STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155419		12/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY CREEK AT CRAWFORDSVILLE	817 N WHITLOCK AVE CRAWFORDSVILLE, IN 47933

(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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00184591. Complaint IN00184591-Unsubstantiated due to lack of evidence. Survey dates: November 30, December 1, 2, 3, and 4, 2015. Facility number: 000533 Provider number: 155419 AIM number: 100267230 Census bed type: SNF/NF: 35 Total: 35 Census payor type: Medicare: 1 Medicaid: 32 Other: 2 Total: 35 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 26143, on December 11, 2015.	F 0000	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 Crawfordsville desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective January 3, 2016.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F 0371 SS=D Bldg. 00	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review the facility failed to ensure sanitary food handling and distribution for three residents being fed in the assisted dining room during 1 of 1 noon meal observations. (Resident #9, #17, and #40.) Findings include: On 11/30/15 during the noon meal service in the main dining room the following was observed: a). At 12:29 p.m., CNA# 1 picked up Resident # 9's sandwich with her bare hands and placed the sandwich up to the resident's mouth. Resident # 9 took sandwich from CNA # 1 and began to eat it. b). At 12:30 p.m., CNA # 1 pushed	F 0371	F 371 It is the policy of this facility to ensure sanitary food handling and distribution for the residents during meal service. *1. What corrective action will be done by the facility?* C.N.A.# 1 was re-educated on the facility policies, “Feeding the Resident” and “Handwashing/Alcohol Based Hand Rub”. All staff was in-serviced 12-22-15 in regards to the proper procedures for feeding residents and following the facility policies for handwashing/use of alcohol hand rub,including discussion of how to handle residents’ food so that it is not touched directly by the staff’s hands and the need for hand cleaning after touching other parts of one’s own body, such as hair or face, before touching the resident or his/her food. A return demonstration was completed by each staff member on handwashing and use of alcohol based hand rub.. *2. How will the*	01/03/2016

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	Resident # 17's chips off his plate with her bare fingers and placed them on the table in front of the resident so he could eat the chips. c). At 12:32 p.m., CNA # 1 rubbed her finger under her nose and proceeded to pick up a spoon full of food and fed it to Resident # 17. d). At 12:35 p.m., CNA # 1 scratched the back of her ear and proceeded to pick up a spoon full of food and fed it to Resident # 40. e). At 12:38 p.m., CNA # 1 placed her hand up to her face and touched her nose and mouth. She then proceeded to pick up a spoon full of food and fed it to Resident # 40. During an interview on 12/4/15 at 10:25 a.m., the Director of Nursing (DON) indicated staff should wash their hands after making contact with their face. She further indicated staff should never touch residents food with their bare hands. A policy, dated 12/10, identified as current, titled, " Feeding the Resident", provided by the Nurse Consultant on 12/4/15 at 10:30 a.m., included but was not limited to, "...Staff should not touch food, such as bread or toast, with bare		*facility identify other residents having the potential to be affected by this practice?* All residents have the potential to be affected. If the DON, Charge Nurse, or other member of the Interdisciplinary team observes an issue in proper handling of residents' food or problems with cleanliness of staff's hands, he/she will immediately notify the DON or Charge Nurse if not already aware of the situation. The staff involved will be stopped and retrained at that time as to the proper procedures to follow. If the resident's utensils or food cleanliness are in question, they will be replaced as well. The DON will render written counseling as indicated by the situation. *3. What measures will be put into place to ensure the practice does not recur.* The DON or Charge Nurse will observe the feeding of the residents and hand hygiene. The Dining Observation Audit Sheet will be completed to ensure that appropriate practices are taking place two (2) meal passes per day, three (3) times per week for three (3) months. Any issues that are noted will be addressed as indicated in question #2. Yes indeed all meals will be monitored. *4. How will corrective action be monitored to ensure the practice does not recur and what QA will be put into place?* DON will report on Dining Observation results at QA meeting times three (3) months for further	

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	hands when assisting the residents...." A policy, dated 07/10, identified as current, titled, "Handwashing/Alcohol Based Hand Rub", provided by the DON on 12/4/15 at 10:40 a.m., included but was not limited to, "... Guidelines: Personnel should always wash their hands (even when gloves are worn)... after touching hair, face, etc...." 3.1-21(i)(2)		recommendations by QA. The QA committee may decide to stop the written audit at the end of the 3 months when 100% compliance has been achieved;however, the DON or Charge Nurse will continue to monitor and observe staff performance at mealtimes on an ongoing basis and will report to the committee as directed.	
F 0441 SS=D Bldg. 00	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and			

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	(3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observation, interview, and record review, the facility failed to ensure staff adequately sanitized their hands for 1 of 2 observations of infection control practices during medication administration. (Resident #30 and #1.) Findings include: On 12/02/15 at 9:28 a.m., prior to a medication administration of a nasal spray to Resident #30, RN #3 was observed to wash her hands for less than 8 seconds, turn off the faucet with her bare hand, and then dry her hands with a paper towel.	F 0441	F 441 It is a policy of this facility to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection, including during medication administration. *1. What corrective action will be done by the facility?* RN #3 was re-educated on the facility policies, “Feeding the Resident” and“Handwashing/Alcohol Based Hand Rub”. All licensed staff was in-serviced 12-22-15 in regards to the proper procedures for administering medications in a safe and sanitary way, including	01/03/2016

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	On 12/02/15 at 9:42 a.m., prior to a medication administration via a nebulizer treatment to Resident #1, RN #3 was observed to wash her hands for less than 8 seconds, turn off the faucet with her bare hand, and then dry her hands with a paper towel. The DON (Director of Nursing), on 12/04/15 at 11:34 a.m., indicated, when staff performed hand washing, they were to scrub their hands with soap for 40 to 60 seconds and turn off the water faucet with a paper towel. Documentation, titled "PREPARATION AND GENERAL GUIDELINES: IIA1 Equipment and Supplies for Administering Medications," provided and identified as a current policy by the DON on 12/4/15 at 11:45 a.m., indicated, "...Hands are washed with soap and water before and after administration of topical, ophthalmic, optic, parenteral, enteral, rectal, and vaginal medications ...." The DON on 12/4/15 at 11:45 a.m., provided and identified as a current policy, titled, "Hickory Creek Healthcare Foundation, Inc., Nursing Policy and Procedure, Handwashing/Alcohol-Based Hand Rub," indicated, "...HANDWASHING PROCEDURE:		proper handwashing/use of alcohol hand rub. This in-service included a return demonstration by each licensed nurse. *2. How will the facility identify other residents having the potential to be affected by this practice?* All residents have the potential to be affected. If the DON or other member of the interdisciplinary team observes an issue with proper hand cleaning during a medication administration, he/she will immediately notify the DON or Administrator if they are not already aware of the situation. The DON will stop the nurse and retrain her at that time as to the proper procedures to follow.Written progressive counseling will be given by the DON as indicated by the situation. *3. What measures will be put into place to ensure the practice does not recur.* The DON or designee will observe licensed nursing staff during hand washing and medication administration/treatments three (3) times per week, times three (3)months. A checklist will be completed on appropriate hand washing protocol. Any issues that are observed will be addressed as outlined in question #2. Monitoring will include all shifts. *4. How will corrective action be monitored to ensure the practice does not recur and what QA will be put into place?* The DON will report on the findings of her observations to the QA monthly	

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	...2. Apply 1 squirt of soap. Using friction, rub hands together, cleaning under nails, backs of your hands, and between fingers thoroughly. Wash up to your wrist as well. Do this for at least 20 seconds, or as long as it takes to sing 'Happy Birthday' to yourself twice. 3. Rinse hands well, with water running from wrist to tips of fingers, without touching the inside of the sink or the faucet (these are always considered soiled). Leave water running. 4. Dry hands well, using single-use paper towels or electric hand dryers. If possible, use your paper towel to turn off faucet. Discard the towel in an appropriate trash container...." 3.1-18(l)		times three(3) months. The QA committee may decide to stop the written checklist at the end of the 3 months when 100% compliance has been achieved; however, the DON will continue to monitor and observe staff performance for medication administration on an ongoing basis.	