

# LOOKING FOR A NURSING HOME FOR A LOVED ONE?

The News-Sentinel regularly brings you information on the results of Allen County nursing homes' annual surveys or inspections. Today's surveys are from five facilities inspected between April and June. Although the Long-Term Care Division of the Indiana State Department of Health releases a quarterly announcement of facilities that have received no deficiencies, The News-Sentinel's health reporter, Jennifer L. Boen, read through results from all Allen County nursing homes inspected between April and June so readers can glean the most information possible.

Survey results from inspections dating to the third quarter of 2005 are available at [www.news-sentinel.com](http://www.news-sentinel.com). Click on "projects" on the left-hand menu and then "Nursing Home Annual Inspections." Information contained in our reviews comes from surveys available to the public and from the Web sites of the Indiana State Department of Health and the federal Centers for Medicare and Medicaid Services, as well as state health department staff.

In the second quarter, 121 of the state's 601 nursing homes had their annual inspections, with 16 receiving deficiency-free surveys. None were in Allen County.

*Note: Federal Quality Initiative scores are the most recent available.  
— Compiled by Jennifer L. Boen, [jboen@news-sentinel.com](mailto:jboen@news-sentinel.com)*

## MORE INFORMATION

◆ For more information, visit [www.in.gov/isdh](http://www.in.gov/isdh), click on "Health Care Regulatory Services" on the left, then "Health Care Providers" just below that. Then click on "Consumers." You can then check out the state Nursing Home Report Cards by city or county, then the name. You can also link to the federal Nursing Home Quality Initiative

Report, which compares individual facilities with others in the state and nation, and gives other general information.

- ◆ Northeast Indiana long-term care ombudsman — Daisy Schmidt at 469-3161.
- ◆ State long-term-care ombudsman — Arlene Franklin at 1-800-622-4484.
- ◆ Complaints against nursing homes can be filed with the

state health department's Long-term Care Division at 1-800-246-8909, or sent in writing to ISDH, Long-term Care Complaint Unit, 2 N. Meridian St., Section 4-B, Indianapolis, IN 46204. Complaints can also be filed online at [www.in.gov/isdh](http://www.in.gov/isdh); click on Health Care Providers, Consumers, then Consumer Rights and Responsibilities and Reporting a Complaint.

## GLENBROOK REHABILITATION AND SKILLED NURSING CENTER



**Address:** 3811 Parnell Ave.  
**Phone:** 482-4651  
**Owner:** Indiana Health and Rehabilitation Centers/Extencare Inc., Milwaukee  
**Officers:** Roch Carter, Jillian Fountain, Philip Small and Douglas Harris  
**Most recent change in ownership:** Extencare Inc. prior to July 1, 1994  
**Status:** For profit  
**Administrator:** Dennis Pinkerton  
**Hire date:** Oct. 1  
**Sprinkler system:** full  
**Resident rooms with smoke alarm:** 1 of 77  
**Facility fire safety deficiencies in past year:** 7  
**Average number of fire safety deficiencies in Indiana 2**  
**Beds:** 90  
**Census:** 61 residents as of March 7  
**Most recent annual survey:**  
**Date:** May 21  
**In substantial compliance?:** No  
**When compliance met:** Aug. 21  
**Deficiencies found in Levels D-L\*\*:** 14D; 11E; 2F  
**D Level:**  
◆ Failure to provide privacy for a resident during insulin injection  
◆ Failure to allow a resident to choose activities, schedules and health care options within her plan of care. The woman asked for a female nurses' aide to put her on the bedpan; the male aide left. After about 90 minutes, a female staff member helped her to use the bedpan, but resident said she heard staff talking about her in the hallway. The resident said she told the director of nursing and other staff she preferred no men for certain personal-care needs, yet the request was not written in the woman's chart.  
◆ Failure to provide medically related social services for a mentally retarded resident to ensure the resi-

dent attained or maintained highest possible physical, mental and psychosocial well-being. No pre-admission screening report from the Bureau of Developmental Disabilities Office was found in the resident's chart. An earlier report stated the resident was to be referred for vocational rehabilitation and be provided with stimulating activities of her interest; no update was available.  
◆ Failure to conduct a full assessment of a resident within 14 days of significant changes in resident's condition. The resident had a decline in mood, behavior and psychosocial behavior and improvement in dressing, eating, walking and other daily activities but no assessment was done soon after.  
◆ Failure to accurately document a resident's pressure ulcer that was related to vascular disease.  
◆ Failure to follow doctor's orders for blood tests of a resident every four months. On May 21, surveyors noted the resident's blood had not been drawn since Sept. 21, 2006. The director of nursing said the doctor had discontinued the blood tests when the woman began receiving hospice care.  
◆ Failure to ensure a resident with a seizure disorder was wearing an assistive device — a magnet needed to make a seizure-control device work.  
◆ Failure to ensure environment is free of accident hazards. Surveyors found chemicals in an unsecured area, and hot water in sinks in three resident rooms was above safe temperature levels.  
◆ Failure to obtain a preadmission diagnostic and evaluation report for a mentally retarded resident, and failure to respond to recommendations for activities and communication needs stated in the report that was later obtained.  
◆ Failure to ensure residents' privacy; privacy curtains in room were not wide enough or functional to provide total visual privacy.  
◆ Failure to keep kitchen light fixtures clean and free of cracks.  
◆ Life Safety Code — failure to ensure aisles or corridors used as exit access are at least 4 feet wide and

unobstructed.

- ◆ Life Safety Code — failure to ensure a complete automatic sprinkler system was provided for an attached wood canopy at the building's entrance.
- ◆ Life Safety Code — failure to ensure one of six water heaters had a state Certificate of Inspection.
- E Level:**  
◆ Failure of staff to ensure residents' dignity by asking permission to enter their room; during a group meeting with nine residents, all said staff failed to knock before entering their rooms.  
◆ Failure to ensure call lights were within reach of three residents randomly observed by surveyors. In addition, seven of nine residents told surveyors in a group interview that call lights were not within reach. Surveyors noted one resident was calling out for help and had both side rails of her bed up and no call light within reach.  
◆ Failure to maintain sanitary, orderly and comfortable living quarters. Surveyors noted missing and broken closet doors, missing trim around wall air-conditioning unit and closet doors, broken shower tile and dirt on shower room ceiling. One resident's room air conditioner had no cover or knobs for adjusting the unit. Electrical plates were missing screws, and water stains ran from the ceiling to the handrail in one room. Incontinence briefs and clothing were on a closet floor.  
◆ Failure to develop communication care plans for three residents and a care plan for a resident with a history of seizures or a care plan for a resident preferring no male caregivers. One resident spoke only Burmese. Staff said her family translated for her, but no plan was developed to find alternate means of communication when family not available. The director of nursing said communication is done "by trial and error."  
A female resident had a vagal nerve stimulator (VNS) implanted to control seizures. The resident was to use a magnet attached to her wrist to stop the seizure or lessen it. But surveyors noted the woman was given anti-seizure medication every

two hours, and her medical chart did not contain orders regarding continued use of both the drug and the VNS system at the same time. The woman had mental retardation, and no record existed on developing a communication plan for her to understand use of the VNS. Another resident was observed lying in her bed, crying. Her chart indicated she rarely or never understand verbal information, yet no communication care plan was in her chart.  
◆ Failure to administer a resident's medications through a feeding tube according to facility policy. A nurse put the syringe used to give the medication back into a storage bag without rinsing it. Failure also of two nurses in following policies and procedures for dressing changes, including not washing their hands adequately, among other problems.  
◆ Failure to adequately assess a resident for unnecessary drug administration. Involuntary movements, a side effect of psychotropic drugs, were not tracked, nor were another resident's behaviors/moods to indicate the need for psychotropic meds and pain medication. In one case, a resident received 19 doses of a sleep medication in April, but no documentation on the effectiveness of the med was found. Another resident was given 14 doses of morphine sulfate in March but no record was made of its effectiveness in relieving pain.  
◆ Failure to obtain consent of a resident's legal guardian before giving the resident immunizations; failure to give immunizations to three residents whose guardians had given consent.  
◆ Failure to follow infection control policies by adequately cleaning a shower room and equipment between residents' use of them; failure to train staff on proper shower-cleaning methods.  
◆ Failure to prevent spread of infection by following facility hand-washing policies during four of six dressing changes.  
◆ Failure to document in two residents' medical records their need for pain meds, and failure to document behaviors/mood changes for a resident taking an antidepressant.

- ◆ Life Safety Code — failure to maintain written record of generator load testing for two months.
- F Level:**  
◆ Life Safety Code — failure to conduct quarterly fire drills on each shift for three of four quarters of the year.  
◆ Life Safety Code — failure to ensure smoking did not occur in an area where flammable liquids were present.  
\*\*\*Additional note: Glenbrook received two Level C deficiencies during the annual survey for not making readily accessible the nursing home's most recent inspection results and for not posting daily staffing levels.  
**State findings:** (no deficiencies given) — failure to document staff education/training programs as to presenter, subject, length, objectives and other criteria.  
**Substantiated complaints 2007:** 5; 2 with deficiencies  
Previous year: 1  
**Immediate jeopardy designations:** Feb. 5 for insufficient staff, which contributed to a resident-to-resident abuse; Sept. 28 for quality of care due to nursing staff not assessing residents after falls.  
**Substandard quality of care designations:** Feb. 5 and Sept. 28 (see above)  
**Federal Quality Initiative scores:**  
**Staffing hours per resident per day for licensed nursing staff:**  
**Glenbrook:** 1 hour, 20 minutes  
**Statewide average:** 1 hour, 24 minutes  
**National average:** 1 hour, 18 minutes  
**For nursing assistants:**  
**Glenbrook:** 2 hour, 2 minutes  
**State average:** 2 hours  
**National average:** 2 hours, 18 minutes  
**National Nursing Home Compare Score (based on three years of data):**  
(the lower the score, the better)  
**Glenbrook:** 446  
**Statewide average:** 186  
**State licensure actions in 2007:** None  
**Federal actions imposed:** Civil money penalty of \$150/day imposed Aug. 8, ended Aug. 20

## HARBORSIDE HEALTHCARE



**Address:** 1201 Daly Drive, New Haven  
**Phone:** 749-0413  
**Owner:** HHI Limited Partnership, Boston  
**Officers:** Stephen Guillard, Bruce Beardsley and William Stephan  
**Most recent change in ownership:** Krupp Yield Plus Limited Partnership

prior to Jan. 1, 1996  
**Status:** For-profit  
**Administrator:** Stephen Apple  
**Hire date:** Nov. 2, 2004  
**Sprinkler system:** Full  
**Resident rooms with smoke alarm:** None  
**Facility fire safety deficiencies in past year:** None  
**Average number of fire safety deficiencies in Indiana: 2**  
**Beds:** 120  
**Census:** 115 residents as of April 17  
**Most recent annual survey:**  
**Date:** April 17  
**In substantial compliance?:** No  
**When compliance met:** May 7  
**Deficiencies found in Levels D-L\*\*:** 4D; 1E  
**D Level:**  
◆ Failure to administer an inhaled

medication properly.  
◆ Failure to use special elasticized hosiery on a resident as ordered by the doctor; failure to follow doctor's orders to use a wheelchair foot board to ensure resident's feet were properly positioned.  
◆ Failure to serve food at an acceptable temperature; in a group interview, residents told surveyors that food was often served cold; "six residents indicated the food could be better," according to the survey. Surveyors observed during one meal meat being served at improper temperatures.  
◆ Failure to ensure emergency drug kits were available with correct meds listed on an inventory sheet and that the drugs were not expired.  
**E Level:**

- ◆ Failure to serve food under sanitary conditions — related to the improper food temperatures described above.  
**Substantiated complaints January-June 2007:** 4; three rated no deficiencies  
◆ Four D-level deficiencies on complaint related to a June 14 incident involving a resident who was found by an aide with a black eye and bruises due to unknown cause; the aide told a nurse, but the nurse did not assess or treat the resident, maintain documentation, or inform the doctor or family.  
Previous year: 1  
**Substandard quality of care designations:** No  
**Immediate jeopardy designation:** No

**Federal Quality Initiative scores:**  
**Staffing hours per resident per day for licensed nursing staff:**  
**Harborside:** 1 hour, 11 minutes  
**Statewide average:** 1 hour, 24 minutes  
**National average:** 1 hour, 18 minutes  
**For nursing assistants:**  
**Harborside:** 2 hours  
**State average:** 2 hours  
**National average:** 2 hours, 18 minutes  
**National Nursing Home Compare Score (based on three years of data):**  
(the lower the score, the better)  
**Harborside:** 60  
**Statewide average:** 186  
**State licensure actions in 2007:** None  
**Federal actions imposed:** None

## \*\*Explanation

Nursing homes are given deficiencies according to ratings set by the federal government. Although there are A-C ratings, they are the least serious deficiencies and are not tracked in News-Sentinel reports. Levels D-L have the following meanings, with D being less severe and L indicating the most serious deficiency. Levels G-L are particularly cause for concern:

**D: Isolated/minimal harm or potential for actual harm** — A less serious deficiency and isolated to the fewest number of individuals; results in minimal discomfort or has the potential to negatively affect a resident's ability to achieve his/her highest level of functioning.  
**E: Pattern/minimal harm or potential for actual harm** — A less serious deficiency affecting more than a limited number of individuals; results in minimal discomfort or has the potential to negatively affect residents.

**F: Widespread/minimal harm or potential for actual harm** — A less serious deficiency that is widespread; results in minimal discomfort or has the potential to negatively affect residents.  
**G: Isolated/actual harm** — A more serious deficiency isolated to the fewest number of individuals; negatively affects the resident's ability to achieve his/her highest functioning.  
**H: Pattern/actual harm** — A more serious deficiency affecting more than a limited number of individuals;

negatively affects residents.  
**I. Widespread/actual harm** — A more serious deficiency that is widespread and/or has the potential to affect a large number of residents.  
**J. Isolated/immediate jeopardy** — The most serious deficiency, although isolated to the fewest number of residents, staff or occurrences; has caused or is likely to cause serious injury, harm, impairment or death; immediate corrective action required.  
**K. Pattern/immediate jeopardy** — The most serious deficiency affecting more

than a limited number of individuals; has caused or is likely to cause serious injury, harm impairment or death; immediate corrective action required.  
**L. Widespread/immediate jeopardy** — the most serious deficiency and widespread throughout the facility; places residents in immediate jeopardy, causing or likely to cause serious injury, harm, impairment or death; immediate corrective action required.

## NURSING HOME REPORT

### HERITAGE PARK



**Address:** 2001 Hobson Road  
**Phone:** 484-9557  
**Owner:** Health & Hospital Corp. of Marion County  
**Officers:** Matthew Gutwein, Patricia Hebenstreit, Greg Porter and Daniel Sellers

**Most recent change in ownership:** Eaglecare Inc. prior to Jan 1, 2003  
**Status:** For-profit  
**Administrator:** Craig D. Kollen  
**Hire date:** Oct. 2, 2006  
**Sprinkler system:** Full  
**Resident rooms with smoke alarm:** 19 of 96  
**Facility fire safety deficiencies in past year:** 1  
**Average number of fire safety deficiencies in Indiana:** 2  
**Beds:** 180  
**Census:** 165 residents as of April 25  
**Most recent annual survey:** Date: April 25  
**In substantial compliance?:** No  
**When compliance met:** May 15  
**Deficiencies found in Levels D-L\*\*:**

4D  
**D Level:**  
 ◆ Failure to use special elasticized hosiery to prevent blood clots for one resident recuperating from a hip fracture  
 ◆ Failure to try gradual dose reductions of psychotropic medications for two residents; a doctor or a pharmacist documented that past reductions for the two residents made their symptoms of anxiety or depression worse, but state/federal rules state results of reduction trials must be recorded in residents' charts.  
 ◆ Failure to follow up with a resident's doctor on the recommendations by a pharmacist

to discontinue a pain medication and, if needed, add a short-acting, stronger medication.  
 ◆ Failure to accurately and consistently document dosages for a resident's antidepressant and antipsychotic meds.  
**Substantiated complaints January-June 2007:** 1  
 Previous year: None  
**Standard quality of care designations:** No  
**Immediate jeopardy designation:** No  
**Federal Quality Initiative scores:** Staffing hours per resident per day for licensed nursing staff:  
**Heritage Park:** 1 hour, 16 minutes  
 Statewide average: 1 hour, 24 minutes

minutes  
 National average: 1 hour, 18 minutes  
 For nursing assistants:  
**Heritage Park:** 1 hour, 46 minutes  
 State average: 2 hours  
 National average: 2 hours, 18 minutes  
**National Nursing Home Compare Score (based on three years of data):** (the lower the score, the better)  
**Heritage Park:** 61  
 Statewide average: 186  
**State licensure actions in 2007:** None  
**Federal actions imposed:** None

### ST. ANNE HOME



**Address:** 1900 Randallia Drive  
**Phone:** 484-5555  
**Owner:** St. Anne Home of Diocese of Fort Wayne-South Bend Inc., Fort Wayne  
**Officers:** J. William Lester, Mark Schenkel, George Manning, Joan Eichman, James Fitzpatrick and Gary Windmiller  
**Most recent change in ownership:** Catholic Charities of Diocese of Fort Wayne-South Bend prior to Oct. 1,

1997  
**Status:** Nonprofit  
**Administrator:** Mary E. Haverstick  
**Hire date:** Aug. 4, 1986  
**Sprinkler system:** Full  
**Resident rooms with smoke alarm:** None  
**Facility fire safety deficiencies in past year:** 5  
**Average number of fire safety deficiencies in Indiana:** 2  
**Beds:** 166 skilled level (plus 101 residential beds)  
**Census:** 161 as of June 27  
**Most recent annual survey:** Date: June 27  
**In substantial compliance?:** No  
**When compliance met:** July 31  
**Deficiencies found in Levels D-L\*\*:** 4D  
**D Level:**  
 ◆ Failure to ensure the care plans for two residents reflected activities appropriate for them. When

admitted to the facility, one resident listed many interests, including reading/writing, shopping, dining out, cards and puzzles, and attending special events, yet the chart showed she attended church regularly, played bingo and preferred to watch activities rather than participating in them.  
 ◆ Another resident listed on admission that she spoke five languages, enjoyed attending special events, exercising, baking/cooking and musical programs, yet none of these activities were listed on the resident's care plan; in fact, her chart stated she enjoyed spending time alone, liked short visits and liked to "tinker in her room."  
 ◆ Failure to ensure interventions were provided according to facility policy for three residents with constipation; failure to ensure the nursing policy and procedures were

followed; in one case, a resident had bowel movements on only 13 of 30 days in June, yet there was only one documentation of a laxative given that month.  
 ◆ Failure to monitor breathing sounds and temperature every shift for one resident, as called for in the care plan. The resident had congestive heart failure, stroke, paralysis, cancer and communication problems. On March 20 and 22, no documentations of breath sounds/temperature; March 21, documentation on one shift only.  
**Substantiated complaints January-June 2007:** None  
 Previous year: None  
**Standard quality of care designation:** No  
**Immediate jeopardy designation:** No  
**Federal Quality Initiative scores:**

Staffing hours per resident per day for licensed nursing staff:  
**St. Anne:** Not available  
 Statewide average: 1 hour, 24 minutes  
 National average: 1 hour, 18 minutes  
**For nursing assistants:**  
**St. Anne:** Not available  
 Statewide average: 2 hours  
 National average: 2 hours, 18 minutes  
**National Nursing Home Compare Score (based on three years of data):** (the lower the score, the better)  
**St. Anne:** 49  
 Statewide average: 186  
**State licensure actions in 2007:** None  
**Federal actions imposed:** None

### UNIVERSITY PARK HEALTH AND REHABILITATION CENTER



**Address:** 1400 Medical Park Drive  
**Phone:** 484-1558  
**Owner:** Covenant Care Indiana Inc., Aliso Viejo, Calif.  
**Officers:** Robert Levin, Christine Sims, Mary Evans and Andrew Torok  
**Most recent change in ownership:** Prior to June 1, 1998, was NCS Inc.  
**Status:** For-profit  
**Administrator:** Liane M. Minier  
**Hire date:** July 9

**Sprinkler system:** Full  
**Resident rooms with smoke alarm:** Not available  
**Facility fire safety deficiencies in past year:** 1  
**Average number of fire safety deficiencies in Indiana:** 2  
**Beds:** 104  
**Census:** 69 residents as of May 24  
**Most recent annual survey:** Date: May 24  
**In substantial compliance?:** No  
**When compliance met:** June 29  
**Deficiencies found in Levels D-L\*\*:** 8D; 1F  
**D Level:**  
 ◆ Failure to ensure an ice machine was clean and sanitary.  
 ◆ Miscellaneous items used by residents were found under a medication room sink.

◆ Failure to develop a care plan for one resident with urinary incontinence.  
 ◆ Failure to follow facility policy regarding giving a laxative as needed to one resident. In April, the resident's chart indicated bowel movements on only 13 of 30 days, but the record showed no laxatives were administered.  
 ◆ Failure to follow the above listed resident's written care plan regarding laxatives.  
 ◆ Failure to ensure that a resident with urinary incontinence received appropriate treatment and services to restore normal bladder function as much as possible.  
 ◆ Failure to ensure cleaning supplies were labeled and secured while unattended in one of three shower rooms; a utility room for soiled laundry was left unlocked; an

emergency exit door was obstructed; the facility's chemical storage policy was not followed that requires all chemicals be locked in a secure location.  
 ◆ Life Safety Code – failure to ensure filling of portable liquid oxygen unit from the stationary liquid oxygen tanks did not take place in a resident's room.  
**F Level:**  
 ◆ Relating to Life Safety Code – failure to ensure sprinkler water flow alarm devices were tested quarterly for three of four quarters of the year.  
**Substantiated complaints January-June 2007:** None  
 Previous year: Four  
**Standard quality of care designation:** No  
**Immediate jeopardy designation:** No  
**Federal Quality Initiative scores:**

Staffing hours per resident per day for licensed nursing staff:  
**University Park:** 1 hour, 28 minutes  
 Statewide average: 1 hour, 24 minutes  
 National average: 1 hour, 18 minutes  
 For nursing assistants:  
**University Park:** 2 hours, 4 minutes  
 State average: 2 hours  
 National average: 2 hours, 18 minutes  
**National Nursing Home Compare Score (based on three years of data):** (the lower the score, the better)  
**University Park:** 236  
 Statewide average: 186  
**State licensure actions in 2006:** None  
**Federal actions imposed:** None

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**G: Isolated/actual harm** – A more serious deficiency isolated to the fewest number of individuals; negatively affects the resident's ability to achieve his/her highest functioning.  
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cause serious injury, harm impairment or death; immediate corrective action required.  
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