

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G068		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/11/2012	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT GASTON				STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
W0000	<p>This visit was for investigation of complaint #IN00119541.</p> <p>Complaint #IN00119541: Substantiated, Federal/state deficiency related to the allegations is cited at W189.</p> <p>Dates of Survey: December 10 and 11, 2012.</p> <p>Facility Number: 000614 Provider Number: 15G068 AIMS Number: 100272120</p> <p>Surveyor: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed December 14, 2012 by Dotty Walton, Medical Surveyor III.</p>			W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview the facility failed for 1 of 1 sampled clients (client A) injured during transfer with a mechanical lift, to ensure staff who worked with clients received continued training in regards to safe transfers using the mechanical lift.</p> <p>Findings include:</p> <p>On 12/10/12 at 11:15 AM, a record review of the BDDS (Bureau of Developmental Disabilities Services) reports from 10/01/12 through 12/09/12 was conducted and included the following incident:</p> <p>A BDDS report submitted 11/09/12 for an incident on 11/09/12, incident time 1:45 PM indicated, "2 staff were transferring [client A] when one of the hooks from the hoist net came unhooked and [client A] went to the ground. [Client A] did not hit her head. Nursing was called to assess, noted discoloration and swelling to left leg and knee area. [Client A] does not seem to be in distress. Ice was applied and mobile x-ray was ordered. Staff</p>	W0189	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at Gaston desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on January 10, 2013. <u>What corrective action will be done by the facility?</u> The facility did train employees during their orientation on proper transfer skills including the two employees who were involved in the incident where the straps un-hooked from the lift in the single incident cited. In addition, all facility employees received annual re-training on resident transfers using the mechanical lifts in July of this year. When the incident occurred the two employees involved were re-trained by the Director of Nursing immediately following the incident. The facility will complete re-training of staff on resident transfers utilizing the mechanical</p>	01/10/2013			

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	<p>involved were inserviced on the mechanical lift policy. Plan to Resolve:</p> <p>1. Staff involved were inserviced. 2. Mobile x-ray ordered. 3. Ice applied to area. 4. Will continue to monitor."</p> <p>Staff #1 and #2's written statement was reviewed on 12/10/12 at 12:30 PM. Staff #1's statement indicated, "...the strap to the hoyer had to come (sic) undone and she (client A) fell out onto her left side and as (sic) on the ground...." Staff #2's statement indicated, "...one of the hoyer net straps that was hooked up apparently became unhooked from the metal hoyer hook...."</p> <p>The Director of Nursing (DON) was interviewed on 12/10/12 at 1:15 PM. She indicated client A requires use of a mechanical lift. She indicated the lift was working properly. She further indicated the hooks should have stayed in place and client A should not have fallen out of the sling. The DON indicated staff were immediately retrained on the lift procedures.</p> <p>This federal tag relates to complaint #IN00119541.</p> <p>9-3-3(a)</p>		<p>lifts to ensure future compliance and resident safety. <u>How will the facility identify other residents having the potential to be affected by the same practice?</u></p> <p>All current and any new residents will be reviewed by the IDT and those having the potential to be affected will be evaluated for safe transfers. The physician orders and C.N.A. assignment sheet will be reviewed to ensure that all residents affected by the practice are identified. <u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>The re-training will assure that all staff are adequately trained in the use of the mechanical lift and minimizing the opportunity for a strap to un-hook. Management staff will complete random observations of the use of the mechanical lift to ensure the practice does not recur. Any observed transfers that are not done safely and in accordance with instructions staff were trained on will result in immediate re-education for the employees involved. <u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The IDT will review at daily meetings the results of management observations of proper use of the mechanical lift. The QA Committee will review the results of the management observations with-in 30 days to determine the need for further</p>		

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			training and monitoring. See Attachments 189 A B C D E F G H I J K Completion Date: 1/10/2013 QMRP and DON responsible		