

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/14/2015
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SUNSET	STREET ADDRESS, CITY, STATE, ZIP CODE 1109 S INDIANA ST GREENCASTLE, IN 46135
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 7 - 9, 13 & 14, 2015</p> <p>Facility Number: 000418 Provider Number: 155565 AIM Number: 100274870</p> <p>Census bed type: SNF/NF: 39 Total: 39</p> <p>Census payor type: Medicare: 7 Medicaid: 30 Other: 2 Total: 39</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, 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 the requirements established by state and federal law. Hickory Creek At Sunset desires this Plan of Correction to be the facilities Allegation of Compliance. The date of compliance is effective August 4, 2015. At this time, we would like to request a desk review for paper compliance.</p>	
F 0241 SS=D Bldg. 00	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</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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	<p>Based on observation, interview, and record review, the facility failed to ensure residents were provided a dignified dining experience for 2 of 3 dining observations. (Residents #38, #49, and #12)</p> <p>Findings include:</p> <p>1. On 7/13/15 at 12:23 p.m. four residents were seated together at a table in the main dining room. Residents #49 and #38 were not served meals at the same time peers meals were served. Peers consumed a large portion of their meal before Residents #49 and #38 were served.</p> <p>2. On 7/14/15 at 12:14 p.m., during a dining observation in the assisted dining room, Resident #12 was observed at a table with three other residents and two staff. Resident #12 was not served food at the same time as her peers. The Social Service Director (SSD) assisted Resident #12's peers with their meals while Resident #12 sat at the table without food. The SSD asked RN #3 why Resident #12's tray had not been served. RN #3 requested a tray from the kitchens serving area. Resident #12's tray was served at 12:24 p.m.</p> <p>On 7/14/15 at 4:00 p.m., during an interview, the Administrator indicated</p>	F 0241	<p>It is the policy and standard of practice that this facility promotes care for residents in a manner and in an environment that maintains and enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p><u>1. What corrective action will be done by the facility?</u> Resident's #49, #38, and #12 have been addressed by reorganization of the delivery of the meal to all residents, serving each table completely before serving another table.</p> <p><u>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?</u> All residents have the potential to be affected. All staff, including dietary staff, have been inserviced and re-educated to providing a dignified dining experience by serving all residents at a table completely, before serving another table.</p> <p>If any manager or charge nurse observe that any resident is not served at the same time as his/her tablemates, the manager or nurse will intervene at that time and make sure that the resident is served as per policy. Once the resident is taken care of, the manager or nurse will re-train the staff in attendance in the dining room at that time regarding the facility policy for serving residents</p>	07/31/2015

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	<p>staff were trained how to serve trays during general facility orientation. She indicated the training included, but was not limited to, serving residents at a table completely before they served another table.</p> <p>3. On 7/8/15 at 1:06 p.m., during a dining observation in the assisted dining room, CNA #2 assisted Resident #12 with her meal. Six residents and four staff were present in the dining area. LPN #1 was seated at another table and identified Resident #12 by name in a loud voice and indicated the resident was unable to answer questions because she didn't speak. CNA #2 then stated, "If you can speak the resident's language, you may be able to understand her."</p> <p>On 7/13/15 at 12:26 p.m., review of Resident #12's medical record indicated:</p> <p>The resident diagnoses included, but were not limited to, Alzheimer's disease and anxiety.</p> <p>The resident's Annual Minimum Data Set Assessment (MDS) dated 5/5/15, indicated the resident had severe cognitive deficit.</p> <p>Review of a document titled, "Social Service MDS Supportive Documentation</p>		<p>at the same table at the same time. Continued noncompliance will be addressed through progressive counseling and retraining.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u> A seating chart was drafted, according to resident preference of seat/table choice. Meal delivery will be served in accordance with the chart from the kitchen. Each table will be completely served before serving the next table. In addition, Meal Managers, consisting of Departmental Staff, will monitor proper meal delivery during the noon and dinner meal, as assigned, for compliance. If any issues or concerns arise regarding the serving of residents as per policy, the manager will address the situation as indicated in question #2.</p> <p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The Dietary Manager will perform audits of random meal service, 5x a week for 4 weeks, 3x a week for 3 weeks and at least weekly thereafter. Audits will be presented weekly in Standards of Care meeting for review. Monthly updates will be presented to the Quality Committee for the next 3 months. After two</p>		

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F 0242 SS=D Bldg. 00	<p>Tool," dated for observation period 7/29/14 to 8/4/14, indicated the resident's speech clarity was "word salad" and was not understandable.</p> <p>A current document titled, "Resident Rights Under Federal Law," was provided by the Administrator on 7/14/15 at 3:45 p.m. The document indicated, "The Resident has a right to a dignified existence...inside and outside the nursing home."</p> <p>3.1-3(t)</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to ensure resident's preferences for showering was maintained for 2 of 3 residents reviewed who met the criteria for choices (Resident #38 and #40).</p> <p>Findings include:</p>	F 0242	<p>consecutive quarters of compliance, audits may be modified by the Quality Assurance Committee or stopped; however, the Meal Managers and charge nurses will continue to monitor the meal service at each meal on an ongoing basis.</p> <p>Completion Date: July 31, 2015</p> <p>It is the policy and standard of practice that this facility ensures resident's preferences for showering.</p> <p><u>1. What corrective action will be done by the facility?</u></p> <p>Resident #40 and #38 were interviewed for their preference of how many times they preferred a shower. Preferences were documented on the facility Resident Preferences</p>	08/04/2015	

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	<p>1. On 7/08/15 at 10:35 a.m., during an interview, Resident #40 indicated the facility staff indicated to him he would receive a shower two times a week. He indicated he had never been asked how many times a week he preferred a shower.</p> <p>On 7/13/15 at 3:10 p.m., during an interview, the Social Services Director (SSD), indicated she had never asked any resident the number of showers per week they preferred.</p> <p>On 7/9/15 at 2:34 p.m., review of Resident #40's medical record indicated the resident's Quarterly Minimum Data Set Assessment (MDS) dated 3/27/15, indicated the resident had no cognitive deficit.</p> <p>A document titled, "Resident Interview & Resident Observation," dated 3/2013, provided by the SSD on 7/14/15 at 10:43 a.m., and identified as current, indicated in the section titled, "Resident Interview: Choices," the resident had not chosen how many times a week he preferred a bath or shower. The document indicated the resident preferred to shower every-other-day.</p> <p>Review of a current document, provided by the Staff Development Coordinator</p>		<p>interview sheet and added to the CNA Assignment sheet and Care Plans will be updated accordingly.</p> <p><u>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?</u> All residents have the potential to be affected. Although the MDS section noting preferences, Section F, is completed with compliance, for all residents, the assessment does not address number of showers a resident prefers. The facility has created an additional, Resident Preferences interview to promote the resident right to make choices. Results of the interview will be added to the CNA Assignment sheet as a guide for providing care. Care Plans will be initiated and/or updated, as well.</p> <p><u>3.What measures will be put into place to ensure this practice does not recur?</u> All current residents will be interviewed using the Resident Preference facility interview. Upon admission, residents will be interviewed by the Social Service Director using the Resident Preferences facility interview. Results of the interview will be added to the CNA Assignment Sheet and Care Plans will be initiated for guidance of providing care by staff members for each resident respectively.</p>		

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	<p>(SDC) on 7/14/15 at 11:55 a.m., titled, "CNA Assignment Sheet," updated 7/10/15, indicated the resident's shower days were day shift on Wednesday and Saturday.</p> <p>2. Resident #38 was interviewed on 7/8/15 at 1:21 p.m. During the interview, the resident indicated she had not been asked about her preferences for the number of showers per week.</p> <p>A Minimum Data Set (MDS) admission assessment, dated 4/22/15, indicated it was very important to the resident to choose the type of bath she preferred. The assessment did not address the preference for the number of showers/baths.</p> <p>The Social Service Director (SSD) was interviewed on 7/14/15 at 10:43 a.m. The SSD indicated she was responsible for completing the preference for customary routines on the MDS assessments. She indicated it did not include asking residents how many times a week they preferred to bathe.</p> <p>An assignment sheet, dated 7/13/15, provided by LPN # 4, on 7/14/15 identified as utilized by the nursing staff as a guide for providing care, indicated Resident #38 required assistance of one for bathing and received showers on day shift Tuesday and Friday.</p>		<p>During scheduled care plan conferences each resident's preferences for bathing frequency will be checked at that time. If his/her choice remains the same, nothing more will be done; however, if it has changed, the CNA Assignment Sheets and the resident's care plan will be updated accordingly.</p> <p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>The Director of Nursing or her designee will perform audits of random shower preferences, 5x a week for 4 weeks, 3x a week for 3 weeks and at least weekly thereafter. Audits will be presented weekly in Standards of Care meeting for review. Monthly updates will be presented to the Quality Committee for the next 3 months. After two consecutive quarters of compliance, audits may be modified by the Quality Assurance Committee.</p> <p>Completion Date: August 4, 2015</p>	

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	A current document titled, "Resident Rights Under Federal Law," was provided by the Administrator on 7/14/15 at 3:45 p.m. The document indicated, "The Resident has the right to choose activities, schedules,...consistent with his or her interests...." 3.1-3(p)(2)						