STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155543	A. BUILDING 00 B. WING	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT HUNTINGTON	1425 GRANT ST HUNTINGTON, IN 46750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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. Survey dates: March 3, 4, 5, 6, 7, 2025 Facility number: 000346 Provider number: 155543 AIM number: 100288320 Census Bed Type: SNF/NF: 31 Total: 31 Census Payor Type: Medicaid: 30 Other: 1 Total: 31 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed March 13, 2025.	F 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests desk review (paper compliance) on or after 3/8/19.	
F 0761 SS=D Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals Based on observation and interview, the facility failed to dispose of unlabeled and unused medications for 2 of 4 medication carts reviewed for medication storage and labeling. (Medication Cart B and Medication Cart C) Findings include: During a medication storage observation of Medication Cart B, accompanied by QMA 3 on 3/5/25 at 11:17 a.m., a loose pill was found on the	F 0761	It is the practice of this facility that all drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. **What corrective action(s) will be accomplished for those**	03/08/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ryan Lewis	Administrator	03/21/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155543	A. BUILDING 00 B. WING	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT HUNTINGTON	1425 GRANT ST HUNTINGTON, IN 46750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	bottom of the second drawer, towards the back of the cart. An additional loose pill was found at the bottom of the second drawer. QMA 3 indicated the pills should be disposed of. The medication carts were cleaned out once a week. Any loose pills would be discarded using the drug buster solution. During a medication storage observation of Medication Cart C, accompanied by QMA 3 on 3/5/25 at 11:22 a.m., a loose pill was found on the bottom of the second drawer, towards the middle of the drawer. QMA 3 indicated the pill should be disposed of. During an interview with the Corporate Nurse, during the medication cart observation, she indicated loose pills should be disposed of using the drug buster solution. A current facility policy, titled "Medication Storage and Expiration," provided by the Administrator on 3/6/25 at 3:35 p.m., indicated the following: "...Facility should destroy and reorder medications with soiled, illegible, worn, makeshift, incomplete, damaged, or missing labels or cautionary instructions...." 3.1-25(j)		**residents found to have been affected by the deficient practice:** All facility Medication and Treatment Carts were inspected, cleaned and organized. Any loose pills/medications and treatments were discarded/destroyed and any new medication or treatment was obtained and properly stored. All medications were reordered as needed **How are other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** All residents receiving medications have the potential to be affected by this finding. The DNS/designee will complete an inspection of all Medication Carts to ensure that they are free of loose pills and that all medications have been properly stored per facility policy. Any expired or loose medications will be destroyed and/or discarded immediately. In addition, the DNS/designee will be responsible for facility wide weekly Medication Cart and Treatment Cart inspections. This will ensure that all medications and treatments are being safely and properly stored per facility policy. **What measures will be put into place and what systemic**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155543	A. BUILDING 00 B. WING	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT HUNTINGTON	1425 GRANT ST HUNTINGTON, IN 46750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 9999 Bldg. 00			**changes will be made to ensure that the deficient practice does not recur:** A Nursing in-service will be conducted by the DNS/designee and will review the facility policy related to Storage of Medication and Treatments. DNS/Designee will inspect the med carts weekly to ensure medications are properly stored and labeled. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The DNS/designee will be responsible for completing the QAPI Audit tool related to Medication and Treatment Storage daily for 4 weeks and weekly for 5 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up. **5.Date of Compliance: 3/8/2025**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155543	A. BUILDING 00 B. WING	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT HUNTINGTON	1425 GRANT ST HUNTINGTON, IN 46750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	3.1-14 PERSONNEL (t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. This State Rule was not met as evidenced by: Based on record review and interview, the facility failed to accurately document the results of mandatory tuberculin skin tests (TST) performed on 2 of 5 new employee files reviewed. (Qualified Medication Aide (QMA) 6 and Certified Nurse Aide (CNA) 7) Findings include: Employee records, provided by the Administrator on 3/3/25/24, were reviewed on 3/4/24 at 11:30 a.m. An "Employee Immunization Record" for QMA 6 indicated a first step TST was performed on 10/21/24 at 11:20 a.m. The Assistant Director of Nursing (ADON) read the first step TST on 10/22/24 at 12:00 p.m. An "Employee Immunization Record" for CNA 7 indicated a second step TST was performed on 10/25/24 at 1:00 p.m. The ADON read the second	F 9999	: **1.What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?** No residents were found to be affected by the alleged deficient practice. QMA 6 and CAN 7 will have a new TST performed. **2.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents had the potential to affected by the alleged deficient practice. An audit was conducted by DNS/Designee to ensure staff have a TST performed timely and read timely. Any staff found to not have the correct dates written on their Mantoux test will have the test completed. If their status is part time, PRN Mantoux test to be completed prior to their next scheduled shift. **3.What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?** ADON/ designee will review personnel files to ensure all staff have a accurate and current negative Mantoux test (or negative chest x ray in appropriate cases.). Onboarding nursing staff were educated by Holly Clark on 03/8/2025 regarding timely Mantoux test or negative chest x	03/08/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155543	A. BUILDING 00 B. WING	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT HUNTINGTON	1425 GRANT ST HUNTINGTON, IN 46750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	step TST on 10/15/24 at 1:30 p.m. During an interview, on 3/6/25 at 4:08 p.m., the ADON indicated when employees were hired, they were given a first step TST which was read between 48 and 72 hours after the TST was given. Then, two weeks after the first TST was given, a second TST was given and read between 48 and 72 hours after it was given. The reading dates were clerical errors for QMA 6 and CNA 7. During an interview, on 3/7/25 at 1:52 p.m., the Director of Nursing (DON) indicated when a TST was given, it was to be read 48 to 72 hours afterward. "Tuberculin Skin Testing Information for Health Care Providers" (September 2020) was retrieved on 3/7/25 from the Centers for Disease Control (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf. The guidance included the following: " ... How is the TST Read? The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test ...." A current facility policy, revised 11/2023, titled "Tuberculosis (TB) Screening for Employees," provided by the Administrator on 3/7/25 at 2:28 p.m., indicated the following: " ...To promote resident and employee safety and well-being by screening employees for tuberculosis and initiating appropriate follow-up in accordance with state and federal regulations and guidelines ...."		ray. **4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?** ADON/designee will use CQI audit tool, Employee File Audit, 5 times a week for 4 weeks, then weekly for 2 months, to review employee files who have been recently hired. Staff not in compliance by their start date will be removed from the schedule until compliance is reached. Results of audits will be presented at monthly QAPI Meeting overseen by ADON/designee. After six months the QAPI committee will re-evaluate the continued need for the audit. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. **5.Date of Compliance: 3/8/2025**	