

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155424	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2014
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP CODE 5480 E 25TH ST COLUMBUS, IN 47203
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F000000	<p>This visit was for the Investigation of Complaint IN00152773.</p> <p>Complaint IN00152773 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441 and F9999.</p> <p>Survey dates: July 28 and July 29, 2014</p> <p>Facility number: 000284 Provider number: 155424 AIM number: 100290690</p> <p>Survey team: Jennifer Carr, RN - TC Trudy Lytle, RN (July 28, 2014)</p> <p>Census bed type: SNF/NF: 36 Total: 36</p> <p>Census payor type: Medicare: 4 Medicaid: 29 Other: 3 Total: 36</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>This Plan of correction consitutes the written allegation of compliance for the deficiencies cited. However, the submission of the Plan of Correction is not an admission that a deficiency exists or that one is cited corretly. This Plan of Correction is submitted to meet the requirements established by state and federal law. Hickory Creek at Columbus desires this Plan of Correction to be considered the facilitiy's allegation of compliance. Compliance is effective 8/15/14.</p>	

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

TITLE

(X6) DATE

Any defenciystatement ending with an asterisk (*) denotes a defidency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F000441 SS=D	<p>Quality Review completed on August 5, 2014, by Brenda Meredith, R.N.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p>			

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	<p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview and record review, the facility failed to ensure proper hand washing for 1 of 2 observations of hand washing (Resident B).</p> <p>Finding includes:</p> <p>Perineal/catheter care for Resident B was observed on 7/28/2014 at 2:40 p.m. LPN #1 was observed washing her hands for 20 seconds prior to donning gloves and providing perineal/catheter care. After placing the soiled linens in a bag held by the Director of Nursing (DoN), she re-fastened the resident's brief, removed her gloves, and washed her hands for 10 seconds. She then picked up the bag of soiled linens with her bare hands and left the room.</p> <p>A copy of the policy and procedure entitled, "Handwashing/Alcohol-Based Hand Rub" was provided by the DoN on 7/28/2014 at 3:02 p.m. The policy included, but was not limited to, "...personnel should <u>always</u> wash their hands [even when gloves are worn]: ...After gloves are removed." The procedure included, but was not limited to: "...Using friction, rub hands together,</p>	F000441	<p>F441 Infection Control</p> <p>It is the standard of this facility that an infection control program is in place to provide for safe, sanitary and comfortable environment to prevent the development and transmission of disease and infection.</p> <p><u>What corrective action will be done by the facility?</u></p> <p>LPN #1 was inserviced on 7/29/14 regarding the facility hand washing policy and procedure. LPN #1 completed a handwashing skills checklist on 7/29/14. Resident B was not affected by this alleged deficient practice.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>No residents have been affected by this alleged deficient practice. In the future if staff, including LPN #1 are noticed to not wash their hands at appropriate times re-education will be provided by the Director of Nursing.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>-</p>	08/11/2014

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F009999	<p>cleaning under nails, backs of your hands, and between fingers thoroughly....Do this for at least 20 seconds, or as long as it takes to sing 'Happy Birthday' to yourself twice."</p> <p>During an interview with the DoN and Administrator on 7/29/2014 at 3:40 p.m., both indicated that the facility's hand washing procedure indicated that staff should wash their hands for 20 seconds.</p> <p>This Federal tag relates to Complaint IN00152773.</p> <p>3.1-18(I)</p> <p>3.1-13 ADMINISTRATION AND MANAGEMENT (a) The licensee is responsible for compliance with all applicable laws and rules. The licensee has full authority and responsibility for the organization, management, operation, and control of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee.</p>	F009999	<p>All staff were inserviced on hand washing on 8/6/14. Handwashing skills checklists will be completed on all staff by 8/11/14.</p> <p><u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>The Director of Nursing will conduct monthly hand washing skills check offs with various staff members, including LPN #1 for a total of five staff members for the next 2 month. The Director of Nursing will then conduct quarterly hand washing skills check offs thereafter. The QA team will monitor hand washing during the monthly QA meeting.</p> <p>F9999 It is the standard of Hickory Creek at Columbus operates and provide services in compliance with all applicable Federal, State and local laws, regulations and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. The facility respectfully disagrees with this deficiency and is requesting a paper IDR <u>What corrective action will be done by this facility?</u> The</p>	08/15/2014

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	<p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to comply with all applicable State laws related the release of protected health information (PHI) for 1 of 3 residents reviewed for medical records. (Resident A)</p> <p>Finding includes:</p> <p>Resident A was admitted to the facility on 1/20/2014, and was transferred to the Emergency Department with subsequent in-patient hospitalization on 6/28/2014. Resident A was deceased on 7/13/2014.</p> <p>During an interview with Resident A's daughter on 7/28/2014 at 11:06 a.m., she indicated that she was her mother's Power of Attorney (POA) prior to her death and that her mother did not have a spouse or other personal representative. Resident A's daughter indicated that she requested her mother's medical records following her death and stated, "[The Administrator] said I had no rights to those medical records; your POA and guardianship ceased when your mother died. There's nothing critical in there anyway."</p>		<p>daughter of resident A has not provided the facility with a written request for Resident A's medical records. Upon the facility receiving a written request for Resident A's medical records, the facility will furnish those to the requester. <u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> _No resident has been affected by this alleged deficient practice. <u>What measures will be put into place to ensure this practice does not recur?</u> _Education will be provided to management staff regarding the release of medical records on 8/15/2014. If a written request for medical information is received by the facility the facility will follow the applicable State law and facility policy. <u>How will the corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> _If a written request is received a family member that request will be brought before the QA committee to ensure the policy was followed appropriately.</p>	

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	<p>Resident A's closed medical record was reviewed on 7/28/2014 at 1:30 p.m. and indicated that her daughter was POA, Resident A was divorced, and had no additional personal representative(s) or family members involved in her care.</p> <p>The Administrator was interviewed on 7/28/2014 at 2:01 p.m. She indicated that Resident A's daughter was not entitled to her medical records because the Power of Attorney expired with the resident's death.</p> <p>The Administrator provided a copy of Privacy of Clinical Record Health Information, on 7/28/2014 at 2:20 p.m., and cited the section entitled, "Deceased Resident," which indicated, "If the resident is deceased, the authorization may be signed by the personal representative of the resident's estate. A deceased resident's protected health information may be disclosed upon receipt of a valid authorization signed by the personal representative of the resident's estate."</p> <p>During an interview with the Administrator on 7/29/2014 at 9:35 a.m., she was queried as to how a family member of a deceased resident would</p>			

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	<p>provide "valid authorization signed by the personal representative of the resident's estate," as indicated in Privacy of Clinical Record Health Information. She indicated, "I assume [the family member] would need a letter from an attorney proving that she was in charge of the estate, but the resident [Resident A] had no estate."</p> <p>Review of the Indiana Code indicated the following:</p> <p>Indiana Code 16-39. Health Records IC 16-39-1-3(c) Health records of a deceased patient may be requested by a coroner under IC 36-2-14-21 or by the personal representative of the patient ' s estate. If the deceased does not have a personal representative, the spouse of the deceased patient may make a request. If there is no spouse:</p> <ol style="list-style-type: none"> (1) A child of the deceased patient; or (2) The parent, guardian, or custodian of the child if the child is incompetent; may make a request. <p>During an interview with the Administrator on 7/29/2014 at 3:35 p.m., she confirmed that Resident A did not have a spouse or other personal representative. After citing the state law</p>			

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	<p>indicating that if the decedent has no personal representative and no living spouse, the daughter would be entitled to the medical records, the Administrator indicated, "Is that an Indiana rule?"</p> <p>This State tag relates to Complaint IN00152773.</p> <p>3.1-13(a)</p>						