

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155406	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/06/2015
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT PERU	STREET ADDRESS, CITY, STATE, ZIP CODE 390 W BOULEVARD PERU, IN 46970
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 3, 4, 5, and 6, 2015</p> <p>Facility number: 000475 Provider number: 155406 AIM number: 100290540</p> <p>Survey team: Julie Wagoner, RN-TC Deb Kammeyer, RN Sharon Ewing, RN Lora Swanson, RN Brenda Meredith, RN (02/03, 02/04, 2015)</p> <p>Census bed type: SNF/NF: 34 Total: 34</p> <p>Census payor type: Medicare: 02 Medicaid: 28 Other: 04 Total: 34</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</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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F000329 SS=D	<p>Quality Review completed on February 12, 2015, by Brenda Meredith, RN.</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, record reviews and interviews, the facility failed to ensure there was adequate indications to support an increase in a psychotropic medication for 1 of 5 residents reviewed for medication use. (Resident #26) In</p>	F000329	F329 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	02/27/2015			

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	<p>addition, the facility failed to ensure a gradual dose reduction was attempted for antianxiety medication for 1 of 5 residents reviewed for medication use. (Resident #20)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #20 was reviewed on 02/06/15 at 1:04 P.M. Resident #20 was admitted to the facility on 11/26/13 with diagnoses, including but not limited to, diabetes, esophageal reflux, hypertension, Alzheimer's dementia, hypertonicity of the bladder, thyroid disease and coronary artery disease.</p> <p>The current medication orders for Resident #20 included the antianxiety medication, Buspirone (Burpar) 5 mg (milligrams) one tablet bid (twice a day) for anxiety. The resident also received the antidepressant medication, Lexapro 20 mg one tablet qd (daily) for anxiety.</p> <p>Resident #20 was observed, on 02/03/14 at 2:30 P.M., ambulating around the facility. She was smiling, conversive and did not appear to be anxious or upset.</p> <p>Resident #20 was observed, on 02/05/15 at 2:45 P.M., ambulating in the hallway holding her left hip. She mumbled about</p>		<p>of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at Peru desires this Plan of Correction to be considered the facility's Allegation of Compliance. Hickory Creek at Peru requests paper compliance for this Plan of Correction. Compliance is effective on February 27, 2015 <u>What corrective action will bedone by the facility?</u> Resident #20 has had a Gradual dose reduction in the Buspar from 5mg. bid to 2.5mg tid on 2/13/15 On 2/18/15 she was placed on Celebrex 100mg atHS for back discomfort with effectiveness being monitored by nurses every shift for 14 days. Resident # 20 will be assessed for further psychotropic medication changes at the next behavior meeting scheduled for 3/13/15. The pain assessment for resident #20 has been updated on 2/19/15 to reflect her current condition. Resident #25 had Remeron discontinued on 1/10/15/ and both Cogentin and Aricept discontinued on 1/17/15. On 2/11/15 the Cogentin 0.5mg which he was receiving at the time of admission, was restarted due to an increase in hand tremors and Aricept 10 mg every HS was restarted on 2/13/15. Assessment of side effects from these recent medication adjustments continues and further reduction of medication may be detrimental to the</p>		

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	<p>someone taking her things but was not overly upset. She did indicate her hip was hurting her.</p> <p>The current care plan for Resident #20 related to her anxiety indicated the resident's anxiety was demonstrated by ongoing pacing and exit seeking behavior and wandering, taking other resident's belongings, going to exits and looking for her husband.</p> <p>During an interview, on 02/08/15 at 1:42 P.M., the Director of Nursing (DON) indicated the Buspar medication had last been decreased in January 2014 from 5 mg tid (three times a day) to 5 mg bid.</p> <p>The Behavior tracking forms for Resident #20 indicated she was being tracked for the following behaviors: Behavior #1 - exit seeking/looking for something familiar, Behavior #2 - going into other resident's rooms and rummaging in their things, Behavior #3 - combative during care- verbal/physical threats towards staff, Behavior #4 - accusing others of things or thinking you are talking about me.</p> <p>The Behavior logs, from February 2014 - February 2015, indicated the resident had 8 documented episodes of exit seeking and all but one were redirectable with the</p>		<p>resident at this time according to the attending Physician, therefore, the Risperdal will be reviewed for GDR at the behavior meeting scheduled for 3/13/15. Participants in the monthly behavior meeting include the Pharmacy Consultant, Nurse Practitioner, Director of Nursing and the Social Service Director. <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> All Residents receiving psychoactive medications have the potential to be affected by this practice. The Social Services Director is conducting a monthly behavior meeting comprised of the interdisciplinary team members including the Consultant Pharmacist and the Nurse Practitioner. All residents with maladaptive behaviors and all residents currently receiving psychoactive medications are reviewed. Recommendations for reductions are made by this team with the Director of Nursing and Social Services Director following up accordingly and then documenting that follow-up in the resident records. If clinically contraindicated letters are needed, the Director of Nursing and/or the social Services Director will follow-up with the Physician to make sure that the appropriate documentation is obtained. The interventions for behaviors on the behavior log and</p>				

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	<p>nonpharmacological behavior interventions. There were no documented behaviors of excessive pacing. There were episodes of combative and/or resistive behavior during care and some episodes of refusing to move chairs in the dining room; however, these were not "anxious" behaviors.</p> <p>During an interview, on 02/08/15 at 1:42 P.M., the DON indicated a GDR (gradual dose reduction) possibility (of the Buspar) was reevaluated in November 2014, and a reduction was "contra indicated." She provided information which indicated the following documentation: "behavior team mtgs [meetings] pharm [pharmacy] recs [records] and chart reviewed. Staff report [Resident's name] is doing well. Occasional redirectable behaviors usual pleasant confusion. Appetite mood sleep are ok. GDRs of Lexapro and Buspar due and clinically contraindicated secondary continued episodic behaviors." When queried as to what episodic anxious behaviors were being observed, the Director of Nursing provided Social Service notes, dated 10/20/14 and untimed, which indicated the following: "Res [Resident] up and pacing more today, going to exits frequently and looking for [spouse's name]. Res's spouse had car trouble in parking lot and</p>		<p>care plan are reviewed and revised by the team as indicated including revisions to the CNA assignment sheets as needed. Follow-up on all recommendations is completed at the next scheduled monthly behavior meeting. The most recent Behavior meeting was completed on 2/13/15 and the next meeting is scheduled for 3/13/15. <u>What measures will be put intoplace to ensure that this practice does not recur?</u> The Director of Nursing presented an inservice on 2/17/15 to all employees retraining on the importance of utilizing the behavior tracking log. The Social Service Director or designee will review the behavior logs five days a week on an ongoing basis to ensure behaviors are documented and addressed in a timely manner. The Director of Nursing and Social Service Director review medication changes 5 days each week in the morning clinical meeting. The information is reviewed with the consultant pharmacist during the monthly drug regimen reviews and behavior meeting to ensure gradual dose reductions are occurring. The Nurse Consultant will attend three monthly behavior meetings beginning 3/13/15 to ensure the committee is addressing behavior needs and drug reduction appropriately. If issues are identified, committee members will be re-trained by the</p>				

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	<p>Resident following him and increased confusion. Resident observed getting into roommates things but was redirected by writer. Staff continue to monitor resident's whereabouts especially when going to exits. No further problems."</p> <p>The Behavior committee notes for 2014, indicated the following: 08/01/14 - "Behavior team mtg, pharm recs, and chart reviewed. Staff report [resident's name] remains confused, is exit seeking and grouchy towards staff. Weight increased. Daytime drowsiness has decreased. On antibiotic for UTI [urinary tract infection]; GDR [gradual dose reduction] Trazadone [an antidepressant with sedating side effects]." Recommendations from the psychiatric nurse practitioner was to increase namanda (a medication to treat dementia).</p> <p>09/05/14 - "Behavior team mtg, pharm recs, and chart reviewed. Staff report [Resident's name] is doing well. Continues to be combative with cares during the night, wanders." Recommendations indicated a GDR for the Trazadone was due and the medication was discontinued.</p> <p>10/03/14 - "Behavior team mtg, pharm recs and chart reviewed. Staff report</p>		<p>NurseConsultant on the facility policy and will monitor re-training effectiveness at subsequent behavior committeemeetings. Once the three months have lapsed, the Nurse Consultant will randomlyattend the behavior meetings at least quarterly. <u>How will corrective action bemonitored to ensure the deficient practice does not recur and what QA will beput into place? _</u> The Social Service Director will report the results of the behavior log review and behavior committeemeeting outcomes at the monthly QA&A meeting for further review andrecommendations. Recommendations will be addressed by the Social Service Director who will report findings at the next monthly behavior meeting. This will continue on an ongoing basis.</p>		

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	<p>[Resident's name] is doing well. Has tolerated GDR/DC [gradual dose reduction/discontinue] of Trazadone. Appetite, mood, and sleep are ok." There were no recommendations documented.</p> <p>11/15/14 - "Behavior team mtgs pharm recs and chart reviewed. Staff report [Resident's name] is doing well. Occasional redirectable behaviors usual pleasant confusion. Appetite mood sleep are ok. GDRs of Lexapro and Buspar due and clinically contraindicated secondary continued episodic behaviors" The recommendation was "GDRs clinically contraindicated noted above."</p> <p>2. The clinical record for Resident #26 was reviewed on 02/05/15 at 9:30 A.M. Resident #26 was admitted to the facility on 07/22/12, with diagnoses, including but not limited to, coronary artery disease, hypertension, peripheral vascular disease, expressive language disorder, Alzheimer's disease, mood disorder, Cerebral Vascular Accident, Brain Injury from an accident in 2010, and Psychosis, non specific and major depression with psychotic features.</p> <p>The current physician's orders for medication included the following psychotropic medications: * Depakote Sprinkles 125 mg</p>				

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	<p>(milligrams) 4 capsules (500 mg) bid (twice a day) for mood * Risperdal 12.5 mg IM (intramuscular injection) q (every) 2 weeks for psychosis.</p> <p>Resident #25 was observed, on 02/05/15 at 1:00 P.M., ambulating by the kitchen door area in the hallway. He was noted to take a fork off of a tray on a 3 shelf cart and carry it back to his room. He looked a little disheveled, his hair was messy and his pant leg was pulled up on one leg, his feet were bare, but he was calm and did not have a distressed look on his face. The Consultant nurse was informed of the observation and she followed resident into his room and retrieved the fork without incident.</p> <p>Resident #25 was observed, on 02/05/15 at 2:00 P.M., ambulating from his room to the kitchen door area. He removed an empty gray storage tub from a cart by the kitchen and proceeded to carry it back to his room. He was very calm and was not combative.</p> <p>Resident #25 was observed, on 02/06/15 at 10:30 A.M., ambulating up to the kitchen door. The FSS (Food Services Supervisor) indicated she had given the resident various snacks as he had repeatedly been to the kitchen door trying</p>						

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	<p>to enter the kitchen. The Administrator, who observed the resident trying to enter the kitchen, was able to gently redirect the resident from the kitchen area back down the hallway. The resident remained calm and was not combative or distressed. The FSS indicated the resident would leave the area when she gave him a snack item.</p> <p>During an interview, on 02/05/14 at 2:15 P.M., the Director of Nursing indicated the resident had a reduction in his antipsychotic medication, Risperdal, from every two week injections to every three week injections on March 07, 2014. She indicated the Risperdal medication was increased back to every two week injections on September 5, 2014.</p> <p>A nursing note, dated 06/10/14, indicated the resident was noted to be "searching carts by the kitchen for food on trays...." He was given a snack to prevent him from taking kitchen supplies off the carts.</p> <p>The Social Service notes, dated 07/11/14, indicated the resident was not exhibiting any changes in his mood and behaviors and the GDR's (Gradual Dose Reductions) appeared to be "effective." A note, dated 07/29/14, indicated the resident was prevented from exiting the building by staff and was monitored by</p>			

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	<p>staff until he left the side exit door area. A note, dated 08/01/14, indicated the resident continued to refuse to be weighed and refused other treatments. The resident's behavior of putting food in areas in his room was discussed and staff were to be educated on how to address this behavior. A note, dated 08/05/14, indicated the resident was up ambulating in the hallways, going to the exits and looking out. The note indicated the resident was to be observed to prevent any problems. A note, dated 08/06/14, indicated the resident was up ambulating by the exit door and had to be redirected away from the door by the Social Service Director. The note indicated the resident's made a face but did not get upset. A note, dated 08/07/14, indicated the resident was ambulating in the hallways, going to the exit doors and looking outside. The resident tried to take other resident's food off of a dietary cart until staff were able to get him to understand his meal tray was already delivered to his room. A note, dated 08/12/14, indicated the resident was "grimacing" when staff were helping him with a shower but was redirected. On 08/21/14, the resident exited the building when a visitor entered, but was redirected by staff to come back into the building.</p> <p>The August 2014 behavior tracking logs</p>						

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	<p>indicated the resident attempted to resist a shower on 08/12/14, but was successful redirected with nonpharmalogical interventions. On 08/21/14, the episode of elopement was documented but the resident was redirected successfully with nonpharmalogical interventions. On 08/31/14, the resident was documented as pacing in the halls and exit seeking, however, the new forms did not indicate any specific information regarding the behaviors and there was no place to document what nonpharmalogical interventions were attempted and if they were successful.</p> <p>The September 2014 behavior tracking logs indicated the resident had one episode of pacing in the halls and 3 episodes of exit seeking but there was no specific information regarding the behaviors and no nonpharmalogical interventions were documented as having been attempted to address the behaviors. On September 4, 2014, the resident had once episode of pacing the halls but there was no specific information and no nonpharmalogical interventions attempted to address the behavior.</p> <p>On September 5, 2014, the Risperdal was increased from q (every) 3 weeks back to q 2 weeks. There was no documentation the resident was pacing to the point of</p>			

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	<p>exhaustion, running over other residents and/or staff as he ambulated in the hallways, or pounding, kicking, or shaking the exit doors to the point of possibly harming himself. There was no documentation to indicate an increase in behaviors which were not easily successfully addressed by nonpharmalogical interventions.</p> <p>3.1-48(a)(4) 3.1-48(b)(2)</p>				