

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  11/29/2012
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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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F0000	<p>This survey was for the Investigation of Complaint IN00119601.</p> <p>Complaint IN00119601 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: November 28-29, 2012</p> <p>Facility number: 000475 Provider number: 155406 AIM number: 100290540</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF/NF: 32 Total: 32</p> <p>Census payor type: Medicaid: 28 Other: 4 Total: 32</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 30, 2012 by Bev Faulkner, RN</p>	F0000	<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.</p> <p>Hickory Creek at Peru desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on December 14, 2012.</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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F0309 SS=D	<p><b>483.25</b>  <b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interviews, the facility failed to follow their Bowel Management Policy &amp; Procedure for 1 of 3 residents reviewed for bowel management in a sample of 3. (Resident "C")</p> <p>Finding includes:</p> <p>The record of Resident "C" was reviewed on 11/28/12 at 12:30 p.m. Resident "C" was admitted to the facility on 10/27/12 with diagnoses including, but not limited to, dementia, hypertension, constipation, esophageal reflux, coronary artery disease, history of diverticulitis, and recent right hip fracture repair. The resident expired on 11/08/12.</p> <p>Review of the "RESIDENT ADMISSION ASSESSMENT-DATA COLLECTION FORM," dated 10/27/12, indicated Resident "C" had a bowel movement on 10/24/12, prior to admission. Review of the "Initial Care Plan-Admission/Readmission," dated</p>	F0309	<p><b>F309</b>  It is the policy of this facility to ensure that the Bowel Management Policy and Procedure will be followed appropriately for each resident served.</p> <p><u>1. What corrective action will be accomplished for residents affected?</u>  Resident C no longer resides in the facility. On December 14, 2012, the Director of Nursing will in-service all nursing staff on the policy and procedure related to Bowel Management including documentation, assessment, and interventions required.</p> <p><u>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?</u>  There have been no other residents identified as being affected per an audit completed on each resident</p>	12/14/2012			

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	<p>10/27/12, indicated the resident was incontinent of bowel.</p> <p>Review of the "BOWEL ASSESSMENT FORM," dated 10/27/12, indicated, "Monitor Resident for RISK FACTORS for Bowel incontinence...Abdominal cramping/bloating, Constipation, Straining during defecation... Signs &amp; symptoms of bowel incontinence...Constipation...Abdominal cramping/discomfort/bloating...Presence of fecal staining... Current Diagnoses/Medical Conditions that May Affect Bowel Function...Conditions associated with...or constipation.</p> <p>Review of the MAR (Medication Administration Record) for 10/2012 and 11/2012 indicated the resident 's medications included, but were not limited to: Norco 5/325 mg (milligram) q6h (every 6 hours) prn (as needed) for pain. Norco can cause constipation. FeSo4 (Ferrous Sulfate: an iron supplement) 324 mg daily. FeSo4 can cause constipation. Miralax powder 17 gm (grams) daily. Miralax can prevent constipation. MOM (Milk of Magnesia) 30 ml (milliliters) prn for constipation.</p>		<p>on December 12, 2012. However, if the DON or designee finds upon review of the residents being monitored for bowel movements that there are residents identified requiring further interventions related to the Bowel Management procedure she will make certain that these interventions occur and will re-train the nurse(s) involved on the facility policy regarding bowel management. Written counseling and progressive disciplinary action will be utilized as applicable for instances of continued noncompliance.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u> The nursing assistants will continue to record bowel movements on the BM tracking log. The 3 rd shift nurse shall review the records daily, if the resident has had no BM for 2 or more days, the nurse will convey this information to</p>				

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	<p>Review of the resident's MDS (Minimum Data Set-a tool to used to assess resident needs), dated 11/03/12, indicated the resident was moderately impaired in decision making, required extensive assistance of two or more for toileting, and was occasionally incontinent of bowel.</p> <p>Review of a facility form, titled, "BM (Bowel Movement) TRACKING LOG for 10/2012 for 11/2012, indicated: "O" (none) BM, for ten (10) days following admission: 10/27/12 10/28/12 10/29/12 10/30/12 10/31/12 11/01/12 11/02/12 11/03/12 11/04/12 11/05/12 Documentation indicated on 11/06/12 Resident "C" was incontinent of a large, hard stool times one.</p> <p>Review of Nurses Notes indicated: "10/27/12 3:30 p.m....Abd (abdomen) soft flat c (with) bs (bowel sounds) X (times) 4 (4 abdominal quadrants) Res incont (incontinent) of B&amp;B (Bowel &amp;</p>		<p>the day shift nurse who will be responsible to follow up with the appropriate interventions as deemed necessary by the resident's physician and care plans. The DON and/or designee will review residents 5 days a week being monitored for bowel movements including interventions being implemented as well as the evaluation of the interventions implemented. The DON and/or designee will randomly audit on a weekly basis all resident's for timeliness of bowel movements and follow up as necessary.</p> <p>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? Findings from the Director of Nursing audits will be reviewed by the Administrator and then forwarded to the QA&amp;A committee for further review at the monthly meeting. After 60 days and when 100% compliance is obtained further monitoring</p>		

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	<p>Bladder)..."</p> <p>"10/28/12 4:00 p.m...Abd soft c bs X 4...no bowel movement...MOM (Milk of Magnesia) given..."</p> <p>"10/29/12 1:20 p.m....incon of B&amp;B"</p> <p>"10/29/12 8:45 p.m....Abd soft c BS X 4....no BM this shift..."</p> <p>"10/30/12 3:30 p.m....Abd soft c BS X 4...Incont B&amp;B..."</p> <p>"10/31/12 4:10 a.m....Abd soft Bo So (bowel sounds) active. Incont B&amp;B..."</p> <p>"11/01/12 2:20 a.m....Abd soft BS X 4. Cont (continent) c no BM. Incont of B&amp;B..."</p> <p>"11/01/12 4:30 p.m....Abd soft non tender...Bo sounds + (positive) X 4 quads (quadrants). Incont of B/B..."</p> <p>"11/02/12 9:30 a.m....Res C/O (complains/of) severe pain, but states it is in his stomach...."</p> <p>"11/03/12 2:00 a.m....Incontinent of B&amp;B..."</p> <p>"11/03/12 3:30 p.m....Abd soft c BS X 4. Incont of B&amp;B at times...."</p> <p>"11/04/12 3:00 p.m....Abd soft c BS X 4. Incont of B&amp; B occ (occasionally)..."</p> <p>"11/05/12 1:35 p.m...2 glasses prune juice today..."</p> <p>"11/05/12 1:40 p.m. Resident nauseated while working c speech therapist-remove back to room at this time."</p> <p>"11/05/12 3:30 p.m....Abd soft c BS X 4. Incont of B&amp;B at times...."</p> <p>"11/05/12 7:00 p.m. Meds given et MOM</p>		will be completed as recommended by the QA&A committee.		

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	<p>given. N/V (nausea/vomiting) note...Suppository given per order, noted hard stool in rectum. Monitor for BM." "11/06/12 ...Incont of B/B..." "11/06/12 12:25 p.m....Res x-large BM..."</p> <p>LPN #2 was interviewed on 11/29/12 at 11:12 p.m. LPN #2 indicated the 3rd shift staff reviews the ADL (Activities of Daily Living) book which includes the residents' bowel movement records. LPN #2 indicated staff follow the Bowel Protocol which directs nursing staff to address residents who have not had a BM for 3 days. LPN #2 indicated the staff was,"on it for bowel management" for Resident "C" from the date of admission. LPN #2 indicated the reference to "incontinent of bowel &amp; bladder" referred to the resident status. LPN #2 indicated the "BM TRACKING LOG' should indicate resident's bowel movements.</p> <p>CNA #2 was interviewed on 11/29/12 at 11:45 a.m. CNA #2 indicated the CNA's report residents' bowel movements to the nurse.</p> <p>CNA #3 was interviewed on 11/29/12 at 11:59 a.m. CNA #3 indicated the CNA's report residents' bowel movements to the nurse.</p>				

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	<p>The DNS (Director Nursing Services) was interviewed on 11/29/12 at 12:20 p.m. The DNS indicated the reference to "incontinent of bowel &amp; bladder" indicated a small amount or smear of stool. The DNS was unaware Resident "C" did not have a BM for 10 (ten) days.</p> <p>Review of the facility's Policy &amp; Procedure, titled, "Bowel Function: 06/2004", provided by the DNS on 11/29/12 at 11:00 a.m., indicated:</p> <p>"PURPOSE: To monitor and record all bowel movements (BM). To provide appropriate interventions for dysfunctional bowel status....</p> <p>PROCEDURE: 1. Nursing assistants shall record bowel movement on BM Log or ADL sheet, noting size and consistency of BM. Nursing Assistants shall review the BM Log/ADL sheet daily. If a resident has no BM for three days, the nursing assistant will notify the charge nurse.</p> <p>2. If a resident goes three days without a BM, complains of abdominal pain...the charge nurse will assess symptoms and administer a laxative or suppository, as ordered. A digital check for hard stool will be done, if needed. If the resident</p>			

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	<p>does not have a BM after the laxative or suppository has been administered, the physician will be notified..."</p> <p>3.1-37(a)</p> <p>This Federal tag relates to Complaint IN00119601.</p>				