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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G068 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/25/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>HICKORY CREEK AT GASTON | STREET ADDRESS, CITY, STATE, ZIP CODE<br>502 N MADISON ST<br>GASTON, IN 47342 |
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| W000000 | <p>This visit was for a PCR (post-certification revisit) survey to the investigation of complaint #IN00119541 completed on 12/11/12.</p> <p>This visit was in conjunction with a pre-determined full recertification and state licensure survey.</p> <p>Complaint #IN00119541-Not Corrected.</p> <p>Dates of Survey: 2/11, 2/12, 2/13, 2/14 and 2/25/13</p> <p>Facility number: 000614<br/>Provider number: 15G068<br/>AIM number: 100272120</p> <p>Surveyors:<br/>Paula Chika, Medical Surveyor III-Team Leader<br/>Keith Briner, Medical Surveyor III (2/11/13 to 2/14/13)<br/>Christine Colon, Medical Surveyor III (2/11/13 to 2/14/13)<br/>Susan Eakright, Medical Surveyor III (2/11/13 to 2/14/13)<br/>Claudia Ramirez-RN, Public Health Nurse Surveyor III (2/11/13 to 2/14/13)</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> | W000000 | <p>The 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.</p> <p>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.</p> |  |
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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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|                                                             | Quality Review completed 3/4/13 by Ruth Shackelford, Medical Surveyor III.                                             |                                                                 |                                                                                                                 |                      |                                             |

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| W000189                                                     | <p>483.430(e)(1)<br/>STAFF TRAINING PROGRAM<br/>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 observation, record review and interview, the facility failed for 2 of 10 sampled clients (clients #3 and #8) and 2 additional clients (clients #16 and #38) to ensure staff who worked with clients received client specific training (clients #3, #8 and #16) and retraining related to medication errors (client #38).</p> <p>Findings include:</p> <p>1. Observations were conducted in the facility on 02/12/13 from 2:00 PM until 4:30 PM. During the observation times staff #22 was interacting with members of the "Retirement Group." Clients #3 and #8 were members of the retirement group. Clients #3 and #8 joined the group at 3:30 PM.</p> <p>On 02/12/13 at 4:08 PM staff #22 was interviewed. Staff #22 stated she was normally in the kitchen, but had been restricted to light duty and had been assigned to, "interact with them." When asked if she had been trained on the specifics of each client in her care, utilizing each client's ISPs and BSPs she</p> | W000189                                                         | <p>**What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice; #1. No clients were affected. #2. Client #38 was monitored closely and showed no signs of problems after this incident. He is fine today. #3. Client # 16 showed no ill effects from this. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; #1. All clients could be affected. The training for any employee who works directly with a client will be completed prior to working with them. This training will be documented in their employee file. #2. All clients could be affected. All nurses have been re-educated regarding safety with medication administration. LPN #3 has been re-educated regarding the incident mentioned. #3. All clients could be affected. The bus driver has been re-educated regarding proper procedures when he is in the dining room. All employees were re-educated regarding the dining room and proper handling of food. **What measures will be put into place or</p> | 03/27/2013                                                                    |  |                                             |  |

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|                                                             | <p>indicated she did not have any client specific training.</p> <p>On 02/14/13 at 11:50 AM QMRP #3 was interviewed. QMRP #3 indicated any staff working with the clients should have client specific training.</p> |                                                                 | <p>what systemic changes the facility will make to ensure that the deficient practice does not recur; #1. The QMRP will be responsible to re-educate any employees who are not already trained to work with the population who for any reason are assigned to that type of work. #2. All nurses were re-educated to address safety with medication administration. The DON will audit the med cart daily to assure it is safe. #3. All employees were re-educated regarding the dining room and proper handling of food. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur; ie what quality assurance program will be put into place; #1. At the daily meetings, we will discuss any employee who is on light duty to assure that they have been educated regarding where they are working. If working with clients, a focus will be on the ISP and behavior program. This will be discussed during the QA meetings by the Administrator. It will be ongoing. #2. The DON will discuss the results of the audit regarding safe administration of medication during the QA meetings. This audit will be conducted 5 X's weekly for one month. If no further issues, then it will be conducted 1 X weekly for 3 months. After that time, if in 100% compliance the QA</p> |                      |                                             |

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|                                                             | <p>2. The facility's reportable incident reports and/or investigations were reviewed on 2/11/13 at 3:45 PM. The facility's reportable incident reports and/or investigations indicated the following:</p> <p>-5/16/12 "Medication error report of 5/16/12 at 7:15 am. During medication administration [client #38] grabbed a cup off the med cart as the nurse had turned to assist another resident in need if immediate nursing care. The cup contained medications intended for another resident and [client #38] inadvertently consumed the medications: Miralax (stool softener) 17mg (milligrams), Klonopin 0.5mg (antipsychotic), Sertraline 50mg (behavior). [Name of doctor] was immediately notified and noted [client #38] may be more sedated and to hold his Mellaril (antipsychotic) and risperdal (sic) (antipsychotic) for the day. Correct medication given to other resident. Resident was closely clinically monitored</p> |                                                                 | <p>committee will recommend further auditing or not. #3. During administrative rounds the dining rooms will be observed for proper food handling by all employees. The results of these rounds will be discussed during the QA committee meetings by the Administrator. This will be ongoing.</p> |                      |                                             |

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|                                                             | <p>by licensed nursing staff (sic). There were no ill effects from the medications, resident as per usual (sic)...Nurse involved received an inservice on medication administration...."</p> <p>-5/20/12 "Medication error report of 5/20/12 at 7:10 am. During medication administration [client #38] took a cup off the med cart as the nurse turned to assist another resident in need of nursing care. The cup contained medications intended for another resident and [client #38] inadvertently (sic) consumed the medications: Miralax 17mg, Klonopin 0.5 mg, Sertraline 50mg. [Name of doctor] was immediately notified and instructed to monitor. Resident was closely monitored by licensed nursing staff. Correct medication given to other resident. They (sic) were no ill effects from the medications, resident as per usual (sic)...The nurse involved has been re-inserviced on medication administration with a focus on the 5 rights and errors related to distractions and the ICF/MR (Intermediate Care facility/Mental Retardation) population. In, (sic) addition to the training, the nurse has received disciplinary action. Will continue to monitor and treat healthcare needs as they arise."</p> <p>Interview with LPN #1, Administrative</p> |                                                                 |                                                                                                                 |                      |                                             |

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|                                                             | <p>staff #1 and Qualified Mental Retardation Professional (QMRP) #1 on 2/14/13 at 10:00 AM indicated client #38 would take others food, drink and medications. LPN #1 indicated LPN #3 was involved in both of the medication incidents with client #38. When asked how client #38 was able to grab medication off a medication cart, LPN #1 stated "He's quick." LPN #1 indicated LPN #3 was restrained in regard to medication administration. The facility did not provide documentation LPN #3 was restrained/re-inserviced in regard to medication administration.</p> <p>3. A morning observation was conducted at the facility on 2/12/13 from 7:20 A.M. until 9:10 A.M.. At 8:10 A.M., Bus Driver #1 assisted client #16 while eating his breakfast. Client #16 dropped a portion of his oatmeal onto the table. Bus Driver #1 picked the oatmeal up with his bare hands and placed it back on client #16's plate. Client #16 again dropped oatmeal on the bare table; Bus Driver #1 again picked the oatmeal up with his bare hands and placed it on client #16's plate, and hand over hand scooped the oatmeal up and fed it to client #16.</p> <p>An interview with Licensed Practical Nurse (LPN) #1 was conducted on 2/14/13 at 10:00 A.M.. When asked if</p> |                                                                 |                                                                                                                 |                                                                               |  |                                             |  |

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|                                                             | <p>staff should pick client's food up from the table with their bare hands and place it back onto the client's plate and feed the food to the client, LPN #1 stated "Staff should not pick up the client's food with their bare hands and place it back on their plates and feed it to the client. The tray should be returned and another tray should be given."</p> <p>This federal tag relates to complaint #IN00119541.</p> <p>This deficiency was cited on 12/11/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-13(b)(1)<br/>3.1-13(b)(2)<br/>7-3(a)</p> |                                                                 |                                                                                                                 |                                                                               |  |                                             |  |