

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2013
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT CONNERSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 N GRAND AVE CONNERSVILLE, IN 47331
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F000000	<p>This visit was for the Investigation of Complaint IN00134942.</p> <p>This visit resulted in a partially extended survey-immediate jeopardy.</p> <p>Complaint IN00134942-Substantiated. Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: August 21 and 22, 2013 Extended survey date: August 23, 2013</p> <p>Facility number: 000319 Provider number: 155434 AIM number: 100286530</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 28 Total: 28</p> <p>Census payor type: Medicare: 2 Medicaid: 23 Other: 3 Total: 28</p> <p>Sample: 5</p>	F000000		

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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	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 27, 2013, by Janelyn Kulik, RN.</p>			

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F000309 SS=K	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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 interview and record review, the facility failed to ensure availability of cardiopulmonary resuscitation (CPR) certified staff on each shift for residents identified as "full codes," or who wish to have full resuscitation in the event of a cardiopulmonary arrest. Additionally, the facility failed to ensure a resident, indicated as a full code, was provided with CPR when the resident became unresponsive and without a heart beat and without respirations for 1 of 1 residents reviewed who were found unresponsive. This deficient practice has the potential to adversely affect the current 4 of 26 residents identified as full codes. (Resident #A)</p> <p>The Immediate Jeopardy (IJ) began on 8-16-13 when the Director of Nursing (DON) did not perform CPR on a resident who, identified as to be a full code, became unresponsive and without a heart beat and without respirations. The resident was found by facility staff at 3:45 p.m. and</p>	F000309	<p>This Plan of Correction constitutes the written allegation and notice 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. Accordingly, this Plan of Correction shall not be deemed to be an admission to or agreement with the deficiencies alleged in this survey report (2567). This Plan of Correction is submitted to meet requirements established by State and Federal law. Please note this complaint survey was a result of a self reported incident that was reported to the ISDH on 8/17/13 by the Administrator of Hickory Creek at Connorsville. After reviewing the 2567 please note the following corrections – page #2 paragraph 3 should read 5 of 10 licensed staff instead of 4 of 10. Also on page #4 paragraph 4 should read 5 of 10 licensed staff instead of 4 of 10. On page #7 paragraph 3 the hours of CPR certified staff coverage should read: - on 8-16-13, 9.96 hours - on</p>	08/24/2013	

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	<p>notified the DON. Record review and interview indicated only 4 of 10 licensed staff were currently certified in CPR. There was no CPR certified staff called to the aide the unresponsive resident. The Administrator was notified of the IJ on 8-22-13 at 11:15 a.m. The immediate jeopardy was removed on 8/23/13, but noncompliance remained at the lower scope and severity level of a patten, no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 8-21-13 at 3:40 p.m. It indicated her diagnoses included, but were not limited to chronic ischemic heart disease, high blood pressure, peripheral vascular disease and diabetes.</p> <p>The clinical record indicated she was designated as a "full code." A physician's telephone order, dated 10-18-11 indicated, "Code Status: full code per resident/family request." An electronic mail (email) communication, dated 10-17-11 at 11:32 a.m. from the DON to the resident's power-of-attorney (POA), indicated the resident had returned</p>		<p>8-17-13, 16 hours - on 8-18-13, 16 hours - on 8-19-13, 17.71 hours - on 8-20-13, 10.48 hours - on 8-21-13, 23.55 hours - on 8-22-13, 19.5 hours - on 8-23-13, 24 hours which was correct on the 2567. F309 It is the policy of this facility that residents receive the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being, including the provision of CPR for residents designated as "full code" recipients. In that regard, this nursing facility has CPR-Certified staff and policies and procedures on CPR initiation. What corrective action will be done by the facility? The Administrator re- in serviced all nurses and nursing assistants on 8/16/13 regarding the facility policy designating the method of identifying residents who have a "full code" status, as well as, the expected licensed nurse response upon finding a resident who is in cardiac arrest, (see attachment #1). All nurses and nursing assistants currently on the schedule received this information on 8/16/13. All other nurses and nursing assistants not working on 8/16/13 have been contacted and have now been re-educated as well. The Director of Nursing received counseling for not following facility full code policy. The Director of</p>	

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	<p>from a hospital stay with her code status listed as "Full Code," whereas it had previously been listed as "Do Not Resuscitate (DNR)." The DON requested clarification of the POA's desire for Resident #A's code status. In a reply via email from the POA to the DON, dated 10-17-11 at 11:54 a.m., the POA indicated, "Let's maintain full code." Subsequent documentation, including the August, 2013 recapitulation orders for Resident #A indicated the code status was "full code," and indicated on her care plan, most recently updated on 6-6-13.</p> <p>Nursing notes indicated on 8-16-13 at 3:45 p.m., the resident was found by a facility CNA to be unresponsive and cool to touch. The CNA sought the assistance of the DON, who assessed the resident and found her to be unresponsive, without a heart beat and without respirations. Nursing notes indicated the DON notified the attending physician of her assessment and CPR had not been initiated and indicated the attending physician, "agreed that no CPR was to be initiated."</p> <p>In an interview with the DON on 8-21-13, she indicated she thought Resident #A was listed as a DNR and</p>		<p>Nursing was also re-educated on her responsibilities related to tracking nurse CPR Certification per Full Code Policy. The CPR Policy, Full Code Policy, and Advance Directive Policy were reviewed with the Director of Nursing as part of her re-education. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? All residents with "full code" designations have the potential to be affected by this practice. All residents who have a full code designation are listed at the nurses' station and their charts and door entries both are marked with Black and Green colored dots / flowers. No other residents have been adversely affected by this practice. What measures will be put into place to ensure that 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" has been placed at the nurses' station and will be checked at least weekly by the Director of Nursing 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</p>	

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	<p>did not verify the resident's code status and did not initiate CPR. She indicated it was not until later that she found the full code status in the resident's clinical record. She indicated, "I simply messed up."</p> <p>In review of an initial incident report submitted via email on 8-17-2013 at 1:29 p.m. by the facility to the Indiana State Department of Health (ISDH), the report indicated on 8-16-13 at approximately 3:45 p.m., Resident #A was found cold and unresponsive. The DON was summoned to the resident's room by staff CNA's. Upon assessment by the DON, the resident was unresponsive, pulseless, without respirations and cold to touch. She notified the attending physician of her findings and did not initiate CPR. The resident was listed as a full code. It indicated the resident expired.</p> <p>In review of the facility's staff with current CPR certification, 4 of 10 licensed nurses were documented as having current certification in CPR. Additionally, one part-time Occupational Therapist and one full-time CNA also provided documentation of current CPR certification. In an interview with the Administrator on 8-22-13 at 9:05 a.m., she indicated the Director of Nursing</p>		<p>hours to make sure that this designation has been communicated as per policy. On 8/16/13, 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 yearly after that. The facility "General Orientation" to all staff now includes full code policy and</p>	

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	<p>(DON) was responsible for tracking CPR certifications and this had not been done. She indicated, until the last week, there had been no inservice education regarding CPR or advance directives for over 6 months. At the time in which Resident #A was found unresponsive by facility staff, the only CPR certified staff person in the building was the part-time Occupational Therapist, but her time card indicated she had clocked out 1 minute after the resident was found unresponsive. Nursing notes and staff interviews did not indicate the Occupational Therapist was made aware or responded to the event.</p> <p>In an interview with the DON on 8-21-13 at 5:10 p.m., she indicated she previously had been a CPR instructor, but that certification had lapsed several years ago.</p> <p>In an interview with CNA #1 on 8-23-13 at 11:47 a.m., she indicated she was working on the afternoon shift of 8-16-13. She indicated at approximately 2:30 p.m. on 8-16-13, while she was passing fresh ice water, Resident #A smiled at her and spoke with her. She indicated she observed Resident #A taking several sips of water at that time. She indicated the resident "seemed like</p>		<p>orientation to the meaning of green and black dot stickers. On 8/19/13 an audit of all licensed nurses CPR certification was completed. All nurses who had CPR certification that had expired were re-trained on 8/22/13 and are now CPR certified. A system for monitoring CPR certification expiration dates has been put into place which includes a calendar reminder, and will be the responsibility of the DON to ensure on a monthly basis that all nurses currently on the schedule are in fact CPR certified. The attached form (Attachment #2) will be brought to the monthly QA Meeting to review all nurse CPR Certifications as a Committee. The Business Office Manager will has also been in-serviced on tracking of employee CPR certifications and will be responsible to review employee file upon hire and ensure a copy of the CPR certification is placed in the employee file as well as a copy in the certification binder. The Business Office Manager will be expected to review CPR certification expiration dates on a monthly basis and report to the Administrator any issues. Upon interview of any potential nurse, CPR certification will be questioned and explained as a requirementfor employment. Any newly hired nurse will not be put on the nursing schedule until a copy of current CPR certification</p>		

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	<p>her normal self." She indicated between 3:30 p.m. and 4:00 p.m., the other CNA working with her called her into Resident #A's room. She indicated she found Resident #A cool to touch, blue in color and unresponsive. She indicated the nurse working that evening was with another resident and the DON was close by and responded to her call. She indicated she observed the DON check the resident's chest with her stethoscope. She indicated the DON did not perform CPR on Resident #A. She indicated she was aware that Resident #A was a full code, "because she had a green dot on the outside of her chart [clinical record] and it was on the aide assignment sheet." She indicated she, "didn't give it much thought, I guess, about not doing the CPR because she was already cold when we found her and she [the DON] talked to the doctor about it."</p> <p>In an interview with RN #2 on 8-23-13 at 11:11 a.m., she indicated she was working on the afternoon Resident #A passed away. She indicated she was busy with another resident at the time the resident was found unresponsive and the DON responded. She indicated at the time of Resident #A's passing, the facility was not utilizing</p>		<p>is obtained. How will corrective action be monitored to ensure the practice does not recur and what QA will be put into place? The Administrator and Director of Nursing will interview nurses at random on varied shifts at least two times a week for the next month, as well as checking the "full code" list of residents and the identification stickers of each resident chart and name plate. Four nurses will be interviewed per week ensuring all nurses on staff will be interviewed each month. The facility currently has ten nurses on staff. The ADM and DON will be responsible to keep track of nurses interviewed to ensure all ten nurses as well as any newly hired nurses are interviewed each month. ADM and DON will document the results of their interviews and audits as they occur on the attached form (attachment #3). Questions will include - what is our facility policy for full code, what does a green dot mean, what does a black dot mean, where is the list of full code residents located? The questions will be tailored to current residents and the question will be written on the QA question form which is attached (attachment #3). At the completion of the first month, ADM & DON will interview nurses at random on all shifts, along with the "full code" list and identification stickers one time a week for a 2nd month. The</p>	

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	<p>color coded stickers on the resident's doorframes, but were using them on the outside of the resident's clinical record to identify the resident's code status. She indicated the resident's code status is also included in the resident's clinical record under physician orders and advance directives.</p> <p>In an interview with the Occupational Therapist on 8-23-13 at 2:35 p.m., she indicated she was working on the afternoon of 8-16-13. She indicated she was in the hallway near the nurse's station when she observed CNA #1 with a panicked look on her face. She indicated she overheard CNA #1 speak Resident #A's name to the DON. She indicated the DON went directly to Resident #A's room and closed the resident's door. She indicated she observed the DON taking her stethoscope into the resident's room. She indicated "No one told me what was going on or asked me for help." She indicated she clocked out shortly thereafter and left the facility.</p> <p>In an interview with CNA #2 on 8-23-13 at 11:30 a.m., she indicated she was aware, prior to Resident #A's passing, that she was listed as a full code because of the colored dot on</p>		<p>results of the audits and interviews will be brought to the monthly QA Committee meeting for review and recommendation. Nurse interviews and auditing of the resident "full code" list after the 2nd month will be done at a frequency determined by the QA Committee. Date of Compliance: 8/24/13</p>		

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	<p>the outside of the resident's clinical record, as well as that information was located on the aide assignment sheet.</p> <p>In an interview with RN #1 on 8-22-13 at 9:05 a.m., she indicated the facility had utilized a system of color coding for the outside of each resident's clinical record, as well as for doorway to each resident's room "for a long time" to identify the resident's code status. She indicated a listing of each resident's code status was routinely maintained in the front of the "Hot Charting" binder.</p> <p>In review of the "as worked" nursing schedule for CPR trained staff, as well as the Occupational Therapist, coverage, as for 8-16-13 to 8-23-13 was as follows:</p> <ul style="list-style-type: none"> - on 8-16-13, there were 17 hours of CPR-certified staff coverage. - on 8-17-13, there were 10 hours of CPR-certified staff coverage. - on 8-18-13, there were 10 hours of CPR-certified staff coverage. - on 8-19-13, there were 10 hours of CPR-certified staff coverage. - on 8-20-13, there were 11 hours of CPR-certified staff coverage. - on 8-21-13, there were 15.25 hours of CPR-certified staff coverage. - on 8-22-13, there were 21 hours of 			

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	<p>CPR-certified staff coverage.</p> <p>- on 8-23-13, there were 24 hours of CPR-certified staff coverage.</p> <p>Each day during this time period, a minimum of one resident resided in the facility who was identified as a "full code."</p> <p>On 8-21-13 at 3:35 p.m., the Administrator provided a copy of a policy entitled, "Cardio-Pulmonary Resuscitation (CPR) for Adults." This policy was identified as the current policy in use by the facility. This policy indicated, "Cardio-Pulmonary Resuscitation (CPR) will be performed by trained personnel only. CPR will be performed on all residents, unless the physician has ordered otherwise. CPR will not be stopped for more than 5 seconds unless: the resident revives, a physician, EMT or other qualified person assumes responsibility, or you are unable to continue due to physical exhaustion and there is no trained person to relieve you...Begin CPR immediately if the resident/patient has: a) no pulse; b) no respiration; c) unresponsiveness; d) no physician order for DNR [do not resuscitate.]"</p> <p>On 8-21-13 at 3:35 p.m., the Administrator provided a copy of a</p>			

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	<p>policy entitled, "Full Code Directives." This policy was identified as the current policy in use by the facility. This policy indicated, "It is the policy of this facility that CPR (cardio-pulmonary resuscitation) will be performed on all residents who have indicated they wish to receive CPR. CPR will be initiated as soon as the nurse has assessed the resident does not have respirations or a pulse...For those residents who have designated a "full code" status (requesting CPR), the facility will utilize a colored sticker on the outside of the resident' medical record. They will also place the same colored sticker on the name plate outside the resident's room. The facility will designate the color and type of sticker to be used below. A list of residents who have a "full code" designation will also be maintained at the nurse's station and will be checked weekly by the Director of Nursing to make sure it is current...On a quarterly basis, the care plan team will review the resident's code status as part of the care plan conference...The nurse will initiate CPR immediately when he/she observes a resident who has been designated as a "full code" without respirations and pulse. "911" will be called by another staff member as directed by the nurse who is</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>administering CPR. The physician will be notified immediately and informed of the resident's condition. CPR will be continued until a physician stops the procedure, until an EMT or someone as qualified or better qualified than the nurse relieved the nurse or until the victim regains adequate circulation and respirations...All RN's and LPN's will be CPR certified...The facility will arrange for CPR training for all nurses who are not CPR certified, or who need to have their CPR status renewed...The Director of Nursing will monitor the CPR status of each nurse by means of a tracking system..."</p> <p>On 8-21-13 at 3:35 p.m., the Administrator provided a copy of a policy entitled, "Advance Directives." This policy was identified as the current policy in use by the facility. This policy indicated, "...Nursing staff will be educated at least yearly on the facility policy regarding advance directives..."</p> <p>The immediate jeopardy that began on 8-16-13 was removed on 8-23-13 at 3:10 p.m. when the facility ensured all licensed nursing staff were currently CPR certified, including a tracking system for monitoring CPR certification status of all licensed</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155434	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2013
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	<p>nursing staff on a regular basis, an identification system was put into place to be able to identify the code status of all residents and inservice education was completed for all licensed nursing staff regarding full codes, advance directives and CPR. Post inservice interviews were conducted with 3 licensed nurses and 2 CNA's regarding identification of code status and what to do in the event of finding a resident who is unresponsive and without a heart beat and without respirations. Observation indicated each resident's clinical file and each resident's nameplate on their door was identified by the corresponding colored sticker which was in agreement with each resident's code status, as well as a listing of each resident and their code status in the front of the facility's "hot charting" or "focused charting" binder. Even though the facility's corrective action removed the IJ, the facility remained out of compliance at a reduced scope and severity level of pattern, no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>3.1-37(a)</p>			

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

PRINTED: 09/16/2013

FORM APPROVED

OMB NO. 0938-0391

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