

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155434		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/07/2011	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT CONNERSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 2600 N GRAND AVE CONNERSVILLE, IN47331			
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F0000	<p>This visit was for the Investigation of Complaint IN00095860.</p> <p>Compliant IN00095860 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-323.</p> <p>Survey date: September 7, 2011</p> <p>Facility number: 000319 Provider number: 155434 AIM number: 100286530</p> <p>Survey team: Sharon Lasher RN, TC Angel Tomlinson RN Leslie Parrett RN Barbara Gray RN</p> <p>Census bed type: SNF/NF: 30 Total: 30</p> <p>Census payor type: Medicare: 5 Medicaid: 19 Other: 6 Total: 30</p> <p>Sample: 3</p> <p>This deficiency reflects state findings</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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F0323 SS=D	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review 9/12/11 by Suzanne Williams, RN The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to monitor a resident (Resident #A) with a history of aggressive behavior toward another resident (Resident #B), when (Resident #A) was left unsupervised and hit (Resident #B) in the head with his fists, poked him in the face and smacked him, for 2 of 3 residents reviewed for aggressive behavior in a sample of 3. (Resident #A and #B)</p> <p>Findings Include:</p> <p>1. Resident #A's record was reviewed on 9/7/11 at 10:30 a.m. Resident #A's diagnoses included, but were not limited to, Alzheimer's related dementia, anxiety and dementia with behavior disturbance.</p> <p>Resident #A's MDS (Minimum Data Set), assessment dated 8/29/11, indicated the following:</p> <ul style="list-style-type: none"> - makes self understood: rarely/never understood - ability to understand: sometimes understands - cognitive skills for daily decision 	F0323	<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 Connorsville desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on 9-23-11. 1. After consultation with Resident B's daughter, regarding the need for alternate placement, Resident B was discharged to another facility on 9-2-11. When the incident occurred, and both residents had been separated and were safe, they were both evaluated in regards to any continued aggression toward one another. No other aggressive behavior was noted after this occurrence. Both residents were supervised by facility staff via routine rounds and one on one interaction. Resident B was monitored every 15 minutes for safety and for</p>	09/23/2011	

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	<p>making: moderately impaired - behavioral symptom-presence and frequency: behavior not exhibited - walk in room or corridor: independent</p> <p>Resident #A's nursing note dated 7/22/11 at 11:15 a.m., indicated "resident was in the dining room and approached the table of another male resident (Resident #B) and began moving the other resident's belongings around. The other male resident yelled at (Resident #A) to stop and go sit in his chair. (Resident #A) began poking the other male resident's face with his finger causing several small lacerations to the resident's face. (Resident #A) was removed and taken to his room."</p> <p>Resident #A's nursing note dated 8/29/11 at 8:20 a.m., indicated "called to dining room by MDS coordinator. Dietary staff witnessed (Resident #A's approach to (Resident #B) and that resident said 'just leave me alone,' then (Resident #A) began hitting (Resident #B) with his fist on both sides of his head. Staff intervened quickly and resident was taken back to room by staff and put to bed for nap."</p> <p>Resident #A's "Behavior Log" dated 8/29/11, indicated "Dining room (Resident #A) approach (Resident #B) . (Resident #B) saying just leave me alone</p>		<p>aggressive behaviors. Staff redirected residents as needed to prevent further incidents. The behavior monitoring logs and careplans were reviewed and updated as needed by the IDT. SS met with each resident to evaluate for any adverse effects to the interanction and none were noted. Staff re-education was conducted on 9-6-11 regarding supervision of resident with behaviors, documentation of behaviors and notifying SS when any new behaviors are identified. 2. All residents have been evaluated for aggressive behaviors. No other residents have been identifieid with the potential for aggressive behaviors. In the future, if staff identifies any residents with aggressive behaviors or the potential for an aggressive episode with others, he/she will make sure that the residents involved are safe. The charge nurse will intiate every 15 minute checks for a twenty-four hour time frame, then re- assess for continued need. Once that is done, the staff person will notify SS. The Social Services Director will bring any reported change in behavior to the next scheduled morning management meeting which occurs at least 5 time a week for interdisciplinary team review of the behavior and development of appropriate interventions. The care plans of involved resident will be update at</p>		

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	<p>(Resident #A) would not at this time and started to hit (Resident #B) with his fist in the right and left side of his head."</p> <p>Resident #A's care plan dated 6/6/11, indicated "problem, I will hit my peers (a problem added) 7/22/11, I will scratch and poke. Interventions, if confrontation with peer separate us immediately, take me to calm environment (my room) to allow me to calm down, keep me away from peers that get irritated with me, if trying to get to peers that I irritate, intervene and walk with me and talk with me about my family/dancing etc. to help reroute my thought process."</p> <p>Resident #A's admission history and physical, documented by a physician on admission to local hospital on 8/4/11, indicated the following: "Patient...presented on referral from Hickory Creek of Connerville secondary to increased agitation and aggression. The aggression seems to be gradually getting worse over the last 6 weeks. He has had periods of aggression and prior to that time he has been combative with staff during care. He has been aggressive toward a male peer and attempted to hit a female peer. His behaviors have been escalating over the past several weeks. He now presents for inpatient evaluation and treatment. It looks like he's been</p>		<p>that time. C.N.A. assignment sheets will also be update and the staff notified of any changes to the care plan and behavior interventions. If any member of the IDT identifies any issues or concerns regarding the staff approach or handling of resident behaviors, he/she will intercede immediately to make sure that the resident(s) involved are safe. Once that is done, the IDT member, DON and/or SS Director will re-train the staff involved regarding the facility policy and procedure for handling resident behaviors. The staff will also recieve progressive disciplinary action from their Department Manager for continued noncompliance with facility's policy and procedures. 3. The DON will review the 24 hour report and the focus charting during each tour of duty; in addition the SS Director will also review the 24 hour report and the behavior log documentation. The SS Director will conduct staff interviews as needed to ensure that behaviors are appropriately documented, including interventions that were attempted as well as those that were effective. The DON and SSD will bring their findings of the IDT during morning meeting as indicated in quesiton #2. In addition, any identified concerns regarding staff performance will be addressed, also as outlined in question #2.4. In addition to the</p>		

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	<p>having some difficulties at the long-term care facility for the last several months."</p> <p>2.) Resident #B's record was reviewed on 9/7/11 at 11:45 a.m.</p> <p>The list of alert and oriented, interviewable residents, provided by the Administrator on 9/7/11 at 10:45 a.m., indicated Resident #B was an interviewable resident.</p> <p>Resident #B's nursing note dated 8/29/11 at 8:20 a.m., indicated "called to dining room by MDS coordinator. Dietary staff witnessed (Resident #A) approaching (Resident #B). Resident said 'just leave me alone.' (Resident #A) then starting hitting (Resident #B) on both sides of his head staff quickly entered and (Resident #A) was removed and taken to his room."</p> <p>During interview with Resident #B on 9/7/11 at 11:35 a.m., regarding the incident, indicated Resident #A came and sat at his own table and "I knew when I saw him staring at me what was going to happen. He got up and came over to me and sat down and I told him to leave me alone; that is all I asked him to do. He started poking me in the face, smacked me and started punching me. I keep getting louder and finally they came and got him. I was getting ready to knock him</p>		<p>scheduled interdisciplinary meetings that occur at least 5 days a week, the SS Director and DON will bring the results of the IDT reviews of resident behaviors to the monthly QA Committee meeting for review and recommendations regarding improvement in the facility's process. Any recommendations that are made by the committee will be followed up by the DON and/ or the SS Director and reported back to the committee at the next month's QA committee meeting. This process will continue on an ongoing basis. Date of Compliance 9-14-11.</p>		

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	<p>down if I could. A few women residents, not staff, came and got him and took him but I don't remember who. He smacked me pretty good and I hate I had to go through it again because he could have poked my eye out."</p> <p>Interview with staff cook #1 on 9/7/11 at 12:30 p.m., indicated she was cleaning in the therapy room and was the first staff member on the scene when she heard Resident #B yell "leave me alone" when she got to the residents, Resident #A was beating Resident #B with his fist on his head. So she ran up to them and told Resident #A to come with her.</p> <p>This federal tag relates to complaint IN00095860.</p> <p>3.1-45(a)(2)</p>				