

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155228	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/17/2023
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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE OF RICHMOND	STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 12, 13, 14, 15, 16, & 17, 2023</p> <p>Facility number: 000133 Provider number: 155228 AIM number: 100266080</p> <p>Census Bed Type: SNF/NF: 45 Total: 45</p> <p>Census Payor Type: Medicare: 7 Medicaid: 35 Other: 3 Total: 45</p> <p>These deficiencies reflect/reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 24, 2023</p>	F 0000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of the Federal State Law. Please accept this Plan of Correction as Credible Allegations of Compliance. We respectfully ask for the consideration of paper compliance.	
F 0558 SS=D Bldg. 00	<p>483.10(e)(3) Reasonable Accommodations Needs/Preferences</p> <p>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>Based on observation, interview and record review the facility failed to keep a resident's call light and water within reach for 1 of 1 residents reviewed for accommodation of needs (Resident</p>	F 0558	It has been and will continue to be the policy of this facility that the residents have the right to reside and receive services in the facility	03/21/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Merry	Goodwin	03/30/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>1).</p> <p>Finding include:</p> <p>On 3/13/23, at 10:53 a.m., Resident 1 was saying "help me", and upon entering her room, her call device was observed laying on the floor, under her bed, with the end of the cord still attached to the wall. LPN 2 was informed of the call device being out of the resident's reach, entered the room, picked up her call device, placed it in reach, then clipped it to her blanket.</p> <p>On 3/13/23 at 2:17 p.m., Resident 1's call device was replaced with a soft touch call device, and pinned it to her blanket. The CNA who replaced it said it would be easier for her to use because she wouldn't have to push the button on the end, she would just have to touch the round part to activate it.</p> <p>Resident 1's record was reviewed, on 3/14/23 at 2:03 p.m., and indicated diagnoses that included, but were not limited to, chronic obstructive pulmonary disease, type 2 diabetes mellitus, osteoarthritis, depression, and anxiety.</p> <p>A Quarterly Minimum Data Set assessment, dated 1/2/23, indicated Resident 1 was moderately impaired in cognitive skills for daily decision making, and was totally dependent on one staff for personal hygiene and eating.</p> <p>A care plan, last reviewed on 10/5/22, indicated a focus that she was at risk for falls. One of her interventions was to keep her call light and most frequently used personal items in reach.</p> <p>On 3/17/23, at 9:30 a.m., Resident 1 was observed lying supine in bed, her call device cord was</p>		<p>with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. All staff re educated on ensuring residents have call lights, bedside tables and water pitchers within reach when entering and exiting rooms (Attachment 1).</p> <p>While all the residents had the potential to be affected, only resident 1 was affected by this practice.</p> <p>An audit will be done by Nursing Admin or designee five times weekly for six weeks, three times weekly for six weeks, two times weekly for six weeks and one time weekly for six months (Attachment 2).</p> <p>Any issues will be brought to morning IDT meeting and appropriate measures will be put in place.</p>	

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F 0677 SS=D Bldg. 00	<p>above her left shoulder and the rounded, soft touch end of the call device hung over the top edge of the mattress out of reach. RN 3 was notified of the call device being out of reach and entered Resident 1's room at 9:35 a.m. She moved the call device and clipped it where the resident could reach it.</p> <p>A "Call Light Policy" was provided by the Minimum Data Set Coordinator, on 3/17/23 at 11:40 a.m. The policy included, but was not limited to, "Purpose: To respond to the Residents's requests and needs. Policy: The Resident's call light is to be within reach and answered promptly...."</p> <p>On 3/15/23, at 10:25 a.m., Resident 1 was in bed, asleep, lying supine on an air mattress, her water pitcher and cups were on her over bed table against the window, out of reach.</p> <p>On 3/17/23, at 9:35 a.m., Resident 1's water pitcher was on her over bed table against the window out of reach. RN 3 said she has seen the resident drink on her own and that she uses a water pitcher with a straw in it but will sometimes use cups.</p> <p>On 3/17/23, at 9:55 a.m., Resident 1 said she can drink on her own when she can reach her water.</p> <p>3.1-(3)(v)(1)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview and record</p>	F 0677	It has been and will continue to	03/21/2023	

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	<p>review the facility to assist dependent residents with nail care to ensure fingernails were kept short, clean and free of rough edges for 3 of 4 residents reviewed for Activities of Daily Living (ADL) (Resident 6, Resident 15, and Resident 1).</p> <p>Findings include:</p> <p>1.) During an observation and interview on 3/13/23 at 11:44 a.m., Resident 6 fingernails were long with a black substance underneath them. The resident's hands were contracted. The resident indicated she did not like to have long nails.</p> <p>During an observation on 3/14/23 at 2:25 p.m., Resident 6 had long fingernails on both hands with a black substance underneath them.</p> <p>Review of the record Resident 6 on 3/15/23 at 1:30 p.m., indicated the resident's diagnoses included, but were not limited to, diabetes, major depressive disorder, osteoporosis, hypertension, and cellulitis.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident 6, dated 2/7/23, indicated the resident was cognitively intact for daily decision making. The resident had no behaviors of rejection of care. The resident was totally dependent of two people for personal hygiene. The resident had limited range of motion of the bilateral upper extremities (hands).</p> <p>During an interview with LPN 1 on 3/16/23 at 12:10 p.m., the CNA's would of been responsible to ensure Resident 6 fingernails were clean and the nurse would be responsible to cut her fingernails.</p> <p>2. The clinical record for Resident 15 on 3/15/2023 at 2:34 p.m. The medical diagnoses included cerebral infarct and chronic kidney disease.</p>		<p>be the policy of this facility that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, personal and oral hygiene.</p> <p>Nursing staff have been re-educated on providing nail care to each resident's fingernails. This would include cleaning their fingernails with each bed bath or shower and either trimming, filing or cleaning them weekly as needed (Attachment 3).</p> <p>While all residents had the potential to be affected, only resident's 1, 6 and 15 were actually affected by this practice. An audit will be done Infectionist Preventist or designee five times weekly for six weeks, three times weekly for six weeks, two times weekly for six weeks and one time weekly for six months (Attachment 4). Any issues will be brought to morning IDT meeting and appropriate measures will be put in place.</p>	

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	<p>A Quarterly Minimum Data Set (MDS) Assessment, dated 2/14/2023, indicated that Resident 15 was cognitively intact, dependent on one staff member for shower/bathing tasks, and had impairment on one upper and lower extremity.</p> <p>An observation and interview with Resident 15 on 3/13/2023 at 1:43 p.m., indicated he had long fingernails, longer on the left hand that was contracted. He indicated he did not like to keep in nails that long and that staff usually helped him about once a month with trimming his nails, but not routinely.</p> <p>An observation of Resident 15 on 3/13/2023 at 11:55 a.m. indicated fingernails had not been trimmed on the left hand.</p> <p>3. On 3/13/23 at 2:14 p.m., Resident 1 indicated she tries to clean out her fingernails herself using her own fingernails. Her fingernails were observed to be long and uneven, with a medium brown substance under some of the nails and remnants of old nail polish on some nails.</p> <p>Resident 1's record was reviewed on 3/14/23 at 2:03 p.m. and indicated diagnoses that included, but were not limited to, chronic obstructive pulmonary disease, type 2 diabetes mellitus, osteoarthritis, depression, and anxiety.</p> <p>On 3/17/23, at 9:30 a.m., Resident 1 was lying supine in bed. RN 3 entered Resident 1's room at 9:35 a.m. and when asked when Resident 1's fingernails were last trimmed, RN 3 indicated she did not know, and said she would get clippers and trim them. Her fingernails were observed to be long and uneven with remnants of nail polish on them.</p>			

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F 0732 SS=D Bldg. 00	<p>A Quarterly Minimum Data Set assessment, dated 1/2/23, indicated Resident 1 was moderately impaired in cognitive skills for daily decision making, and was totally dependent on one staff for personal hygiene.</p> <p>A care plan, last reviewed on 8/31/20, indicated a care plan to offer and assist with a shower twice a week or as resident wants, and offer and assist with partial bath on non shower days as needed.</p> <p>A policy, entitled "Nail Care", was provided by the MDS Coordinator on 3/17/2023 at 11:40 a.m. The policy indicated, "...Nails should be kept short, clean, and free of rough edges. Nails should be groomed weekly, and as indicated...."</p> <p>3.1-38 (a)(2)(E)</p> <p>483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing</p>			

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	<p>data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on interview and observation, the facility failed to post the nursing daily staffing sheet for 1 of 6 days reviewed during the survey.</p> <p>Findings include:</p> <p>An observation of the nursing daily staffing sheet on 3/12/2023 at 11:30 a.m. indicated the nursing daily staffing sheet displayed was dated for Thursday 3/9/2023.</p> <p>An interview with the Administrator on 3/12/2023 at 12:57 p.m. indicated that the staffing sheet is to be posted daily.</p> <p>An interview with the LPN 1 on 3/12/2023 at 1:23 p.m. indicated that night shift nursing staff is responsible to change the staffing posting.</p>	F 0732	<p>It has been and will continue to be the policy of this facility to make staffing information readily available in a readable format to residents and visitors at any given time.</p> <p>Staff re-educated on changing of posting daily (Attachment 5). Staffing coordinator will monitor daily postings and ensure posting is correct. A nursing designee will ensure daily postings are current on the weekend. While all residents and staff had the potential to be affected, no one was actually affected by this practice. Audits will be completed staffing coordinator or designee five</p>	03/21/2023
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F 0756 SS=D Bldg. 00	<p>483.45(c)(1)(2)(4)(5) Drug Regimen Review, Report Irregular, Act On</p> <p>§483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the</p>		<p>times a week for six weeks, three times a week for 6 weeks, 2 times a week for six weeks and 1 time weekly for six weeks (Attachment 6). Any issues will be brought to morning IDT meeting and appropriate measures will be put in place.</p>	

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	<p>identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.</p> <p>Based on interview and record review the facility failed to ensure medication recommendations from pharmacy was received and conveyed timely to the attending physician and failed to document a clinical contraindicating for refusing a gradual dose reduction (GDR) for 3 of 5 residents reviewed for medications (Resident 6, Resident 42 and Resident 25).</p> <p>Findings include:</p> <p>1.) Review of the record Resident 6 on 3/15/23 at 1:30 p.m., indicated the resident's diagnoses included, but were not limited to, diabetes, major depressive disorder, osteoporosis, hypertension, and cellulitis.</p> <p>The physician orders for Resident 6, dated March 2023, indicated the resident was ordered cymbalta (antidepressant) 60 milligrams (mg) in the morning for major depressive disorder and trazadone (antidepressant) 100 mg at bedtime for major depressive disorder.</p> <p>The pharmacy recommendation for Resident 6,</p>	F 0756	<p>It has been and will continue to be the policy of the facility to ensure that the drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>IDT met to review pharmacy policies and given contact information for RPH and designee. Nursing admin will ensure that after pharmacy monthly visit that recommendations will be received and addressed with physician in a timely manner. If recommendations are not received staffing leader and or designee will notify pharmacy consultant to ensure we do receive them (Attachment 7).</p> <p>While all residents had the potential to be affected, all residents were reviewed, and</p>	03/20/2023

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	<p>dated 1/30/23, indicated trazadone and cymbalta were due to attempt a GDR, unless contraindicated. If the GDR was contraindicated at this time, please document why an attempted GDR would likely impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder. The physician signed it on 3/3/23 and indicated no changes. There was no documentation addressing why a gradual dose reduction (GDR) was not attempted.</p> <p>During an interview with LPN 1 on 3/16/23 at 11:40 a.m., indicated she was responsible to ensure pharmacy recommendations were followed up on in a timely manner and she was unsure why the physician did not document a clinical indication why he did not want to attempt a GDR on Resident 6's cymbalta and trazadone.</p> <p>2. The clinical record for Resident 42 was reviewed on 3/15/2023 at 10:33 a.m. The medical diagnoses included anxiety disorder and bipolar disorder.</p> <p>A Quarterly Minimum Data Set (MDS) Assessment, dated 2/19/2023, indicated Resident 42 was cognitively intact.</p> <p>A pharmacy recommendation for Resident 42 had a documented medical record review of 1/30/2023 but was not signed by the physician until 3/3/2023.</p> <p>3. The clinical record for Resident 25 was reviewed on 3/15/2023 at 11:23 a.m. The medical diagnoses included schizoaffective disorder, depression, and fragile x chromosome.</p> <p>A Quarterly MDS Assessment, dated 1/20/2023, indicated that Resident 25 was mildly cognitively impaired.</p>		<p>corrective action was taken if needed (Attachment 8).</p> <p>A monthly audit will be done for 6 months by staffing coordinator or designee (Attachment 9).</p> <p>Any issues will be brought to morning IDT meeting and appropriate measures will be put in place.</p>	

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	<p>A pharmacy recommendation for Resident 25 had a documented medication record review of 1/30/2023. This recommendation requested the physician consider a reduction of Resident 25's psychoactive medication or document a clinical contraindication if no change was to be made. The attending physician signed this recommendation on 3/3/2023 with directions of no changes but did not document clinical contraindications.</p> <p>An interview with LPN 1 on 3/16/2023 at 3:10 p.m. indicated that the pharmacy did not get the pharmacy recommendations to the facility in a timely manner for the monthly of January of 2023, resulting in the physician not following up until 3/3/2023. She further indicated she could not find where the physician documented a clinical contraindication for Resident 25's psychoactive medications.</p> <p>A policy entitled, "Medication Monitoring Medication Regimen Review", was provided by the MDS Coordinator on 3/17/2023 at 11:40 a.m. The policy indicated the findings of a medication regimen review (including pharmacy recommendations) are phoned, faxed, or e-mailed to the Director of Nursing or designee within one business day of the monthly medication regimen review and then provided to the Medical Director within 72 hours of receipt or within three business days.</p> <p>A policy entitled, "Preventing and Detecting Adverse Consequences and Medication Errors", was provided by the MDS Coordinator on 3/17/2023 at 11:40 a.m. The policy indicated for psychotropic medications that during the first year of admission, "the facility attempts a GDR [Gradual Dose Reduction] during at least two</p>			

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

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FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE OF RICHMOND	STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374
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(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
	<p>separate quarters (with at least one month between the attempts), unless clinically contraindicated ..." and after the first year a tapering should be attempted annually unless clinically contraindicated. If a GDR was clinically contraindicated, the physician is to document the clinical rationale for why any additional attempted dose reductions would likely impair the resident's function, increase distressed behaviors, or cause psychiatric instability.</p> <p>3.1-25(i)</p>			