

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155427	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/01/2011
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT MADISON	STREET ADDRESS, CITY, STATE, ZIP CODE 1945 CRAGMONT ST MADISON, IN47250
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 28, 29, 30, and December 1, 2011</p> <p>Facility number: 000348 Provider number: 155427 AIM number: 100288390</p> <p>Survey team: Janie Faulkner, RN-TC Cheryl Fielden, RN Jill Ross, RN (11/30, 12/1, 2011)</p> <p>Census bed type: SNF/NF 36 Total 36</p> <p>Census Payor type: Medicare 2 Medicaid 24 Other 10 Total 36</p> <p>Sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 12/6/11 Cathy Emswiler RN</p>	F0000	<p>December 16, 2011 Via Internet Ms. Kim Rhoades, DirectorDivision of Long Term Care INDIANA STATE DEPARTMENT OF HEALTH2 North Meridian St., Section 4-BIndianapolis, IN 46204-3006 RE: Hickory Creek at Madison Provider # 15-5427 Dear Ms. Rhoades: Attached for your review and anticipated approval, you will find the completed form CMS-2567 State of Deficiencies and Plan of Correction for the recent Health Survey Survey conducted on 11/28,29,30 and 12/1/11 at Hickory Creek at Madison, Madison, Indiana. Please be advised that it is our intent to have this plan of correction also serve as our Allegation of Compliance. Compliance is effective on December 5, 2011. We are requesting a 08-PCR follow-up paper compliance review. During the exit conference on 12/1/2011 Janie Faulkner R.N., T.C. said she would approve this. Should you have any questions regarding the attached Plan of Correction / Allegation of Compliance, please do not hesitate to contact me. Sincerely, Christi Wolfschlag RiskAdministrator Cc: Jan Richey, Director of Operations – Hickory Creek Healthcare Foundation Brent Waymire, Vice</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>record review the facility failed to follow their policy and procedure related to cleaning of the nebulizer cup and mouthpiece after administering nebulizer treatment. This affected 2 of 2 residents reviewed with nebulizer treatments. (Resident #1, #12)</p> <p>Findings include:</p> <p>On 11/30/2011 at 10:30 A.M., observation of nebulizer treatment given to Resident #12 by LPN, observed LPN remove Albuterol/Atrovent duoneb vial from box labeled with Resident #12's name from medication cart drawer, pick up oximeter and stethoscope from top of medication cart, knock on door and entered Resident #12's room, and explained to resident that she was there to provide nebulizer treatment. LPN was observed to listen to Resident #12's lungs anteriorly and posteriorly, placed probe for oximeter on left middle finger and turned on showing O2 saturation 94% on room air. The LPN was observed to remove nebulizer cup, mouthpiece, and tubing from a plastic bag on bedside table beside nebulizer machine. Residue noted in nebulizer cup by LPN and LPN went to sink and rinsed nebulizer cup with warm water and shook out, LPN then attached nebulizer cup to tubing, and opened the medication vial and squeezed the</p>		<p>constitutes the written allegation of compliance for the deficiencies cited. However, submission of the 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.</p> <p>Hickory Creek at Madison desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective December 5, 2011.</p> <p>Date of Completion 12/5/2011</p> <p>POC 441</p> <p>It is the standard of this home to establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection, including the cleaning of nebulizer cup and mouthpiece after administration of nebulizer treatment.</p> <p><u>What corrective action will be done by the facility?</u></p> <p>The home has implemented corrective actions for Resident #1</p>		

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	<p>medication into the nebulizer cup and attached lid and mouthpiece and handed it to the resident, turned on the nebulizer machine and instructed resident to put mouthpiece in his mouth and breathe in the medication from nebulizer. Observed LPN to assess lung sounds and check O2 saturation at 10:36 A.M., the treatment ended at 10:43 A.M. and the LPN listened to lung sounds and checked O2 saturation and asked resident if needed anything else. The LPN then placed the nebulizer cup and tubing in the plastic bag it was removed from. Inquired of the LPN what procedure is used to clean after treatments, LPN replied, "rinse with warm water after use and change weekly.</p> <p>Observation of nebulizer treatment given to Resident #1 on 11/30/2011 at 2:20 P.M., by LPN, the LPN washed and dried hands, gathered supplies for breathing treatment, went to Resident #1's room, knocked and went into room, explained to resident what she was doing, listened to lungs, and place oximeter on Resident #1's O2 saturation, donned gloves and listened to lung sounds, instructed resident to hold mouthpiece with lips around it and breathe in the medication. Resident noted to have audible wheezes without stethoscope. After treatment completed LPN assessed lungs and checked O2 saturation, took the nebulizer</p>		<p>and #12 who have been allegedly affected by this practice. The Director of Nursing has completed an audit of Resident #1 and #12 medical records and found no signs, symptoms or treatment of respiratory infections for the last 60 days.</p> <p>- <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></p> <p>All residents have the potential to be affected by this practice although no other residents were receiving nebulizer treatments.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>The Director of Nursing has implemented measures to ensure that this practice does not recur. On December 5, 2011 a licensed nursing inservice was held on Nebulizer Medication Administration Policy and Procedure.</p> <p>The Director of Nursing had all licensed nurses complete a demonstration of the Nebulizer Medication Administration Policy and Procedure, nebulizer skills checklist. These were all demonstrated correctly.</p> <p>- <u>How will corrective action be</u></p>		

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	<p>cup, mouthpiece and tubing apart, rinsed the nebulizer cup, mouthpiece, and flexible tubing with warm water and placed in plastic bag on bedside table.</p> <p>12/1/2011 at 10:26 A.M., observation of RN administering nebulizer treatment to Resident #12, prior to treatment observed RN wash and dry hands, listened to resident's lungs, donned gloves, placed medication in nebulizer cup and attached tubing, turned machine on and placed mouthpiece in resident's mouth, instructed resident to breathe in, RN listened to lung sounds halfway through treatment, and at end of the treatment and checked O2 Saturation. The RN was observed to take apart nebulizer cup and tubing, rinse cup in warm water and place on wet paper towel and put in plastic bag on bedside table at 10:45 A.M..</p> <p>Review of "Hickory Creek Healthcare Foundation, Inc., Aerosol (Nebulizer) Therapy, Nursing Policy and Procedure with Issue Date November 2004, Revision Date: 11/09, 1/10, 4 pages pr at 11:37 A.M., provided by the DON 11/30/2011 at 11:37 A.M. as their current policy and procedure. On page 3....13. After each treatment: Take apart the nebulizer cup and mouthpiece or mask. Rinse these parts with warm tap water....Shake off excess water and place parts on a clean,</p>		<p><u>monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>The Director of Nursing and/or designee will monitor corrective actions to ensure the effectiveness of these actions. The Director of Nursing and/or designee will monitor the administration of nebulizer treatments once weekly for 60 days to ensure the home is following policy. The Director of Nursing and/or designee will bring the results of the nebulizer skills checklist to weekly Standards of Care Meetings and monthly to Quality of Assurance Committee meetings for review and recommendations. This will be discontinued after 60 days unless Quality of Assurance Committee determines further education is needed.</p> <p>Date of Completion 12/5/2011</p>		

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	dry towel and/or dry parts with clean towel....14....Allow the parts to air dry thoroughly. 15. Reassemble the clean nebulizer parts and store them in a small bag between treatments." 3.1-18(j)				