

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36454</p> <p>Based on interview and record review, the facility failed to thoroughly investigate allegations of a staff member working while impaired and the potential residents' physical or emotional suffering from the impaired staff member's interactions for 1 of 1 staff member reviewed for allegation of abuse. (CNA 12)</p> <p>Finding includes:</p> <p>A Facility Reported Incident (FRI), dated 5/24/24, indicated Resident B had voiced concerns by social media. The resident indicated a male employee refused drug testing when it was reported he was altered. The staff was terminated due to refusal of the testing and left the building. The facility completed resident interviews, staff interviews, skin assessments, and education as deemed necessary.</p> <p>The clinical record for Resident B was reviewed on 7/10/24 at 12:25 p.m. The diagnoses included, but were not limited to, fusion of the spine in the lumbar region, generalized anxiety disorder, depression, and chronic obstructive pulmonary disease.</p> <p>An undated note from social media was provided by the Administrator on 7/11/24. The note was a copy of the social media post by Resident B. The resident indicated a male staff had touched her in an inappropriate manner and was extremely drunk. The male staff was dismissed from his job.</p> <p>The FRI, dated 5/24/24, did not include the allegation of Resident B being touched in an inappropriate manner.</p> <p>The full investigation of the incident was requested from the Administrator on 7/9/24, and again on 7/11/24 at 1:50 p.m. The resident interviews were provided on 7/11/24 and no staff interviews were included. The staff interviews along with the complete investigation were again requested. On 7/12/24 at 10:34 a.m., the completed investigation of the incident including the staff interviews was again requested. The Administrator indicated the Clinical Support was reviewing the file. The staff interviews were not provided by the facility until 7/12/24 at 11:45 a.m.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A staff statement by the Assistant Director of Nursing (ADON), dated 5/13/24, indicated Resident B's husband called her to report the resident had concerns about a male CNA who provided care to her. The resident was in her room and indicated she was okay. The resident was asked about the concerns with the male CNA, and she indicated the CNA was acting weird and she could smell alcohol on his breath. The CNA kept getting close to her and putting his hand near her chest and shoulder area. The resident denied CNA 12 had touched her inappropriately.</p> <p>The investigation documents or statement from the ADON during the interview with Resident B did not include how the resident felt or her emotional status after the interaction with CNA 12.</p> <p>A staff statement by the ADON, dated 5/13/24, indicated CNA 12 was brought by the nurse in [NAME] Hall to the other side of the building since the nurse was questioning if the CNA was impaired. The CNA was already in the [NAME] Hall by the linen closet. The CNA looked confused and then he found a pillowcase and gave it to the resident who requested it. The CNA was asked to go to the ADON office and was not walking in a straight line. CNA 12 sat down and could hardly keep his eyes open and was slurring his words. The Administrator was called and sent a Reasonable Suspicion Checklist for Drug and Alcohol Screening Form. CNA 12 continued with signs of impairment including slurred and rambling speech, typing slowly on his cellular phone, kept closing his eyes, and staring. CNA 12 indicated he would never hurt a resident. CNA 12 admitted to drinking on the job and decided to not get tested . The Administrator had set up an Uber ride to take CNA 12 home.</p> <p>A staff statement by RN 13, dated 5/13/24, indicated CNA 12 was oriented to the evening shift on [NAME] Hall. He only assisted one resident to lay down, weighed another resident, passed one dinner tray, and toileted one resident. CNA 12 was not responding to call lights. RN 13 had to show CNA 12 where the linen closet was located 4 times and where the soiled utility room was 3 times. The CNA took a dirty brief into the clean linen room. Two residents had complained CNA 12 had run over their feet while assisting them to the bathroom. He did not act like he knew what he was doing. CNA 12 had very bloodshot reddened eyes and he was dozing at the nurse's station. RN 13 asked CNA 12 to go to the [NAME] unit to assist. He had to be physically assisted to go to [NAME] Hall. The ADON was informed he appeared to be impaired.</p> <p>The staff statements from the ADON and RN 13 did not indicate the exact amount of residents CNA 12 cared for while on duty and did not clarify how many residents were toileting since RN 13's statement indicated one resident was toileted and 2 residents had their feet ran over while being assisted to the bathroom.</p> <p>A staff statement by the Administrator, dated 5/14/24, indicated Resident B was interviewed about her interaction with CNA 12. Resident B indicated the CNA was acting oddly, was confused, asked the same question multiple times and was offering her assistance out of bed. Resident B was worried the CNA might try to touch her although he did not.</p> <p>The investigation documents or statement from the Administrator during the interview with Resident B did not include how the resident felt or her emotional status after the interaction with CNA 12.</p> <p>A psychiatric Nurse Practitioner note, dated 5/20/24, indicated the resident had increased depression due to the recent passing of her mother.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The progress notes and facility investigation did not include the NP being informed of a possible interaction with CNA 12.</p> <p>The progress notes and facility investigation did not include a psychosocial assessment from the Social Services Director.</p> <p>The complete investigation provided by the facility only included three resident skin checks and 4 resident check list questions about abuse. The facility documents or investigation did not include statements from the residents about interactions with CNA 12. The facility documents or investigation did not indicate if these were the residents who complained of having their feet run over by CNA 12.</p> <p>During an interview, on 7/11/24 at 1:50 p.m., the Administrator indicated he was working at the facility on 5/13/24 and he had seen CNA 12 between 3:00 p.m. and 5:00 p.m. and did not notice anything unusual. Later in the day, he received a call from the ADON, and she indicated CNA 12 was not acting right. CNA 12 was staring off into space. He talked to CNA 12 on the telephone, and he refused to let the drug screen be completed. The CNA was assisted out of the facility and to his home. The ADON had talked to Resident B, and she said she was okay, and nothing had occurred. The investigation started the next day. Resident B stated CNA 12 was going to try to touch her although he did not. The resident's husband was upset about the situation, and he said CNA 12 touched the resident. Resident B again stated the staff did not touch her. He did not know if social services had documented any conversations or follow up with Resident B. The incident occurred on 5/13/24 and was not reported until 5/24/24 when Resident B put her concerns on a social media post. The resident's son had called after the social media post and after the resident was discharged to report she had past sexual abuse and would get nervous if she thought it could happen again.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current policy, titled Abuse-Conducting and Investigation, dated as last reviewed on 6/17/24 and received from the Administrator at entrance, indicated .It is the policy of this facility that allegations of abuse .are promptly and thoroughly investigated. The facility will prevent further abuse, neglect, exploitation and mistreatment from occurring while the investigation is in progress .Resident have the right to live at ease in a safe environment without the fear of retaliation when allegations are reported .The alleged victim will be examined for any signs of injury, including a physical examination or psychosocial assessment, if needed . The facility must thoroughly collect evidence to allow the Administrator to determine what actions are necessary [if any] for the protection of residents. Depending on the type of allegation received, it is expected that the investigation would include, but is not limited to .Conducting observations of the alleged victim, including identification of any injuries as appropriate, the location where the alleged situation occurred, interactions and relationships between staff and the alleged victim and/or other residents .Conducting interviews with, as appropriate, the alleged victim and representative, alleged perpetrator, witnesses, practitioner, interviews with personnel from outside agencies .Conducting record review for pertinent information related to the alleged violation, as appropriate, such as progress notes .The administrator/designee will review the Incident Report for completeness and assure that the physician and resident representatives have been notified of the circumstance .The written summary of the investigation should include, but is not limited to A review of the Incident Report .An interview the person[s] reporting the incident .An interview with the resident, if appropriate .Interviews with staff members on all shifts having contact with the resident at the time of the incident .Interviews with the resident's roommate, family, and/or visitors who may have information about the incident .Interviews other residents who received care of services from the alleged perpetrator .A review of all circumstances surrounding the incident .Emotional support and counseling will be provided to the resident during and after the investigation, as needed</p> <p>This citation relates to Complaint IN00435305.</p> <p>3.1-28(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>48525</p> <p>Based on observation, interview and record review, the facility failed to notify the physician of blood glucose levels out of the physician's parameters and to follow-up on a hospice order for a Broda chair (chair which helps accommodate residents with impaired mobility) for 3 of 3 residents reviewed for quality of care. (Resident L, C and 136)</p> <p>Findings include:</p> <p>1. During an interview, on 7/10/24 at 10:00 a.m., Resident L indicated he had high blood sugar readings while being at the facility.</p> <p>The clinical record for Resident L was reviewed on 7/10/24 at 3:16 p.m. The diagnoses included, but were not limited to, mild chronic stage 2 kidney disease, hypertensive heart disease with heart failure, and type 2 diabetes with diabetic neuropathy.</p> <p>A current physician's order, with a start date of 7/26/23, indicated to notify the physician for blood sugars greater than 400.</p> <p>A facility vital log indicated Resident L had the following blood sugars:</p> <p>On 3/26/24, his blood sugar was 433.</p> <p>On 3/27/24, his blood sugar was 452.</p> <p>On 3/27/24, his blood sugar was 432.</p> <p>On 3/28/24, his blood sugar was 426.</p> <p>On 4/1/24, his blood sugar was 493.</p> <p>On 4/2/24, his blood sugar was 531.</p> <p>On 4/5/24, his blood sugar was 444.</p> <p>On 4/11/24, his blood sugar was 423.</p> <p>On 4/26/24, his blood sugar was 434.</p> <p>During an interview, on 7/11/24 at 10:53 a.m., the Administrator indicated he did not see any call outs to the physician for the high blood sugars.</p> <p>36454</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During an interview, on 7/10/24 at 12:02 p.m., Resident C's family member indicated the resident's blood sugar readings were in the 400 and 500 range and the facility did not try to give her a different insulin.</p> <p>The clinical record for Resident C was reviewed on 7/10/24 at 10:37 a.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus, generalized anxiety disorder, and generalized muscle weakness.</p> <p>A physician's order, dated 3/24/24, indicated to check the fasting blood sugar one time a day.</p> <p>A physician's order, dated 3/24/24, indicated to notify the physician for blood sugars less than 60 or greater than 400.</p> <p>The resident had the following blood sugar readings:</p> <ul style="list-style-type: none"> a. On 5/22/24 at 6:16 a.m., the blood sugar was 429. b. On 6/4/24 at 6:13 a.m., the blood sugar was 453. c. On 6/7/24 at 6:16 a.m., the blood sugar was 448. d. On 6/9/24 at 6:12 a.m., the blood sugar was 538. e. On 6/12/24 at 6:05 a.m., the blood sugar was 436. c. On 6/13/24 at 5:34 a.m., the blood sugar was 437. <p>A physician's order, dated 6/9/24, indicated to recheck the blood sugar at 7:30 a.m., and notify the physician if the reading was greater than 400.</p> <p>The progress notes showed the physician was only notified on the elevated blood sugar on 6/9/24.</p> <p>3. During an observation, on 7/10/24 at 11:45 a.m., Resident 136 was lying in bed in her room with her eyes closed.</p> <p>During an observation, on 7/11/24 at 3:37 p.m., the resident was lying in bed in her room and her eyes were closed.</p> <p>During an observation, on 7/12/24 at 1:50 p.m., the resident was lying in bed in her room, her eyes were closed, and the room was darkened.</p> <p>The clinical record for Resident 136 was reviewed on 7/12/24 at 1:56 p.m. The diagnoses included, but were not limited to, hemiplegia and hemiparesis affecting the right dominant side, chronic obstructive pulmonary disease, and pressure ulcers.</p> <p>During an interview, on 7/11/24 at 3:37 p.m., CNA 10 indicated the resident was on hospice, was totally dependent for care, and did not get out of bed on the evening shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 7/11/24 at 3:47 p.m., LPN 11 indicated the resident was fairly new and was on hospice. The family preferred for the resident not to get out of bed.</p> <p>A physician's order indicated to be admitted to Hospice with a diagnosis of hemiplegia and hemiparesis following a cerebral infarction.</p> <p>A hospice social worker note, dated 7/3/24, indicated the resident's daughter stated the resident was very social prior to her strokes and she still enjoyed having companionship although she was unable to talk as much as she would like to.</p> <p>During an interview, on 7/10/24 at 11:55 a.m., the Activity Director indicated the resident would get up in her Broda (chair for positioning) although she did not know what time of day she got up.</p> <p>The resident did not have a Broda chair in her room.</p> <p>During an interview, on 7/12/24 at 2:19 p.m., the Hospice Registered Nurse (RN) indicated the Broda chair was ordered upon admission to hospice on 7/3/24. The hospice had some changes in leadership, and it was just missed for approval. Since the Broda chair was ordered, it was an expectation the resident would be getting up in the Broda chair. The resident had a decline in condition although was not in the active phase of dying. The facility staff and the hospice staff would determine in collaboration how long the resident would be up daily. The Broda chair would be approved today as soon as the RN got the request to the correct person in hospice.</p> <p>A Hospice Services Agreement, approved on 7/19/21, indicated .Hospice will ensure that all Hospice Services are provided to Hospice Patients in a manner which meets or exceeds professional standards and principles that apply to individuals providing services in Facility. Hospice will provide all reasonable and necessary Hospice Services to Hospice Patients in a timely manner and accordance with each Hospice Patient's Hospice Plan of Care .Hospice Services will include .medical direction and management of the Hospice Patient .medical supplies, durable medical equipment .Coordination of Services .Hospice will participate, upon request, in interdisciplinary and other care planning conferences required to coordinate the Hospice Services, Facility Services, and other services provided to an individual Hospice Patient .Hospice shall retain professional management responsibility for Hospice Services provided in accordance with the Hospice Plan of Care</p> <p>A current policy, titled Changes in Resident's Condition or Status, dated as last reviewed on 8/9/23 and received from the Administrator on 7/12/24 at 10:55 a.m., indicated .This facility will notify the resident, his/her primary care provider, and resident/resident representative of changes in the resident's condition or status .</p> <p>This citation relates to Complaint IN00436564.</p> <p>3.1-37(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>36454</p> <p>Based on interview and record review, the facility failed to follow the physician's orders for indwelling urinary catheters for 2 of 3 residents reviewed for indwelling catheters. (Resident C and H)</p> <p>Findings include:</p> <p>During an interview, on 7/10/24 at 12:02 p.m., Resident C's family member indicated the resident's catheter needed to be changed the day she was being discharged and the staff would not listen. The family decided to take the resident to the emergency room after her discharge from the facility so they could put in a new catheter.</p> <p>The clinical record for Resident C was reviewed on 7/10/24 at 10:37 a.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus, obstructive reflux uropathy (urine backing up in the kidneys), generalized anxiety disorder, and generalized muscle weakness.</p> <p>A care plan, dated 12/2/23 and revised on 6/21/24, indicated the resident had obstructive uropathy and had an indwelling urinary catheter. The interventions included, but were not limited to, catheter care every shift and educating the resident and family on catheter care.</p> <p>A physician's order, dated 6/3/24, indicated an indwelling catheter to straight drainage, size 22 French (Fr indicates diameter of catheter) with 30 cc bulb. Change the indwelling catheter for infection, obstruction, or when the closed system was compromised.</p> <p>A progress note, dated 6/14/24 at 2:11 p.m., indicated Resident C was crying and stated something was wrong with her catheter. The catheter bag was on the floor with the resident sitting on the bed and the catheter tubing was taut and hematuria (blood in the urine) was noted. The nurse offered to deflate the balloon and reposition the Foley catheter. The resident initially refused and then the daughter stated she would take the resident to the emergency room and have a new catheter put in. The resident consented and the catheter balloon was deflated, then the indwelling catheter was advanced, and the balloon was re-inflated. The catheter was draining tea colored urine.</p> <p>The progress note did not include a notification to the physician of the blood in the catheter tubing.</p> <p>A progress note, dated 6/14/24 at 3:55 p.m., indicated the resident was discharged with her daughter and the daughter indicated she was taking the resident to the emergency room .</p> <p>During an interview, on 7/10/24 at 2:50 p.m., RN 9 indicated Resident C did her all her own catheter care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 7/10/24 at 3:31 p.m., the Director of Nursing (DON) indicated it was a nursing measure to deflate a catheter bulb, advance the catheter and to re-inflate the catheter bulb. The resident had a huge risk of infection. The facility did not need to get the deflating of the catheter bulb, advancing the catheter and re-inflation of the bulb cleared by the urologist. The facility would not notify the urologist or physician of the blood in the catheter unless it was a huge amount of blood. Usually, blood in a catheter would resolve on its own in 24 hours.</p> <p>49891</p> <p>2. During an observation, on 7/08/24, Resident H was in the hallway in her wheelchair with her foley catheter in a dignity bag.</p> <p>The clinical record for Resident H was reviewed on 7/10/24 at 9:50 a.m. The diagnoses included, but were not limited to, peripheral vascular disease, retention of urine, polyneuropathy, acquired absence of left leg above the knee, restless legs syndrome, cerebral infarction without residual deficits, and obstructive and reflux uropathy.</p> <p>A physician's order, dated 2/2/24, indicated indwelling catheter to straight drainage. Size: 18 Fr Bulb: 30 cc. Change for infection, obstruction, or when the closed system was compromised as needed.</p> <p>A progress note, dated 4/3/24 at 4:47 p.m., indicated the resident complained the Foley catheter was leaking. The nurse deflated the balloon, advanced the catheter and re-inflated the balloon.</p> <p>The electronic medical record did not include a physician's order for the procedure of deflating the balloon, advancing the catheter, and re-inflating the balloon of the catheter.</p> <p>A progress note, dated 4/4/24 at 11:24 a.m., indicated the Foley catheter was lying on the resident's bed with the balloon still inflated. A new 18 Fr 30 cc Foley catheter was placed utilizing aseptic technique.</p> <p>A progress note, dated 4/9/24 at 6:00 p.m., indicated the Foley catheter was found lying in the resident's incontinence brief with the balloon intact. A new 18 Fr 10 cc Foley catheter was placed utilizing aseptic technique.</p> <p>During an interview, on 7/10/24 at 11:35 a.m., the resident indicated her catheter was not secured in any way to her leg to prevent pulling or dislodgement.</p> <p>The electronic medical record did not include documentation of the use of a device to secure the catheter for the resident.</p> <p>A current policy, titled Indwelling Urinary Catheter (Foley) Management, dated as reviewed on 8/24/23 and received from the Administrator on 7/10/24 at 3:10 p.m., indicated .The facility will ensure .Insertion, ongoing care, and catheter removal protocols that adhere to professional standards of practice and infection prevention and control procedures .If .leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment .Keeping the catheter anchored to prevent excessive tension on the catheter, which can lead to urethral tears or dislodging the catheter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Heritage Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 Soldiers Home Rd West Lafayette, IN 47906	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This citation relates to Complaint IN00436564.</p> <p>3.1-41(a)(2)</p>