

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 07/01/2014
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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 the Investigation of Complaint IN00151312.</p> <p>Complaint IN00151312 – Substantiated, Federal/State Deficiency related to the allegations is cited at F–353.</p> <p>Survey Date: June 30 & July 1, 2014</p> <p>Facility number: 000475 Provider number: 155406 AIM number: 100290540</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF/NF: 34 Total: 34</p> <p>Census payor type: Medicaid: 29 Other: 5 Total: 34</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p>	F000000	<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 Peru desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on July 25, 2014...</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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F000353 SS=E	<p>Quality review completed on July 2, 2014 by Randy Fry RN.</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on record review and interview the facility failed to ensure 3 of 7 residents interviewed were provided showers and failed to ensure 1 of 7 residents interviewed was toileted timely as was written in their plan of care.</p> <p>Finding Includes:</p>	F000353	F353 It is the standard of this facility that sufficient nursing staff is provided to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident per their care plan. 1. What corrective action will be accomplished for residents found to have been affected by the deficient practice? Residents A, E, F, and G have	07/25/2014

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	<p>Interview with resident (A) on 7/1/14 at 10:20 a.m. indicated staff had missed providing him showers. The resident indicated the facility was short of staff.</p> <p>Interview with resident (E) on 7/1/14 at 11:15 a.m. indicated she had a concern about not always receiving her showers and the facility was short of staff.</p> <p>Interview with resident (G) on 7/1/14 at 1:30 p.m. indicated she did not always receive her showers due to staff shortages.</p> <p>Interview with resident (F) on 7/1/14 at 12:20 p.m. indicated she had to wait 2 to 3 hours at times for assistance to be toileted. The resident indicated staff had to use a lift to place her in bed as she used the bed pan to have a bowel movement.</p> <p>Interview on 7/1/14 at 2:10 p.m. with the Director of Nursing (DON) indicated resident (A) was to receive showers 3 times a week, resident (E) was to received showers 2 times a week and resident (G) was to receive showers 3 times a week. Further</p>		<p>been interviewed and have voiced no concerns regarding the facility having enough nursing staff to answer their call lights in a timely manner and provide showers per their care plan and facility policy. This interviewing will continue at least 3 times per week by their Guardian Angels starting July 14, 2014 for 90 days and then weekly on an ongoing basis. 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? All residents have the potential to be affected, but no other residents have been negatively affected. All Interviewable residents have been interviewed by the Administrator and/or Director of Nursing and have expressed no concerns. 3. <u>What measures will be put into place to ensure this practice does not recur?</u> During Guardian Angel rounds; if issues or concerns regarding the timeliness of call light answering and or showers being delivered per care plan are expressed by a resident a Resident/Family concern form will be filled out. The form will be forwarded to the Administrator and /or designee immediately. The concern will be investigated with a resolution and proper documentation completed. The concern will be discussed during the next daily stand up meeting for review of investigation and resolution. 4. How will corrective action be</p>				

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	<p>interview with the DON indicated staffing had been short due to another resident requiring 1 to 1 staffing coverage for behaviors. The DON stated she hired a shower aide in mid May to help with the shortage.</p> <p>On 7/1/14 at 2:30 p.m. review of the June 2014 documentation of resident showers indicated the following:</p> <p>Resident (A) who was to receive 3 showers a week, received a shower on 6/3, 6/9, 6/24, 6/29 and 6/30/14.</p> <p>Resident (E) who was to receive 2 showers a week, received a shower on 6/9 and 6/28/14.</p> <p>Resident (G) who was to receive 3 showers a week, received a shower on 6/2, 6/9, 6/23, 6/24, 6/27 and 6/28/14.</p> <p>This federal tag is related to complaint IN00151312.</p> <p>3.1-17(a) 3.1-17(b)</p>		<p>monitored to ensure the deficient practice does not recur and what QA will be put into place? The Administrator will bring the Guardian Angel rounds and Resident/family concern log to the monthly QA committee meeting for review of outcomes and any trends or patterns of concerns. Any recommendations made by the committee will be implemented. If there has been 100% compliance at the end of the 3 months, the QA Committee may decide to stop further review of this process with the committee; however, the Guardian Angel rounds will continue on a daily basis at least 3 times per week.</p> <p>Addendum:How will call lights and showers be monitored to ensure timeliness for residents unable to speak for themselves? The facility follows an established shower schedule for each resident. As showers are completed, a shower day skin audit sheet is completed by the CNA and given to the shift charge nurse to ensure completion. This is an established policy. An audit will be completed 5 times a week by the MDS Coordinator and/or Designee of the shower sheets indefinitely. The results will be presented daily during stand up meeting. During Guardian Angel Rounds, department managers are monitoring the hygiene and cleanliness of residents. All staff is responsible to respond to</p>				

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			<p>resident call lights promptly. During Guardian Angel rounds, residents will be asked about call light response with results reviewed at least 5 days a week during morning meeting. Those residents who are unable to speak for themselves are assessed by the charge nurse using a weekly summary format to ensure needs are met and all residents are monitored for hygiene needs and cleanliness by department managers during Guardian Angel rounds. The interdisciplinary team will review findings, staff will be re-educated on the importance of call light response time as deemed necessary. Further failure to answer a call light in a timely manner will result in disciplinary action. Have assignments been reviewed to ensure staff is able to complete the work load for each resident? Assignments were reviewed by the Director of Nursing immediately following the survey. Assignments were found to be a manageable workload and that there were adequate staffing to complete the assignments in a timely manner. If staff is unable to complete their assignment, what is the system to ensure residents receive the necessary care? CNA assignment sheets are updated routinely by the Director of Nursing as resident conditions change or when physician orders and recommendations are received.</p>	

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			If a CNA is unable to complete an assignment for whatever reason, the shift charge nurse is immediately notified and adjustments are made to the assignment accordingly. Date of Compliance: July 25, 2014		