

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 04/29/2012
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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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F0000	<p>This visit was for the Investigation of Complaint IN00106647.</p> <p>Complaint IN00106647- Substantiated. State deficiency related to the allegations cited at F9999.</p> <p>Survey date: April 29, 2012</p> <p>Facility number: 000414 Provider number: 155436 AIM number: 100288550</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF/NF: 28 Total: 28</p> <p>Census payor type: Medicare: 1 Medicaid: 22 Other: 5 Total: 28</p> <p>Sample: 5</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 30,</p>	F0000		

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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	2012 by Bev Faulkner, R.N.				

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F9999	<p>STATE FINDINGS</p> <p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>(m) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that services furnished to residents by a person or agency outside the facility under a written agreement. Such agreements pertaining to service furnished by outside resources must specify, in writing, that the facility assumes responsibility for the following:</p> <p>(3) Orientation to pertinent facility policies and residents to whom they are responsible.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure orientation to the facility policies and procedures was provided to Agency nursing staff prior to providing care and services to residents at the facility for (8) Agency CNA's and (3) Agency LPN's who recently worked in the facility between 3/1/2012 and 4/4/2012. (Agency CNA's #1, #2, #3, #4, #5, #6,</p>	F9999	<p>It is the policy of this facility to complete the appropriate orientation for outside agency personnel. All agency staff currently being utilized by facility have received proper orientation with orientation paperwork placed in their files. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? There have been no residents affected: however in the event that agency staff must be utilized, it will be the responsibility of the Administrator or designee to ensure the facility orientation is completed for the individual scheduled to work before that person can provide care or services in the facility. What measures will be put into place to ensure that this practice does not occur? Files of agency nursing staff have been reviewed and orientation has been completed. When the agency provides the names of individuals scheduled to work, the administrator or designee will ensure that all required orientation information is provided and completed paperwork placed in the individual's file. How will the corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place. The Administrator or designee will provide names of all</p>	05/12/2012			

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	<p>#7, & #8) (Agency LPN's #1, #2, & #3).</p> <p>Finding include:</p> <p>The facility staffing schedules for 3/1/12 through 4/4/12 were reviewed on 4/29/12 at 2:00 p.m. The schedules indicated Agency staff worked the following shifts:</p> <p>CNA #1 3/29/12 -Second shift CNA #2 3/23/12-Second shift 3/22/12-First & Second shifts 3/21/12-Second shift CNA #3 3/18/12-Second shift CNA #4 3/09/12-First shift CNA #5 3/10/12-Second shift 3/30/12-Second shift 3/11/12-First & second shifts 4/01/12-Second shift CNA #6 3/09/12-Second shift CNA #7 3/08/12-Second shift CNA #8 3/31/12-Second shift 4/01/12-Second shift 4/02/12-Second shift</p>		<p>agency staff scheduled in the previous month to the monthly QA&A meeting. The committee will review for compliance and completeness. Recommendation will be followed-up on by the administrator or designee. This will continue for 90 days and 100% compliance is obtained. Further monitoring of the agency orientation files will be completed as recommended by the QA&A committee. Date of compliance:5/12/2012</p>				

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	<p>LPN #1 3/31/12-Second & Third shifts 4/01/12-Second & Third shifts 4/04/12-Second & Third shifts</p> <p>LPN #2 3/23/12-Third shift</p> <p>LPN #3 3/30/12-Third shift</p> <p>Review of the "Orientation of Agency Certified Nursing Assistant" forms indicated the facility staff did not sign or complete the forms indicating the Agency staff had been orientated to the facility. Areas included on the form that was to be completed included resident rights, needs of specialized populations, review of job duties and assignments, infection control policies, and instructions for the use of specific equipment such as Hoyer lifts, scales, and bathing equipment. The "Orientation of Agency Certified Nursing Assistant" for CNA's #7, #5, & #4 were not signed by a facility staff member prior to the CNA working at the facility. There were no "Orientation of Agency Certified Nursing Assistant" forms completed for CNA's #1, #2, #3, #6, & #8.</p> <p>Review of the "Orientation of Agency Nurse" forms indicated the facility staff were to sign the forms which indicated the Agency staff had been orientated to</p>						

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	<p>the facility. Areas included on the form were resident rights, review of assignments, infection control, location of facility policy/procedure manuals for reference, and transcription of physician orders. There were no "Orientation of Agency Nurse" forms for LPN'S #1, #2, & #3.</p> <p>When interviewed on 4/29/12 at 2:55 p.m., the facility Administrator indicated the protocol is for our facility staff to provide an orientation to each Agency staff member prior to the Agency staff member starting their assignments. The Nurse on duty was to sign the "Orientation of Agency Nurse" and the "Orientation of Agency Certified Nursing Assistant" forms for each Agency staff member. The Administrator indicated she did not have the completed forms for all the Agency staff above. The Administrator indicated she was responsible for the forms to be completed.</p> <p>When interviewed on 4/29/12 at 5:20 p.m., the facility Administrator indicated they do not have contracts with the business they use for Agency staff. The Administrator indicated the above listed staff did work at that facility and she could not obtain the required forms for the employees.</p>			

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	This state tag relates to Complaint IN00106647. 3.1-13(m)(3)			