. Based on observation, interview, and record review, the facility failed to identify and implement individualized, non-pharmacological interventions for residents with expressions of behavior for 2 of 6 residents reviewed for dementia care (Residents 29 and 59). Findings include: 1. On 4/19/22 at 9:40 a.m., Resident 29 was in his room, using an electric razor. On 4/20/22 at 8:29 a.m., he was asleep in his recliner. On 4/20/22 at 1:37 p.m., he was asleep in his recliner. On 4/21/22 at 8:52 a.m., he was asleep in his recliner. On 4/22/22 at 8:22 a.m., he was eating breakfast in the dining room. On 4/22/22 at 2:32 p.m., he was in his room,	F 0744	- How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Dementia specialist conducted facility visit to assess with identification of any further alleged deficient practice. - What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; GDR in process for resident # 29. Activity carts created with assistance of Dementia Specialist to provide non-pharmacological interventions to dementia residents. Activity basket developed for	06/01/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	watching TV On 4/25/22 at 10:26 a.m., he was walking in the hallway with a fitness staff member. Resident 29's clinical record was reviewed on 4/20/22 at 9:26 a.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, heart failure, diabetes with neuropathy, hallucinations, post-traumatic stress disorder (PTSD), and type 2 diabetes. Current physician orders included, but were not limited to, quetiapine (anti-psychotic) 25 mg three times daily with Tuesday and Thursday 4 p.m. doses to be skipped, escitalopram (anti-depressant) 10 mg daily, trazodone (anti-depressant) 50 mg once daily for anxiety and insomnia, and prazocin (blood pressure) 1 mg daily for nightmares. He was admitted to hospice services in May 2021. A 2/14/22, quarterly, Minimum Data Set (MDS) assessment indicated he was moderately cognitively impaired, had no psychosis or behaviors, and required extensive assistance for ADLs. He had a current, 12/1/21, care plan problem of altered sleep pattern related to insomnia. Interventions included, but were not limited to, medications, monitoring, assessment, and observation. He had a current, 6/2/21, care plan problem of impaired cognitive function and impaired thought processes related to dementia with behaviors, fluctuating periods of confusion and potential for hallucinations. Interventions included, but were not limited to, medications, yes/no questions,		resident #59. Chart reviews conducted and reviewed by Medical Director. - What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; In-service with 2 components “Dementia Basics Overview” and “Behavior Management” conducted with personnel. Attachment D pages 1-11 Attachment E pages 1-10 Activity carts created with assistance of dementia specialist to provide non-pharmacological interventions to residents as needed. Personalized story memos completed and displayed in residents room to create personalization of care and assist with interventions if needed. - How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed. After submitting an acceptable Plan of Correction, if it	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	cuing, identify yourself, and reduce distractions. He had a current, 6/22/21, care plan problem of depression, dementia and adjustment disorder, anxiety, hallucinations, nightmares, and PTSD. His mood may be effected by admission, changes in health and separation from spouse who lives elsewhere. He is at risk for altered moods, anger, frustration, and sadness. Interventions included, but were not limited to, music (artist specified) and offer to go for a walk in the hall. He had a current, 6/9/21, care plan problem of psychotropic medication use related to hallucinations and PTSD. The care plan did not identify his hallucinations or define his PTSD expressions. Review of progress notes and assessments indicated the following: On 5/26/21 at 10:05 a.m., indicated the resident had come out of his room, heading to the nursing station at approximately 5:45 a.m., appearing angry and frustrated. He yelled at staff that he was "barricaded" in his room, his furniture was placed to prevent him from escaping, and his door was locked. He had hallucinations of a care accident and was not able to be consoled. He began tumbling backward so a CNA went to help catch him from falling and the resident rose his hand in the air to her in a threatening manner. It was noted his room was clean and well-organized with a clear pathway to the door. He began yelling to call his family and was informed it was 6:00 a.m.; he began cursing. A family member came to sit with him, and the behavior lasted about 30 minutes. On 5/27/21, he had been noted to have bad day		is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date. Psychoactive medication review audits and supporting documentation to be conducted 3 days per week for six months to ensure all personalized non-pharmacological interventions were exhausted prior to initiation of medication. If 100% compliance is not obtained, additional monitoring including audits will be extended per the QA Committee's recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	the day prior, starting very early in the morning, with increased confusion and delusional thinking. Later in the day, he was noted to be sitting on his roommate's bed and refused to move, stating he was getting out of here. He had new orders to check his urine for infection and for lorazepam (anti-anxiety) as needed, which was given in the afternoon, along with a family member coming in to sit with him. During their visit, the resident was noted to state he wasn't "right in the head" and crying at times. It was also noted he was hallucinating, petting a cat on his lap, a boy comes to his room at night, he saw a mouse run across the floor, and he had 'bolts' that weren't there. His urine dip was negative. A 5/31/21 Nurse Practitioner note indicated to try and remove the fentanyl (opiate pain medication) patch he used to see if it cleared up his hallucinations and delusions. The resident complained of diarrhea since and not sleeping well. He was also to be moved to a different room. On 5/31/21, his roommate had been re-admitted and Resident 29 didn't want to go back to his side of the room. He became very agitated and was going to be transferred to another room temporarily. On 6/1/21 at 8:36 p.m., he had slept most of the shift in his recliner; he had been up to the bathroom twice due to loose stools. On 6/1/21, his family reported he had seen a cat in their apartment and was having periods of mild agitation with his spouse and he had experienced a COVID-19 infection, which made these symptoms worse and it took him a while to recover. He had not been the same or back at his baseline since then. He had become selfish,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	frustrated that staff were giving his roommate more attention than him. The facility would begin behavior monitoring related to increased agitation episodes in past week. A 6/2/21 progress note indicated lorazepam 0.5 mg at bedtime was ordered, as the resident did describe trouble sleeping the previous night. A 6/2/21 progress note indicated the resident had slept in his recliner chair until 7:30 a.m. On 6/2/21 at 2:45 p.m., he fell between his bed and recliner. He became agitated when being assessed and assisted to stand with a gait belt. He calmed down when the gait belt was removed. On 6/3/21, he had not slept well and was sitting on the side of the bed all night, or had been easily awakened. On 6/3/21 at 10:58 a.m., he was noted to be agitated this hour, attempting to get up and down. He was given a dose of lorazepam for anxiousness. On 6/3/21 at 9:59 p.m., he was sleepy at the beginning of the shift. He had been up to the bathroom around 4:00 p.m., and was very awake trying to get out of chair - had dumped water on the floor and was bending over to get his oxygen tubing. He would try to get up without help or would sit on the side of the bed. He hadn't slept any of the shift and was agitated after dinner. He wanted to sue the facility because he wasn't supposed to be there. He was given the ordered lorazepam and was trying to sleep on the other end of bed. On 6/4/21 at 9:12 a.m., he was up for breakfast, and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	noted to attempt to get up by himself several times. On 6/4/21, it seemed he was adjusting to the single room placement. He was noted at times to be restless and unsafe related to falls. He was seen by the Nurse Practitioner and would be starting new medications due to his expressing some PTSD-type nightmares and he was irritable and not sleeping well at night. A 6/4/21 behavior note indicated he complained about his eyes, stating that he was seeing things move around even while laying with eyes closed. He stated items in his room move on own and his family also reported to facility staff he stated he wouldn't sleep in bed because things move all over the room and made him sick. A compress was applied to his eyes. On 6/4/21, multiple attempts were made to assist the resident with peri-care or to get ready for bed. He would start to get a "little testy" with staff and make inappropriate comments. Confusion and possible hallucinations could be contributing. A 6/4/21 Nurse Practitioner note indicated he had healing rib fractures and rapidly progressing dementia. His pain patch had been put on hold. On 6/6/21, he resident reported he didn't like anyone looking at him while he was trying to sleep. He continued to have loose stools indicative of dumping syndrome after eating. On 6/9/21 at 6:15 p.m., he was found on the floor in his room and stated he had sat down, before he was going to fall. A 6/9/21 pharmacist note indicated quetiapine			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	may cause involuntary movements including tardive dyskenesia. A 6/11/21 pharmacist note indicated the use of lorazepam, tramadol (opiate pain medication), quetiapine, amlodipine (blood pressure), escitalopram, furosemide (water pill), Janumet (diabetes medication), and metoprolol (blood pressure) and the resident had been experiencing new onset or worsening of falls, dizziness, or impaired coordination. On 6/12/21, the lorazepam was not helpful for sleep, and melatonin 5 mg was started. On 6/13/21, he had been having diarrhea since four days prior. He was starting to get agitated because he couldn't get to the bathroom fast enough. He was given an as needed dose of lorazepam at 7:07 p.m. As of around 8:00 p.m., he appeared calm and un-agitated. A 6/14/21 Social Services note indicated a review of the resident's behaviors, which were noted as some restlessness, getting up on his own without assistance, frustration with staff (stating he didn't need "babysat"), and using derogatory terms with staff. He had gone into another resident's room on 6/12/21 late on 2nd shift; the other resident was sleeping at the time and was not disturbed. The Nurse Practitioner made a recommendation for an increase of his quetiapine to three times daily and to add trazodone 50 mg at bedtime for sleep. On 6/14/21 at 8:15 p.m., he was found in his room between the recliner and bathroom door. He had the call light on, but had proceeded to transfer himself before the CNA arrived.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	A 6/15/21 behavior summary note indicated he had 10 behavior notes in the previous two weeks, with six of them on 6/12/21, of frequently getting up on his own, and being restless. Staff had observed him coming out of another resident's room in the late evening while the other resident was sleeping. He had been noted in the past two weeks to be irritable with staff and making some inappropriate comments. On 6/15/21, his family brought in a CD player with his favorite artist's music, hoping it would help ease him at night. On 6/22/21, he reported seeing a large bug in his room, but no bug was seen by the nurse. A 6/29/21 behavior summary note indicated a hallucination on 6/22/21 and irritability on a few days, especially on 6/17/21. He was frustrated with staff checking on him frequently - "spying on him" - because of a fall. He was noted to be moving around his room without assistance and even coming out into the hall without assistance. He believed someone had stolen his cookies and was given some cookies from facility. He was also noted to swat at an aide when they were trying to assist him. His medication changes seemed to be beneficial related to improved mood overall and decreased behaviors. Staff was also working out for a family member to have the noon meal with the resident a few days a week. A 7/5/21 progress note indicated his family expressed concern he did not have an order for lorazepam, as it had been helpful in the past and melatonin had made him "dream too much" when he had taken it before. On 7/5/21, the lorazepam was re-ordered on an			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	as-needed basis for anxiety, as he was difficult to re-direct when restless and agitated. On 7/7/21 at 2:23 a.m., he was found on the floor in his room and stated he must have fallen out of the recliner. He had an abrasion to his right eyebrow. A 7/12/21 Behavior Management meeting note indicated the Nurse Practitioner reported the resident was very anxious related to being short of breath and edema and weight gain were noted. She stated he told her that he was still dreaming a lot and seeing things, but not as frequently A 7/13/21 behavior summary note indicated he was noted on three occasions to be getting up in his room unassisted, usually to use the bathroom. He was not fully aware of safety at times, getting tangled in oxygen tubing, trying to walk out into the hall once without switching to his portable tank, and stretching the tubing. He would get frustrated with staff when they came to help him, or would state he thought staff were just keeping him in healthcare to get more money from him. He received lorazepam on 7/6, 7/9, and 7/10. A 7/20/21 medication review note indicated he had been on quetiapine for PTSD since June 2021 and had since improved drastically with his fears, paranoia, and accusations that he was having with irrational thought processes. There was no recommendation for reduction due to still being in an adjustment period. A 7/27/21 behavior summary note indicated he had not received any lorazepam since 7/10/21. However, on 7/27/21, when the resident's family member was leaving his room (having 2 noon meals together weekly), he was standing up unassisted and the nurse went to stand close to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	intervene for safety related to past falls. The resident became frustrated by his family member telling him to sit down and then staff standing by for safety. He was becoming agitated and stated he hadn't fallen in "3 months" which was inaccurate. The nurse administered a dose of as-needed lorazepam. An 8/10/21 behavior summary note indicated he had become irritable with his family members and staff on 8/1/21 as staff was assisting him to transfer to a wheel chair so he could go outside, and needed guiding to not sit on the arm of the chair. He became upset and accused staff of trying to make him fall. He had recently required an increase in his diuretic. An 8/23/21 note indicated he had anxiety, agitation, and irritability at times. Lorazepam had been administered twice in 30 days and an attempt would be made to reduce the lorazepam to twice daily as needed. An 8/24/21 behavior summary note indicated he had been noted in the pool on 8/20/21 to be going from deep water to shallow without help and scraped his toe. Then, in the evening of 8/21/21, he had been irritable with staff after his meal, not wanting to wait for staff to walk with him, ambulating without assistance, and taking off his oxygen. Staff had provided reminders and reassurance, but it was not effective. On 9/1/21, he was found on the floor in his room; he stated he tripped over his portable oxygen tank. On 9/3/21, he was diagnosed with an upper respiratory infection.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	A 9/7/21 behavior summary note indicated on 8/24/21, the resident was wanting to be independent in his room so he could go back to live with his wife. He was frustrated with staff for wanting him to call for assistance and didn't think he needed it - he believed staff were just trying to keep him separated from his spouse for no reason. A 9/11/21 behavior note indicated the resident had self-transferred onto the toilet and turned on the bathroom call light. He was having increased confusion and having moderate amount of anxiety evidenced by moving from recliner, to bed, to restroom, back to recliner, to restroom. He had a worried and almost pained expression on his face and was clenching his fists. He didn't know why he had to be guarded all of the time and didn't believe the nurse was his nurse. He was swearing at staff and calling them idiots and stating he should be going home. He did not recall his family visiting earlier in the day. A dose of lorazepam was administered. A 9/21/21 behavior summary note indicated he would become upset when trying to do things on his own which are not safe. Staff intervention to help would cause him to become more agitated. He had tried to walk out of his room with his oxygen still attached and resisted assistance when staff tried to walk with him. He felt he was a prisoner of the facility. He received a dose of lorazepam for both episodes noted. A 10/12/21 medication reduction note indicated no changes were recommended due to recent stabilization. A 10/19/21 behavior summary note indicated he was found twice to be agitated with staff when he was wanting to go for a walk and didn't want staff			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	to assist/stand by for safety. He also believed the facility was keeping him there and he didn't belong there. A dose of lorazepam was given that morning. An 11/2/21 behavior summary note indicated he kept taking off his oxygen and walking in his room unassisted. He also had an episode of irritability after his family member left from a visit. He was administered lorazepam, which was noted to be effective as he decided then to go to bed. On 11/6/21, he was found on the floor against his recliner. On 11/7/21, he was noted to be punching the air in his sleep. A 12/13/21 Social Services note indicated he was confused at times, usually in the evening. He would get up unassisted in his room, and would tell people different stories - this was related to dementia and confusion and poor decision making and was not considered behavioral, per the behavior team. His mood had been stable and pleasant, with no anger or distress, therefore the team recommended removing him from routine behavior management. On 12/20/21, he told the nurse he had seen a big dog fight outside of the window. He said he had seen a fox terrier and a mixed breed dog going at it. He then stated it was snowing. The resident was looking out the window, but neither event had taken place. A 12/21/21 Nurse Practitioner dose reduction note indicated he had been having excessive falls related to hallucinations and was distressed during each episode. He was very difficult to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	re-orient and return to reality and the episodes would often last for hours. Since he was now at the best he had been for quite some time, it was felt he was clinically at the lowest effective dose and risk for injury would occur with reduction. On 4/19/22, a gradual dose reduction of eliminating two doses of quetiapine a week was initiated. During an interview, on 4/25/22 at 10:21 a.m., Nurse Aide 54 indicated the resident had seen kids in his room in the past, but it didn't upset him. He would accept care without problem. During an interview, on 4/25/22 at 10:23 a.m., CNA 55 indicated the resident did not have any behaviors. She had been told he had some in the past, but she hadn't cared for him back then. He would yell out sometimes at night, but she didn't know what for- she just looked in to make sure he as okay. During an interview, on 4/25/22 at 1:53 p.m., LPN 59 indicated the resident was monitored for restlessness and hallucinations. Interventions would be found in the care plan or in his physician orders. During an interview, on 4/25/22 at 2:26 p.m., the Social Service Director indicated she would have to look into why he was on the psychotropic medications. During an interview, on 4/25/22 at 2:53 p.m., the ADON indicated the resident's behaviors were random; he would get out of control with pacing, he wouldn't sit down. They had to get his family member out of bed to settle him down. The Social Service Director indicated in May of 2021, he had			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	seen a car outside, thought the room was barricaded, had seen a boy in his room, a cat that wasn't there, and nuts and bolts that weren't there. It was very distressing to him and he would break into a sweat, raise his voice, and get aggressive. Per the Nurse Practitioner note, he had been having issues prior to admission to the healthcare facility, but they weren't reported to the facility. During an interview, on 4/26/22 at 8:18 a.m., the DON, ADON, and Administrator indicated the resident had been very difficult to handle. Interventions had included calling his family to sit with him, family having lunch with him, 1:1 with staff, trial of movie night with family, fitness staff walking with him, using the pool, CD player, TV, and walking away and reapproaching him. If the medications had not been started, he would have required inpatient treatment at another facility. 2. On 4/20/22 at 1:36 p.m., Resident 59 sat in a gerichair with her legs elevated in the nurses station with a staff member. On 4/21/22 at 9:31 a.m., she sat in the gerichair with her feet elevated half way. The nurse asked a staff member to watch her in the common area while they laid down the hoyer residents down and not to turn her back on the resident. On 4/21/22 at 1:23 p.m., she sat in a facility chair in front of television, gerichair was sitting behind her, her head was tilted forward. On 4/21/22 at 2:17 p.m., she walked from the restroom and back to the gerichair. The staff member sat next to the resident and rubbed her back. She tried to stand up and the staff member indicated she needed to stay seated. On 4/21/22 at 2:24 p.m., she stood up from her			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	chair and indicated she wanted to go to church, staff member indicated there was not church but could put hymns on for her. On 4/22/22 at 9:05 a.m., she sat in the gerichair pushed up to the table in the dining room, then staff assisted her hand in hand to the wheelchair bathroom, another staff member pushed the gerichair behind her. On 4/22/22 at 1:01 p.m., she was toileted and assisted into the gerichair in front of the television. She pulled on the arms of chair to pull herself up and laid her right foot off to the side of her chair. The nurse approached her and asked if she wanted to go for a walk, nurse walked her down the hall. On 4/22/22 at 3:53 p.m., she sat in the reclined gerichair during an activity, a staff member sat beside her. She was trying to get out of the gerichair and put her feet off to the left side of the gerichair. The staff member that sat next to her asked the Activity Assistant for assistance with her. The Activity Assistant approached the resident and indicated to her to lay back. They pulled her up in her chair and he indicated to the staff member to hold her hand, that helped calm her. On 4/25/22 at 9:31 a.m. staff took her for walk outside in her wheelchair. On 4/25/22 at 1:42 p.m., she was sitting in facility chair with her head down. On 4/25/22 at 2:41 p.m., she was awake, sitting in a facility chair, the nurse assisted her with eating sherbet.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	On 4/25/22 at 2:47 p.m.. she stood up from facility chair, gait belt around waist, nurse was washing her hands in the sink in the DR while res in front of TV, activity assistant had his back to her, the nurse was alerted that she stood up and activity assistant assisted her with sitting back down in chair. Then the nurse assisted her to the bathroom. On 4/26/22 at 9:39 a.m. she sat in the facility chair in front of the TV in the common area, an overbed table was in front of her, her head was titled down and her eyes are closed. Resident 59's clinical record was reviewed on 4/20/22 at 1:47 p.m. Diagnoses included, but were not limited to, unspecified dementia without behavioral disturbance, delusional disorders, anxiety disorder, other recurrent depressive disorders and cognitive communication deficit. Her current medications included, but were not limited to, the following: a. Mirtazapine (antidepressant) 7.5 mg daily for other recurrent depressive disorders, order date was 12/6/21. b. Olanzapine (antipsychotic) 5 mg daily for delusional disorders, order date was 12/6/21. c. Fluvoxamine maleate (treat obsessive compulsive disorder) 100 mg daily for anxiety disorder, order dated was 12/6/21. d. Fluvoxamine maleate (treat obsessive compulsive disorder) 50 mg daily for restlessness/anxiety, order dated was 3/30/22. e. Clonazepam (antianxiety) 0.5 mg twice daily for			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	anxiety disorder, ordered date was 4/13/22, Behaviors - monitor for the following: tearful, anxiety, delusions, hallucinations, groggy, difficulty arousing, sleep disturbances, if present complete a behavior assessment. A quarterly MDS dated 3/15/22, indicated she was severely cognitively impaired. No behaviors were exhibited. She had a care plan that she had a potential for increased restlessness with repeatedly trying to get up/ambulate per self; history of wandering around the unit with potential to go into others' rooms related to diagnosis of dementia and anxiety disorder initiated on 12/7/21. Her goal was her safety would be maintained through the review date. Her interventions included, but was not limited to, identify pattern of wandering purposeful, aimless, or escapist? Is she looking for something, checking on her "patients" or doing her rounds? (resident worked as a nurse). Does it indicated the need for more exercise? Intervene as appropriate, revised on 1/24/22. Her triggers for increased restlessness with trying to get up per self wandering are wanting to walk, wanting to go home, wanting to check out things (she may be checking on her patients or doing her rounds as she used to work as a nurse). Her behaviors were de-escalated by conversation, folding wash cloths may like holding mechanical dog, may enjoy coloring with markers, may try taking her for a walk or walking with her, may try singing with her (she likes hymns), may try painting her nails initiated on 12/7/21. She was at risk for altered moods related to diagnosis of depressive disorder, anxiety disorder, delusional disorder initiated on 12/6/21. Her goal			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	was that she would have stable moods with no signs or symptoms of depression, anxiety or sad mood by/through review date. Interventions included, but were not limited to, provide her with a program of activities that was meaningful and of interest: enjoys walking, folding washcloths, conversation (may try asking her about her experiences working as a nurse), coloring with markers, may enjoy holding a mechanical dog, she enjoys going for walks, likes listening to hymns. Encourage and provide opportunities for exercise, physical activity. initiated on 12/6/21 and she needed adequate rest periods. She prefers to rest when she verbalized she was tired initiated on 12/6/21. She had a 1/6/22 resolved care plan that she was a new admission and would need time to adjust. She was unfamiliar with staff faces/names, facility routine, etc. initiated on 12/6/21. A 12/6/202110:54 Social Service Note, dated 12/6/21 at 10:54 a.m. indicated she moved from AAL (Alzheimer's Assisted Living) to Unit 2B. She had been noted with needing more assistance with all ADLS (Activities of Daily Living) and was no longer meeting criteria for continued stay on AAL. A behavior assessment, dated 12/21/21 at 1:26 p.m., indicated she paced the hallway and indicated she needed to go down there to keep an eye on him. Sometimes he is nice and friendly and sometimes he is not. Staff asked resident who she was referring to. She indicated a younger gentleman, he slept at night but was busy during the day, She needed to go check on him and keep an eye on him. She continually paced and when stopping to ask resident how she was, she continued to speak about this man and how she			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	needed to take care of him. Offered lunch, she sat at table and then proceeded to get up from table in regards to checking on this man. Able to re-direct and sat near staff to talk with. Helpful for a little while, but unable to re-direct. Partially effective interventions were one on one talking, lunch offered and sat near staff to speak. A behavior assessment, dated 12/21/21 at 8:10 p.m., indicated she was distressed this shift. Wandered in and out of others rooms. Instead of her usual slow gait, she is walking very fast up and down hallways. Ineffective interventions were took to the bathroom, offered a snack and a warm blanket. A social service note, dated 12/22/21 at 6:47 a.m., indicated two behaviors in past 24 hours, day shift yesterday, paced halls talked about a man she needed to check on and keep an eye on. Noted with continued to pace, when she would stop staff would ask how she was, resident would continue to speak of a man she needed to take care of. Given lunch, she only sat briefly then up again to check on this man (not a real person). Staff encouraged her to sit near them which helped for a short time. Her busyness continued into evenings, noted to wander in/out of others rooms. Staff tried to redirect with toileting, offered snacks and warm blanket - none noted to be effective. A behavior assessment, dated 12/22/21 at 2:26 p.m. indicated she wandered into room 257 and proceeded to try and urinate in the trash can, missed and hit the floor. Effective interventions were took her to her own bathroom and one on ones, an activity was offered and partially effective.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	A social service note, dated 12/23/21 at 7:51 a.m. indicated she was noted with behavior yesterday afternoon, going into other's room and attempted to urinate in trash can, but missed and urinated on floor. Staff took resident to her own room and offered activity for distraction along with one on one all noted to be effective. A behavior assessment, dated 1/20/22 at 8:22 p.m., indicated she paced up and down the hallway at a faster pace than normal and stooped over. More distressed than usual. She wandered in and out of other residents rooms. Resistant to being redirected. Ineffective interventions were redirection, snack offered and taken to the bathroom. A social service note, dated 1/21/22 at 10:34 a.m., she was noted on 1/20 on second shift with wandering into others' rooms and was resistive to redirection. She was described as being more distressed than usual with pacing,waking faster than usual, and with being stooped over. She would continue to be closely observed. IDT (Interdisplinary Team) aware of wandering and it was noted that were no reports of other residents being distressed by this resident's wandering. A behavior assessment, dated 1/23/22 at 7:23 p.m., indicated she had been very anxious this shift. She opened other residents' doors and walked into their bathrooms when care was being completed. Writer asked her to please exit the room and explained that was not her room, she insisted it was her room. She was put into bed with night gown on, 30 minutes later she got out of bed and walked down the hall without any clothes on. Ineffective interventions were redirection, showed her where her room was and explained the situation to her.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	A social service note, dated 1/24/22 at 10:35 a.m., indicated she was noted on 1/23 on second shift with increased anxiety with walking into others' rooms and bathrooms and then insisted it was her room when staff would ask her to leave. When she was assisted to bed for the night, she got up after approximately 30 minutes and took off her night clothes and walked down the hall. IDTaware of behaviors and there were no reports of other residents being distress by her behaviors. A behavior assessment, dated 1/25/22 at 8:29 p.m., indicated she paced up and down hallway. Wandered into other residents rooms, sometimes removing clean linens from bathroom. She was found trying to get into bed with another female resident. Ineffective interventions were snack, taken to the bathroom and shower her to her room. A social service note, dated 1/26/22 at 9:57 a.m., she was noted on 1/25 on second shift with pacing, wandering into others' rooms -sometimes removing clean linens from the bathrooms, and attempted to get into bed with another female resident (staff intervened and no reports of other resident being upset by this). Interventions of snacks, toileting, and showing her her own room were not effective. Resident has had an increase in restlessness recently and will continue to be closely observed. IDT aware of behaviors. Care plans reviewed and remain appropriate at this time. A behavior assessment, dated 3/22/22 at 4:47 a.m., indicated she had been up walking the halls and trying to go into resident's rooms. She had been toileted, helped to bed, sat in the TV lounge with warm blanket and resident will not sit down for			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	more than a minute. Ineffective interventions were taken to bed, toileted and given a warm blanket. A social service note, dated 3/22/22 at 9:45 a.m., she was noted on 3/22 on third shift with being up and walking the hallways and with attempting to go into others' rooms. Interventions of toileting, assisting her to bed, and having her sit in lounge with warm blankets were not effective as resident would continue to get up and walk. IDT aware of attempts to go into others' rooms.A health status note, dated 3/22/22 at 2:53 p.m., indicated a one time dose of Ativan 0.25 mg was given at 2:40 p.m. due to she had been busy. She had walked/paced nonstop. Busy the day before and did not sleep at all the night prior and could not get her to sit longer than a couple minutes. She appeared exhausted. Leaning over forward as she was walking. Routine Ativan was given at 11:00 am. and was not effective, she did not slow down at all. She would be monitored closely and it might help her relax enough to sleep. A behavior assessment, dated 3/22/22 at 9:12 p.m. indicated she was one on one staff assist all shift. Her gait had become unsteady even before the one time Ativan 0.25 mg dose. She was leaning very far forward when walked and staff feared she would end up falling. Activities did great keeping resident			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	busy throughout evening. Writer took her about the unit and kept her by writer's side in wheelchair rest of evening, for her safety. At 8:30 p.m. she finally fell asleep in recliner chair in lounge. She only voiced concern was that she needed to go home, that she had things to do and needed to go. She constantly felt that need all day. Lots of TLC and reassurance was given. Partially effective interventions were multiple activities throughout day to keep busy and one on one all evening due to unsteady gait. Ineffective intervention was one time dose of Ativan 0.25 mg given at 2:40 p.m. PRN medication was administered due to distressing behavior and personalized interventions ineffective. A social service note, dated 3/23/22 at 7:20 a.m., she was noted on 3/22 with increased restlessness with walking/pacing continuously throughout the day and early evening (she had also been up most of 3/22 third shift). Staff provided one on ones during second shift for safety as resident appeared exhausted and was leaning forward as she walked with unsteady gait. One time dose of Ativan 0.25 mg was given per order at 2:40 p.m. She continued to be busy. She was noted to finally fall asleep around 8:30 p.m. in a recliner in the lounge and she slept there for the night. A behavior assessment, dated 3/31/22 at 1:33 p.m., indicated she had paced on the unit for most			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	of the shift. She had only sat down 10 minutes at the most at meal times. Ineffective interventions were snacks were offered, warm blanker and sat with the resident. PRN medication was administered due to distressing behavior and personalized interventions ineffective. A health status note, dated 4/7/22 at 8:24 p.m. indicated she was up wandering about unit, but also sitting and resting. Periods of rest encouraged by staff. Pleasant mood. No complaints of or signs of distress. Much more content with recent increase in fluvoxamine.A health status note, dated 4/13/22 at 1:41 p.m. indicated routine Ativan discontinued new order for clonazepam twice daily order entered.A behavior assessment, dated 4/13/22 at 10:35 p.m., indicated upon arrival for shift resident has been one on one for second shift, fell earlier had staples, unsafe for resident transfer, resident not able to understand. When asked where she is going she had to help her mother not able to be redirected. Ineffective interventions were one on ones and redirection. Partially effective intervention was recliner, warm blanker out of wheelchair. PRN medication was administered due to distressing behavior and personalized interventions ineffective. Ativan was given for anxiety and Tylenol given for pain. A social service note, dated 4/14/22 at 7:12 a.m., indicated she was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	noted on 4/13 second shift with increased restlessness with tried to get up and walk per self and with picking at the staples in her head (resident had fallen on day shift and hit her head and was sent to local hospital for evaluation and treatment; she returned with 10 staples). She had a history of spending most of her time walking the unit. She recently had not been feeling well and her walk has become increasingly unsteady with resident appeared to be exhausted but continuing to walk and not wanting to sit and rest. The nurse practitioner was consulted on 4/11 and gave new order for Ativan 0.5 mg every four hours as needed for seven days. The nurse practitioner was consulted on 4/13 with new order for clonazepam 0.5 mg twice daily. A health status note, dated 4/18/22 at 2:30 p.m., staff one on one with her when awake. She walked with shuffled short steps, gait belt, and staff assist, her gait was unsteady. Rolling recliner chair for better comfort. Restless this afternoon. She had to go, she had to get home to Fort Wayne staff walked with her up and down the long hall. She was pretty worn out after the long walk. Currently sitting with feet up with activities. Chatting at times and interacting.A health status note, dated 4/19/22 at 6:35 p.m., she ate a few bites for supper, tried multiple times to climb out of chair, and activity personnel spent one on			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	one with resident.A behavior assessment, dated 4/20/22 at 2:06 p.m., indicated she was very restless. She continued to try to stand up and walk. She became distress when she was unable to get up and walk unassisted. Partially effective interventions were one on one and taken to the bathroom. Ineffective intervention was a snack. A social service note, dated 4/21/22 at 7:09 a.m. indicated she was noted on 4/20 on day shift with increased restlessness with continually tried to get up per self to walk. She was described as becoming distressed when she could not get up and walk without assistance. Interventions of one on one and toileting were partially effective. Ativan order expired on 4/18 and was not renewed.A health status note, dated 4/21/22 at 2:41 p.m. indicated she was busy on and off today. Staff one on one when busy. Taken on walks, given fluids/snacks, hand holding, music on to listen to, worked with therapy twice, toileted, warm blankets used, ect... Intakes remain poor. Intakes encouraged and staff attempted to assist at meals. A behavior assessment, dated 4/24/22 at 8:47 p.m., indicated she was unable to sit still. Unable to walk without assistance due to being unsteady and weak. She wants to walk and never sit down. The contributing factor was dementia. Her approaches that were not effective was taking her to the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	bathroom and offering her a snack. One on ones were partially effective. A behavior assessment, dated 4/22/22 at 7:49 p.m. indicated she was one on one most the shift. She was very restless and complained of being tired but yet wants to walk becomes agitated when reminded that she is too weak and unsteady to walk without assistance staff walked resident multiple times, staff took resident outside to enjoy the weather and that she did snacks and fluids given Res toileted staff had Res singing with them but all interventions short-lived routine med given and after time Res calmed down and relaxed enough to fall asleep Res is in bed resting with alarm on and in place. Partially effective interventions were walk with assistance, outside to enjoy the weather and snacks and fluids given and she was toileted. A behavior assessment, dated 4/23/22 at 1:53 p.m. indicated Resident is unable to sit still. Cannot walk without assistance but insisted that she could walk alone. She became distressed when asked to sit down.During an interview, on 4/22/22 at 9:56 a.m., LPN 77 indicated she was restless, her ambulation was unsteady, she walked the halls non stop, her appetite was down, not steady enough to walk by herself. She wanted to find her husband or needed to go to Fort Wayne. Her husband died at the beginning of covid and she did not do			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	well. They document in behavior document under assessments and she did not always chart under behaviors sometimes just under a normal notes. She was busy and restless, she heard voices or talked to her husband. Interventions they used were when she was restless they kept eyes on her, walk with her, use the motion sensor alarm while in bed, she goes when she wants to, folded laundry, she used to color, and the do lots and lots of walks, hostess had music and she seemed to enjoy that, paint fingernails, snacks and fluids. During an interview with Social Service 72 with the DON present, on 4/25/22 at 10:14 a.m., she indicated the resident was a retired nurse, she made rounds, walked the hall to the point of exhaustion, to the point of hanging onto the rails. She had a short attention span, redirect her with activities and she would join for a few minutes. She has had a physical decline and tried to find new things, to keep her distracted. During an interview with LPN 77, on 4/26/22 at 9:53 a.m., she indicated she had been on fluvoxamine, she was distressed and can't sit still, she was unsteady and doesn't want help, she had no safety awareness, after the fall clonazepam was added, the Ativan was not working. She rested more but then woke up and wanted to go, she was eating better. They have tried a lot of things, sing a long, turning			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	pages, continued to figure what to do, folding wash clothes, walks really help her, she used to walk all the time. Review of a current facility policy, titled "Psychotropic Medication Use," with a revised date of 1/1/22 and provided by the Administrator on 4/27/22 at 1:54 p.m., indicated "...2.1.1 Facility staff should take a holistic approach to behavior management that involves a thorough assessment of underlying causes of behaviors and individualized person-centered non-drug and pharmaceutical interventions...8. All medications used to treat behaviors must have a clinical indication and be used in the lowest possible dose to achieve the desired therapeutic effect...10. Antipsychotic medications used to treat Behavioral or Psychologocal Symptoms of Dementia (BPSD) must be clinically indicated, be supported by an adequate rationale for use, and may not be used for a behavior with an unidentified cause...."3.1-37(a)			
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. Survey dates: April 19, 20, 21, 22, 25, 26, and 27, 2022. Facility number: 000542	R 0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155705	A. BUILDING 00 B. WING	04/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE POINTE	801 N HUNTINGTON AVE WARREN, IN 46792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Residential Census: 101 Heritage Pointe was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed on May 9, 2022.			