

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155353	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2013
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NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT GREENSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 1620 N LINCOLN ST GREENSBURG, IN 47240
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F000000	<p>This visit was for the Investigation of Complaint IN00136153.</p> <p>Complaint IN00136153-Substantiated. A Federal/State deficiency related to the allegations is cited at F309.</p> <p>Survey dates: September 10, 11 2013</p> <p>Facility number: 000244 Provider number: 155353 AIM number: 100288790</p> <p>Survey team: Chuck Stevenson, RN, TC</p> <p>Census bed type: SNF/NF: 26 Total: 26</p> <p>Census payor type: Medicare: 3 Medicaid: 17 Other: 6 Total: 26</p> <p>Sample: 4</p> <p>This deficiency also reflects State findings in accordance with 410 IAC 16.2.</p>	F000000		
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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 on September 16, 2013, by Janelyn Kulik, RN.			

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F000309 SS=D	<p><b>483.25</b>  <b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>                      Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a resident was assessed when expressing pain and requesting pain medication, failed to administer requested pain medication in a timely fashion, and failed to initiate cardiopulmonary resuscitation (CPR) when a resident who was a full code was found unresponsive (Resident B), for 1 resident of 4 reviewed for code status.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 9/10/13 at 1:00 p.m.</p> <p>Diagnoses included, but were not limited to, coronary artery disease, congestive heart failure, anemia, dementia, and chronic kidney disease.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 8/16/13 indicated Resident B was cognitively</p>	F000309	<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 Greensburg desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on September 27, 2013. F309 It is the policy of this facility to provide each resident with the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial wellbeing in accordance with the comprehensive assessment and plan of care, including assessing when a resident expresses pain and requests pain medication and initiating CPR when a resident who is a full code becomes unresponsive. 1. What corrective action will be done by the facility? LPN#1 has been</p>	10/10/2013

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	<p>impaired, sometimes refused care, was dependent on staff for activities of daily living, required assistance to ambulate, and was continent of bowel and bladder.</p> <p>A care plan for Resident B dated 5/03/13 indicated "Problem/Need: I am at risk for pain due to history of bilateral edema in my legs and Hx. (history) of angina."</p> <p>A care plan for Resident B initiated on 6/18/12 and most recently reviewed on 5/30/13 indicated "Problem: I wish to be resuscitated if I stop breathing or if my heart stops beating."</p> <p>Resident B's chart was marked with a blue dot, indicating per facility practice she was a full code.</p> <p>A nurse's progress note dated 9/07/13 with time noted as 1800-2100 (6:00 p.m. to 9:00 p.m.) indicated "...medicated for pain X 2 (times 2)..."</p> <p>Resident B's record contained no documentation of any assessment either before or after the administration of pain medication as noted above.</p> <p>A nurse's progress note dated 9/08/13 at 9:00 a.m. and indicated to</p>		<p>counseled and received disciplinary action. She has also been re-educated regarding the facility's policy on pain assessment, attempting non-pharmacological interventions before administering pain medication, administering pain medication on a timely basis, and initiating CPR on a resident who has been designated as a "full code" when finding that resident unresponsive and without respirations and heartbeat. This was completed 9/9/13 while the surveyors were in the facility. All licensed staff has been in-service on the facility's policy regarding documentation of pain assessment, attempting non-pharmacological interventions for residents experiencing pain, and administering pain medication on a timely basis as of 9/9/13. All nursing staff has also been re-trained on the facility policy for initiating CPR on "full code" residents and the system in place to identify residents who are "full code" and those who are "DNR" by means of colored dots on 9/11/13. All licensed nursing staff will be re-educated on Full Code Status, CPR, Advance directives and Pain Management by 10-10-13. 2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? An audit was</p>		

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	<p>be a late entry for 9/06/13 at 11:30 a.m. indicated "Resident is out to cardiologist...cardiologist talked (symbol for "with") resident about 'faulty' heart valve and possible need for surgery. Resident stated 'I don't think I would want that...'"</p> <p>A nurse's progress note dated 9:08/13 at 9:00 a.m. and indicated to be a late entry for 9/06/13 at 1:30 p.m. indicated "Writer met (symbol for "with") son (symbol for "and") resident to discuss cardiologist appt. (appointment)...I discussed (symbol for "with") son/resident if she did not want surgery that her code status should be reviewed. Son said 'Yea, what would be the point of CPR if her heart was bad anyway.' Resident agreed. No decision was made concerning code status..."</p> <p>A nurse's progress note dated 9/07/13 at 11:48 p.m. indicated in it's entirety "When (symbol for "checking") res (resident) earlier, Res asked for PRN (as needed) pain pill and nerve pill. "My legs are hurting (symbol for "and") I'm very nervous" is what res said at 10:40 p. When this nurse finished rounds took (sic) res a PRN Norco (a combination of hydrocodone and acetaminophen, prescribed for pain) (symbol for "and")</p>		<p>completed on 9/8/13 for review of all residents' code status to make sure that the system is in place with the correct color-coded stickers as designated by facility policy. In addition the listing of "full code" residents was reviewed and completed on 9/8/13 and placed at the nurses' station, as per policy. There have been no other residents affected by this practice. The DON has reviewed the MARs and corresponding pain assessments for all residents, and all residents were assessed for pain by 9/22/13. There have been no other residents identified as being affected by a lack of pain assessment or untimely administration of pain medication. If, however, the DON or other member of the staff or interdisciplinary team identifies concerns regarding a resident's pain assessment, administration of pain medications, or lack of pain management, the DON will make sure that the resident's pain is addressed as per policy as quickly as possible. As soon as the resident is taken care of, the DON will review the facility policy for pain management, including assessment, initiation of non-pharmacological interventions, and administration of pain medications with the nurse(s) involved. The DON will also render progressive disciplinary action for continued noncompliance for the staff</p>		

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	<p>a PRN Ativan (prescribed for anxiety) (symbol for "at") this X (time) 11:40 p. (symbol for ("and")) found Res had RHC (respirations have ceased; expired). Res lips were cyanotic (blue coloration caused by lack of oxygen) (symbol for "and") legs mottled (symbol for "no") response from this Res at all. (symbol for "no") v/s (vital signs) found. B/P (blood pressure) (symbol for "checked") (symbol for "no") reading. (Symbol for "no") heart rate found (symbol for "and"; symbol for "no") resp (respirations) noted."</p> <p>Resident B's record contained no assessment following the resident's expression of pain and anxiety on 9/07/13 at 10:40 p.m. The record indicates it was 1 hour between the time the resident expressed pain and anxiety and the nurse returned with medications. There is no documentation that non-pharmacological pain interventions were attempted. The record contains no documentation of cardiopulmonary resuscitation being performed when the resident was found unresponsive.</p> <p>A facility document, a statement by the Administrator dated 9/08/13 indicated " On the morning of</p>		<p>involved. Likewise, if a concern arises over the lack of CPR for any resident who has indicated that he/she is a "full code", the DON and Administrator will notify ISDH and investigate the situation immediately with suspension of the nurse involved. The DON will begin re-training of all licensed staff immediately regarding the facility policy for initiating CPR on a "full code" resident. She will continue until all licensed staff has been re-trained. The nurse involved in the noncompliance will be subject to disciplinary action up to, and including termination of employment. 3. What measures will be put into place to ensure this practice does not recur? The system for identification of residents with full code designations has been in place and is functioning appropriately. The list of residents with a "full code" designation has been placed at the nurses' station in the focus charting binder &amp; will be checked at least weekly by the Director of Nursing/designee to make sure that it is current. Each newly admitted resident having a full code designation will be added to that list by the admitting nurse, and the Director of Nursing will check the charts of new admissions within the first 24 hours to make sure that this designation has been communicated as per policy. The residents' current code</p>		

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	<p>September 8th, 2013 at 12:34 a.m. I received a call from (the D.O.N.) stating (Resident B), a resident at the facility, had passed away. The above resident was noted to be a 'full code'. Additionally at the above time I was notified CPR had not been performed as according to facility policy. I placed a call to (name of facility) at 1:07 am and spoke with (LPN #1) the nurse on duty at this time. When questioned why CPR had not been performed, (LPN #1) stated 'I honestly did not think to do it, she was already gone.' (LPN #1) then continued to state at sometime between 10:45 pm and 11:00 pm (September 7th) she went into (Resident B's) room who told her she had pain in her legs and wanted some medication for it. (LPN #1) stated this type of pain was "usual" for (Resident B) (LPN #1) states she attempted to place a phone call to the physician but was unsuccessful so she instead reached the physician on call. She stated she also contacted (Resident B's) son and the funeral parlor. I then asked (LPN #1) to identify the color of the sticker visible on the side of (Resident B's) chart to which she replied, 'A blue sticker.' I proceeded to ask (LPN #1) if she was aware of what the blue sticker indicated and she replied, 'Full code. I just didn't think of it because she was</p>		<p>status has been added to the 24 hour report form and will be updated by DON/Designee as new residents are admitted to the facility and as changes in the residents' code status occur. On 9-8-13 the Administrator and Director of Nursing checked all residents' medical records for their designated code status and then audited the facility's system for identifying each one's status to make sure that code designation is accurately displayed on the binder of each resident's record and on the outside of each room door by the resident's name. On a quarterly basis, the care plan team will continue to review the residents' code status as part of the care plan conference. Any changes to the code status of a resident will be followed up by the Director of Nursing at that time to make sure that any new "full code" designations have been added to the resident full code list and have received the appropriate color dot designation. All newly hired licensed nurses will continue to receive orientation to the system for identification of residents with a full code designation, as well as the facility policy regarding their response to finding a "full code" resident in cardiac arrest. The Director of Nursing will re-educate all licensed staff on these policies at least quarterly for the next 6 months, and then, at least twice</p>				

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	<p>already gone."</p> <p>LPN #1 was interviewed on 9/11/13 at 1:45 p.m. She indicated that on 9/07/13 at approximately 11:40 p.m. Resident B had asked for medications for pain and anxiety. LPN #1 indicated that she had continued on rounds checking on other patients, and had spent some time administering medications to another resident. She indicated she returned to Resident B's room approximately 1 hour after the resident initially requested medications for pain and anxiety. She indicated she found Resident B without apparent signs of life, and began a series of phone calls to notify appropriate parties. LPN #1 indicated she knew Resident B was a full code, but "just didn't think about doing it" because of the resident's condition.</p> <p>A review of Resident B's medication administration records indicated it was routine for the resident to request pain and anxiety medications at this time of day.</p> <p>During an interview on 9/10/13 at 1:30 p.m. the Director of Nursing (D.O.N.) indicated an assessment should have been done and documented before pain medications</p>		<p>yearly after that. The facility "General Orientation" to all staff now includes full codepolicy and orientation to the meaning ofthe colored stickers. On 9/8/13 an audit of all licensed nurses CPR certification wascompleted. All nurses have current CPRcertification. Upon interview of any potential nurse, CPR certification will bequestioned and explained as a requirement of hire. Any newly hired nurse will not be put on thenursing schedule until a copy of currentCPR certification is obtained. The DON willbring the 24 hour report, focus charting notes, and copies of new physicianorders to each morning management interdisciplinary meeting that occurs atleast 5 days per week for review by the interdisciplinary team, includingchanges and new orders that indicate or affect pain management. The IDT willreview the resident's care plan for pain management and will initiate newinterventions – both non-pharmacological and pharmacological – as needed atthat time. The care plan and the CNA assignment sheets will be updated to theresident's current status. The DON will note any change in interventions on the24 hour sheet, as well, to communicate those changes to all shifts. If the DON,Administrator, or other interdisciplinary team members notes any issues orconcerns</p>		

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	<p>were administered, per facility policy and expectations, and this was not done on this occasion. She also indicated that 1 hour between a resident expressing pain and requesting medication and the administration of the medications was inappropriate and did not meet facility policy or expectations. She additionally indicated that when LPN #1 found Resident B unresponsive she should have immediately began the CPR protocol regardless of her assessment of the resident's condition and to not do so was in violation of facility policy in place at the time.</p> <p>A facility document titled "Topic: Pain Assessment" dated 7/08 received from the D.O.N. on 9/10/13 at 2:30 P.M. Indicated:</p> <p>Policy: A pain assessment will be completed...upon significant change in a resident's condition.</p> <p>Guidelines: The pain Management Flowsheet will be used to document pain assessment..."</p> <p>A facility document titled "Topic: 'Full Code' Directives" indicated:</p> <p>Policy: It is the policy of this facility</p>		<p>regarding the administration of CPR or pain management, the Administrator and/or DON will follow through as indicated in question #2.4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? The Administrator and Director of Nursing will interview every nurse on staff regarding the facility's full code policy within the next month, as well as checking the "full code" list of residents and the identification stickers of each resident chart and name plate weekly. The results of the audits and interviews will be brought to the monthly QA Committee meeting for review and recommendation. After the first month, the QA Committee may decide to stop the regular interview and audits if 100% compliance is obtained. However, the current full code status list will be reviewed weekly during the Standards of Care meeting by the DON/designee, and the DON's and Interdisciplinary team's follow up to changes in code status will continue on an ongoing basis as outlined in question #3. The DON will also bring the results of the interdisciplinary team reviews of changes in resident's pain management, assessment, and interventions that have occurred in the morning management interdisciplinary team meetings to the monthly QA Committee meeting for further review and</p>				

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	<p>the CPR (cardio-pulmonary resuscitation) will be performed on all residents who have indicated that they wish to receive CPR. CPR will be initiated as soon as the nurse has assessed that the resident does not have respirations or a pulse.</p> <p>6. The nurse will initiate CPR immediately when he/she observes a resident who has been designated as a 'full code' without respirations and pulse."</p> <p>This federal tag relates to complaint IN00136253.</p> <p>3.1-37(a)</p>		<p>discussion. Any recommendations will be followed up by the DON and the results of those recommendations will be brought back to the next scheduled monthly QA Committee meeting. In addition, any residents with new or worsening pain will be reviewed weekly during the Standards of Care meeting. This will continue on an ongoing basis. Date of Compliance: 10/10/13</p>	