

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Hubbard Hill Estates Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 28070 Cr 24 Elkhart, IN 46517	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>38845</p> <p>Based on interview and record review, the facility failed to ensure a resident was able to withdrawal her money on weekends and evenings for 1 of 1 resident reviewed for personal funds. (Resident 31)</p> <p>Finding includes:</p> <p>During an interview, on 9/4/2024 at 3:06 P.M., , Resident 31 indicated she was unable to get her money out of her account on the weekends or evenings.</p> <p>The record for Resident 31 was completed on 9/9/2024 at 11:05 A.M. Diagnoses included, but were not limited to: depression, hemiplegia, diabetes and vascular dementia.</p> <p>During an interview, on 9/10/2024 at 9:57 A.M., the Business office manager indicated the residents could get money out of their personal fund accounts from 7:30 A.M. to 8:00 P.M., when someone was working at the front desk. After 8:00 P.M. the money was locked up in a safe in the office and was not assessable to the residents.</p> <p>During an interview, on 9/10/20 at 10:11 A. M., the Administrator indicated the residents can get their money when the receptionist was at the front desk, between 7:30 A.M. to 8:00 P.M. She indicated they should have been able to get their money out at any time of the day or night.</p> <p>On 9/10/2024 at 11:08 A.M., the Administrator provided a policy titled,Availability of Resident Funds-After Business Office, dated 2018, and indicated the policy was the one currently used by the facility. The policy indicated . It is the policy of this facility to provide residents reasonable access to their personal funds after business office hours</p> <p>3.1-6(f)(1)</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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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>45120</p> <p>Based on observation, record review, and interview, the facility failed to provide proper storage of oxygen accessories for 1 of 3 residents reviewed for oxygen. (Resident 11)</p> <p>Finding includes:</p> <p>During an observation on 9/6/2024 at 9:10 A.M., Resident 11's nasal cannula tubing, attached to the oxygen concentrator, was wrapped around the bedrail.</p> <p>During an observation on 9/10/2024 at 9:12 A.M., Resident 11's nasal cannula tubing, attached to the oxygen concentrator, was on the floor between the bed and the recliner.</p> <p>During an observation on 9/10/2024 at 11:06 A.M., Resident 11's nasal cannula tubing, attached to the oxygen concentrator, was draped over the arm of the recliner.</p> <p>A record review for Resident 11 was completed on 9/9/2024 at 10:54 A.M. Diagnoses included, but were not limited to: asthma, acute respiratory failure and congestive heart failure.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 7/17/2024, indicated Resident 11 used oxygen therapy.</p> <p>A Physician's Order, dated 11/23/2024, indicated oxygen was to be used at 2 liters per nasal cannula as needed.</p> <p>A Care Plan, with an effective date of 5/11/2023 to present, indicated Resident 11 was not able to maintain oxygen saturations and received supplemental oxygen.</p> <p>During an interview, on 9/10/2024 at 11:00 A.M., CNA 8 indicated the nasal cannula tubing should be stored in a respiratory bag when not in use.</p> <p>A policy was provided, on 9/10/2024 at 12:59 P.M. by the Director of Nursing. The policy titled, Use of Oxygen, indicated, .The following guidelines will be observed in oxygen administration .II. The tubing should be kept off the floor</p> <p>3.1-47(a)(6)</p>		