

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155436	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/23/2015
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NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT WINAMAC	STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 13TH ST WINAMAC, IN 46996
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00178159 and IN00178445.</p> <p>Complaint IN00178159-Substantiated. Federal/State deficiencies related to the allegations were cited at F225, F226, and 9999.</p> <p>Complaint IN00178445- Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: July 22 &amp; 23, 2015</p> <p>Facility number: 000414 Provider number: 155436 AIM number: 100288550</p> <p>Census bed type: SNF/NF: 27 Total: 27</p> <p>Census payor type: Medicaid: 21 Other: 6 Total: 27</p> <p>Sample: 7</p>	F 0000	<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 Winamac desires this Plan of Correction to be considered the facility's allegation of Compliance. Compliance is effective 08/15/2015.</p>	

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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F 0225 SS=D Bldg. 00	<p>This deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p>			

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	<p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate allegations of abuse and report allegations of abuse to the Administrator and the Indiana State Department of Health (ISDH), related to allegations of staff to resident abuse, for 1 of 3 residents reviewed for abuse in a total sample of 7. (Resident #B)</p> <p>Finding includes:</p> <p>Resident #B's record was reviewed on 07/22/15 at 7:30 a.m. The resident's diagnoses included, but were not limited to dementia with delusional features and congestive heart failure.</p> <p>A Behavior Log, dated 06/27/15 at 5:10 p.m., and written by LPN #1, indicated the resident was getting upset in the dining room about the meal served and</p>	F 0225	<p>F225 It is the policy of this facility to thoroughly investigate and report allegations of abuse to the Administrator immediately and to the Indiana Department of Health as indicated by state policy.</p> <p>1. <u>What corrective action will be done by the facility?</u> All staff, including department managers, has received training on 08/04/2015 conducted by Denise Tiede, RN DON and Roberta Scott, Administrator regarding the facility policy for reporting any allegation of abuse or neglect that they become aware of to the Administrator immediately which involves any resident. The Administrator has had her role and responsibility to report allegations of abuse to the Indiana State Department of Health reviewed and clarified by the Director of Operations for the facility. The Administrator has reviewed the facility policy with the mental health consultant for</p>	08/15/2015

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	<p>another resident had told Resident #B to, "shut up" and Resident #B was removed from the situation, then asked why she had to leave the dining room. LPN #1 indicated she had knelt down to eye level with the resident and explained to Resident #B she was upsetting other residents and then Resident #B grabbed the LPN #1's hair and raised her other hand to LPN #1's face. The note indicated LPN #1 asked the resident to, "Please let go of her hair", and when the resident noticed other staff members watching, Resident #B started yelling she pinched me and pointed to a bruise on her right upper arm. LPN #1 then explained to Resident #B the bruise was from a PICC (intravenous line), which had been removed and then LPN #1 walked away from the resident.</p> <p>A Behavior Log, dated 06/27/15 at 5:10 p.m., written by CNA #2, indicated she had heard Resident #B yelling at a staff member and had her hand wrapped around the staff member's hair tightly. CNA #2 indicated Resident #B told her and others, her arm was pinched and bleeding.</p> <p>There was no indication the Administrator had been notified of the allegation a staff member had pinched the resident.</p>		<p>reporting any allegations of abuse made by a resident or about a resident to the Administrator immediately. 2. <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 have the potential to be affected by this practice, but there have been no further instances of lack of reporting allegations of abuse to the Administrator or Indiana Department of Health since this survey. In the future, however, if the Administrator becomes aware of any allegation of abuse that has not been reported to her as per facility policy, she will make sure that the resident is safe and well and will notify the physician, family, and Indiana Department of Health. She will also initiate an investigation at that same time. As part of her investigation she will identify any staff member who was aware of or involved in the allegation of abuse and did not report it on a timely basis, as per facility policy. Once that is confirmed through the investigatory process, she will follow up with progressive disciplinary action for the noncompliance. Any staff who was involved and is still employed, will receive re-education on resident rights and the facility abuse reporting policy before that same staff can resume work. If a contracted consultant is identified</p>		

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	<p>A Nurses' Note, dated 06/29/15 at 9:20 a.m., indicated three bruises were noted to the right upper extremity, located in the same area of the PICC line placement.</p> <p>A Nurse's Note, dated 06/30/15 at 2 p.m., indicated, Resident #B was at the Nurses' Station continuing to complain about the bruise on her right upper extremity where the PICC line was placed and Resident #B stated she had been pinched. The note further indicated the bruise had been investigated and the Administrator and Social Service Director had been made aware.</p> <p>During an interview on 07/22/15 at 7:35 a.m., the Administrator indicated the allegation made by Resident #B had not been reported to the ISDH. The Social Service Director indicated the resident saying she had been pinched was discussed in the morning meeting, but had not been reported to the ISDH.</p> <p>A, "Behavioral Medicine Evaluation &amp; Management Note", dated 07/09/15, indicated, "...staff reports patient has increased complaints. Accused a staff member of pinching her. This incident was witness (sic) and the witness said it didn't happen...visit with patient; Patient</p>		<p>as not reporting an allegation of abuse, the Administrator will meet with that consultant as part of her investigation. If the decision is made to continue with services from that consultant, he/she will also be re-educated on resident rights and the facility abuse policy before resuming visiting privileges in the facility again. 3. <u>What measures will be put into place to ensure this practice does not recur?</u> The facility utilizes a guardian angel program manned by the department managers at least 5 days a week. Each one talks with his/her assigned residents and families to ascertain their satisfaction with the services they are receiving. The results of those visits are brought to the morning management meeting that occurs at least 5 days a week for further review and follow up to any outstanding issues. However, if an allegation of abuse is discovered as part of these visits, the manager will notify the Administrator immediately who will follow the process as laid out in question #2. Reports from contracted consultants will be reviewed by the Administrator and the involved department manager when received. If any indication of possible abuse is noted as part of the report, the Administrator will respond immediately. In addition, any written resident or family grievances or concerns will be reviewed by the Administrator and</p>		

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	<p>states that she is getting along well with the staff then later she did discuss her 'run in' with the nurse she said the nurse 'slapped me' and rubbed her hair in the patient's face...then she said the staff member shoved her and pinched her arm leaving a bruise on it...Patient did admit to having a picc (sic) line there..."</p> <p>There was no indication the Administrator or other staff at the facility had been made aware of Resident #B's allegation or the allegation had been investigated.</p> <p>During an interview on 07/22/15 at 7:35 a.m., the Social Service Director indicated the Psychiatric Nurse Practitioner had not reported the allegation of abuse to her. She indicated they had a behavior meeting and this was not discussed. She indicated she had not read the Progress Note. The Administrator indicated she was unaware of the allegation and the allegation had not been reported.</p> <p>This Federal Tag relates to complaint IN00178159.</p> <p>3.1-28(c) 3.1-28(d) 3.1-28(e)</p>		<p>the Interdisciplinary Team (IDT) members when received by the facility. If alleged abuse is identified, the Administrator will respond and follow the process as outlined in question #2. 4. <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 Administrator and/or Social Service Designee will bring any allegations of abuse that have been received, along with the investigation details and results of the investigation to the monthly QAA Committee meeting for review and further recommendations for action if identified. If recommendations for further improvement are received, the Administrator or involved manager will follow up on the recommendations and will report their status at the next scheduled QAA Committee meeting. This process will continue on an ongoing basis.</p>				

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F 0226 SS=D Bldg. 00	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to not immediately reporting allegations of abuse to the Administrator of the facility and not thoroughly investigating allegations of abuse for 1 of 3 residents reviewed for abuse in a total sample of 7. (Residents #B)</p> <p>Finding includes:</p> <p>Resident #B's record was reviewed on 07/22/15 at 7:30 a.m. The resident's</p>	F 0226	<p>F226 It is the policy of this facility to report allegations of abuse to the Administrator immediately so that she can report the allegations to the Indiana Department of Health as indicated by state policy in order to begin a thorough investigation into the incident.</p> <p>1. <u>What corrective action will be done by the facility?</u> All staff, including department managers, has received training on 08/04/2015 conducted by Denise Tiede, RN DON and Roberta Scott, Administrator regarding the facility policy for reporting any allegation of abuse or neglect that they become aware of to the Administrator</p>	08/15/2015

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	<p>diagnoses included, but were not limited to dementia with delusional features and congestive heart failure.</p> <p>A Behavior Log, dated 06/27/15 at 5:10 p.m., and written by LPN #1, indicated Resident #B voiced an allegation LPN #1 had pinched her and caused a bruise on the upper right extremity.</p> <p>A Behavior Log, dated 06/27/15 at 5:10 p.m., written by CNA #2, Resident #B told her and others, her arm was pinched and bleeding.</p> <p>There was no indication the Administrator had been notified of the allegation a staff member had pinched the resident.</p> <p>A Nurses' Note, dated 06/29/15 at 9:20 a.m., indicated three bruises were noted to the right upper extremity, located in the same area of the PICC line placement.</p> <p>A Nurse's Note, dated 06/30/15 at 2 p.m., indicated, Resident #B was complaining about bruises on her right upper extremity and stated she had been pinched.</p> <p>During an interview on 07/22/15 at 7:35 a.m., the Administrator indicated the</p>		<p>immediately which involves any resident. The Administrator has had her role and responsibility to report allegations of abuse to the Indiana State Department of Health reviewed and clarified by the Director of Operations for the facility. The Administrator has reviewed the facility policy with the mental health consultant for reporting any allegations of abuse made by a resident or about a resident to the Administrator immediately. 2. <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 have the potential to be affected by this practice, but there have been no further instances of lack of reporting allegations of abuse to the Administrator or Indiana Department of Health since this survey. In the future, however, if the Administrator becomes aware of any allegation of abuse that has not been reported to her as per facility policy, she will make sure that the resident is safe and well and will notify the physician, family, and Indiana Department of Health. She will also initiate an investigation at that same time. As part of her investigation she will identify any staff member who was aware of or involved in the allegation of abuse and did not report it on a timely basis, as per facility policy. Once that is confirmed through the</p>	

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	<p>allegation made by Resident #B had not been reported to the ISDH. The Social Service Director indicated the resident saying she had been pinched was discussed in the morning meeting, but had not been reported to the ISDH.</p> <p>A, "Behavioral Medicine Evaluation &amp; Management Note", dated 07/09/15, indicated, "...staff reports patient has increased complaints. Accused a staff member of pinching her. This incident was witness (sic) and the witness said it didn't happen...visit with patient; Patient states that she is getting along well with the staff then later she did discuss her 'run in' with the nurse she said the nurse 'slapped me' and rubbed her hair in the patient's face...then she said the staff member shoved her and pinched her arm leaving a bruise on it...Patient did admit to having a picc (sic) line there..."</p> <p>There was no indication the Administrator or other staff at the facility had been made aware of Resident #B's allegation or the allegation had been investigated.</p> <p>During an interview on 07/22/15 at 7:35 a.m., the Social Service Director indicated the Psychiatric Nurse Practitioner had not reported the allegation of abuse to her. She indicated</p>		<p>investigatory process,she will follow up with progressive disciplinary action for the noncompliance.Any staff who was involved and is still employed, will receive re-education on resident rights and the facility abuse reporting policy before that same staff can resume work. If a contracted consultant is identified as not reporting an allegation of abuse, the Administrator will meet with that consultant as part of her investigation. If the decision is made to continue with services from that consultant, he/she will also be re-educated on resident rights and the facility abuse policy before resuming visiting privileges in the facility again. 3. <u>What measures will be put into place to ensure this practice does not recur?</u> The facility utilizes a guardian angel program manned by the department managers at least 5 days a week. Each one talks with his/her assigned residents and families to ascertain their satisfaction with the services they are receiving. The results of those visits are brought to the morning management meeting that occurs at least 5 days a week for further review and follow up to any outstanding issues. However, if an allegation of abuse is discovered as part of these visits, the manager will notify the Administrator immediately who will follow the process as laid out in question #2. Reports from</p>		

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	<p>they had a behavior meeting and this was not discussed. She indicated she had not read the Progress Note. The Administrator indicated she was unaware of the allegation and the allegation had not been reported.</p> <p>During an interview on 07/23/15 at 1:10 p.m., the Administrator indicated the contracted personnel are educated on the facility's abuse policy yearly.</p> <p>A facility policy, dated 02/15, titled, "Resident Mistreatment, Neglect, Abuse &amp; Misappropriation of Property", received from the Administrator as current on 07/23/15 at 12:05 p.m., indicated, "...All reported incidents of alleged violations involving mistreatment, neglect or abuse...are reported to the Administrator immediately, investigated and reported per state and federal law (typically within 24 hours of witness/identification)...All allegations will be thoroughly investigated..."</p> <p>This Federal Tag relates to complaint IN00178159.</p> <p>3.1-28(a)</p>		<p>contracted consultants will be reviewed by the Administrator and the involved department manager when received. If any indication of possible abuse is noted as part of the report, the Administrator will respond immediately. In addition, any written resident or family grievances or concerns will be reviewed by the Administrator and the Interdisciplinary Team (IDT) members when received by the facility. If alleged abuse is identified, the Administrator will respond and follow the process as outlined in question #2. 4. <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 Administrator and/or Social Service Designee will bring any allegations of abuse that have been received, along with the investigation details and results of the investigation to the monthly QAA Committee meeting for review and further recommendations for action if identified. If recommendations for further improvement are received, the Administrator or involved manager will follow up on the recommendations and will report their status at the next scheduled QAA Committee meeting. This process will continue on an ongoing basis.</p>				

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F 9999  Bldg. 00	<p>3.1-13 Administration and management</p> <p>The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) Fires; or (D) major accidents.</p>	F 9999	<p><u>F9999</u> It is the policy of this facility to report unusual occurrences to the Indiana State Department of Health as per facility policy and state agency policy. 1. <u>What corrective action will be done by the facility?</u> The Administrator has had her role and responsibility to report unusual incidents, including when a resident receives sutures for a laceration to the Indiana State Department of Health, reviewed and clarified by the Director of Operations for the facility. The Director of Nursing will review the reportable incident guidelines with the charge nurses by 08/04/2015 so that they will know to notify the Administrator of any unusual incidents which will require further investigation and reporting to the</p>	08/12/2015

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	<p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report an unusual occurrences to the Indiana State Department of Health (ISDH), related to a resident who had fallen and received sutures to his fractured nose for 1 of 3 residents reviewed for unusual occurrences in a total sample of 7. (Resident #B)</p> <p>Finding includes:</p> <p>Resident #C's record was reviewed on 07/22/15 at 5:45 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and adenocarcinoma.</p> <p>A Nurses' Note, dated 07/16/15 at 4:30 a.m., indicated, "...Writer took hold of w/c (wheelchair) to turn res (resident) and he just threw himself to the floor...laceration on bridge of nose big hematoma above rt (right) eye and a (sic) abrasion to rt cheek..."</p> <p>The Emergency Physician Record, dated 07/16/15 at 6:10 a.m., indicated the resident had a nasal fracture.</p> <p>A Nurses' Note, dated 07/16/15 at 1 p.m.,</p>		<p>Indiana Department of Health.</p> <p>2. <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 have the potential to be affected by this practice. The Director of Nursing or designee will review the results of resident incidents and any subsequent visit to ER for treatment, upon return of the resident to the facility. They will report the incident and outcome to the Administrator, including those that involve sutures, sustaining fractures, or other unusual incidents as outlined in the ISDH and facility policy for reporting of incidents. She, in turn will report as required to ISDH. Once reported, the Administrator will start an investigation of the incident and will maintain the results of that investigation when completed. She will follow up with a 5 day report to the ISDH, detailing the results of her investigation, as required.</p> <p>3. <u>What measures will be put into place to ensure this practice does not recur?</u> The DON or designee will bring the 24 hour report, focus charting, and any reports of unusual occurrences to the interdisciplinary management meeting that occurs at least 5 days a week for review of any resident-related issues or incidents. The Administrator will follow up with any further</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155436		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/23/2015	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT WINAMAC				STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 13TH ST WINAMAC, IN 46996			
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	<p>indicated the resident had returned to the facility from the Emergency Room. The Note indicated, "...(R) (right) eye 5 cm (centimeter) x 2 cm, abrasion to (r) lower (arrow down) eye 3 cm x 2.2 cm, dressing noted to bridge of nose 0/ (not) to be removed until 07/17/15...BID (twice daily) cleanse area then apply antibiotic ointment x 8 days then remove sutures..."</p> <p>During an interview on 07/23/15 at 1:10 p.m., LPN #3 indicated the resident had sutures on the bridge of his nose. The Administrator indicated she was unaware of the sutures. She indicated the unusual occurrence had not been reported to the ISDH.</p> <p>A facility policy, dated 02/10, titled, "Accident/Incident/Reportable/State Officials-Indiana", received as current from the Administrator on 07/22/15 at 7 a.m., indicated, "...The Administrator designee will report all incidents, accidents, and other unusual occurrences to the Indiana State Department of Health (ISDH, in accordance with the ISDH, Division of long Term Care, Policy and Procedure for 'Reportable Unusual Occurrences'...6. Significant Injuries...any size laceration that requires sutures..."</p> <p>This Federal Tag relates to complaint</p>		<p>reporting or action that she believes is necessary based on the review of the IDT at that time, and she will document what she has done as part of the investigation of the incident itself.</p> <p>4. <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 DON or Administrator will bring any unusual incidents, including those requiring further treatment for the involved resident(s), along with the investigation and ISDH report to the monthly QAA Committee for review and process improvement discussion. Any recommendations will be followed up by the department manager assigned or involved in the process change, and he/she will bring the results of the process improvement efforts back to the next QAA Committee for review. This will continue on an ongoing basis.</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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