

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 09/11/2024
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 0560</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect a residents' right to refuse some types of non-requested transfers within the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32362</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident who did not experience a change in payor source was given the choice/opportunity to remain in his room for 1 of 1 resident reviewed for room transfers. (Resident C)</p> <p>Findings includes:</p> <p>The clinical record for Resident C was reviewed on 9/10/24 at 2:10 p.m. The diagnoses included, but were not limited to, traumatic brain injury, muscle weakness, abnormalities of gait and mobility and spastic hemiplegia affecting the left nondominant side.</p> <p>The resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated he was cognitively intact.</p> <p>The resident was admitted to the facility in room [ROOM NUMBER] during his rehabilitation therapy timeframe. When the resident's therapy was completed, the resident was moved to another room without giving him the option to remain in his current room. The new room the resident was provided, did not provide the resident with an adequate bathroom and space for living.</p> <p>During an interview, on 9/6/24 at 4:20 p.m., Resident C indicated the room he was currently in was too small for him to use the bathroom. He was given a bedside commode to use. He did not know why he had to leave room [ROOM NUMBER] which accommodated his needs.</p> <p>During an interview, on 9/10/24 at 3:05 p.m., the Executive Director (ED) indicated the resident was moved on 8/22/24 from room [ROOM NUMBER] to room [ROOM NUMBER]. The resident was moved because he was no longer receiving therapy services and was not considered a short-term resident. His payor source did not change. The resident was not given the choice to remain in room [ROOM NUMBER].</p> <p>During an interview, on 9/11/24 at 2:51 p.m., Staff Member 2 indicated the resident was upset he had to leave room [ROOM NUMBER] for a smaller room. The resident was not given a choice to stay in room [ROOM NUMBER]. The resident was no longer on the therapy program. He was now on a long-term care restorative program.</p> <p>During an interview, on 9/11/24 at 1:05 p.m., the ED indicated the resident should have been given the choice to remain in room [ROOM NUMBER] or be moved to a different room in the facility.</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
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F 0560 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This citation relates to Complaint IN00442214. 3.1-12(a)(14)(A) 3.1-12(a)(14)(B)