

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155430	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT ROCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 E 18TH STREET ROCHESTER, IN 46975		
(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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00458540.</p> <p>Complaint IN0000458540 - Federal deficiencies related to the allegations are cited at F689</p> <p>Survey dates: May 7, 2025</p> <p>Facility number: 000326 Provider number: 155430 AIM number: 100290770</p> <p>Census Bed Type: SNF/NF: 26 Total: 26</p> <p>Census Payor Type: Medicare: 0 Medicaid: 18 Other: 8 Total: 26</p> <p>Hickory Creek at Rochester was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00458540.</p>	F 000			
F 689 SS=D	<p>Quality Review completed on 5/15/2025</p> <p>Free of Accident Hazards/Supervision/Devices</p> <p>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p>	F 689			

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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F 689	<p>Continued From page 1</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure safety measures were followed to prevent a resident's fall while riding in the facility bus for 1 of 3 residents reviewed for unusual occurrences. (Resident B). The deficient practice was corrected on 4/18/2025, prior to the start of the survey, and was therefore past noncompliance.</p> <p>Finding includes:</p> <p>During an interview, on 5/7/2025 at 9:58 A.M., Employee 2 indicated a couple weeks ago she had transported Resident B from the facility to (Name of Hospital) to have a suprapubic catheter placed. Employee 2 indicated she had stayed with the resident the entire time during her recovery. The resident was talking and had eaten prior to being transported back to the facility. The resident's wheelchair was secured down on all four areas on the wheelchair to the floor of the bus/van. Employee 2 indicated when she tried to fasten the seat belt on the resident, it was positioned over her abdominal incision site, and the resident said "ow, ow". The resident did not want it on because it was hurting her, so Employee 2 indicated she did not fasten the seat belt on the resident. Employee 2 stated, "I slowed down and I put the brakes on hard because there was a school bus with the arm out and had stopped." Employee 2 indicated the resident leaned forward and hit her forehead and face on the back of the seat in front of her and then slid all the way out of her</p>	F 689	Past noncompliance: no plan of correction required.		

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F 689	<p>Continued From page 2</p> <p>wheelchair and landed on her buttocks.</p> <p>Employee 2 indicated she turned into the school parking lot, and I put on the brakes and asked her if she was hurt, she said her head hurt. I asked if she hurt anywhere else and she said, "No, I'm ok." Employee 2 indicated she had called the facility and asked what she should do. She indicated the Administrator, the Director of Nursing, the Assistant Director of Nursing and (name of staff) RVPO (Regional Vice President of Operations) all came to help with the resident. They lifted the resident up onto the regular bus seat and the Assistant Director of Nursing assessed her. A different seat belt was applied to the resident in the regular bus seat. The belt had to be adjusted because she did not fit in the seat very well. The Assistant Director of Nursing rode back to the facility with the resident. Employee 2 indicated she normally used seat belts on anyone being transported in the bus.</p> <p>The record for Resident B was reviewed on 5/7/2025 at 10:49 A.M. Diagnoses included, but were not limited to diabetes, obesity, hypertension, anxiety and depression.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 3/13/2025, indicated Resident B used a walker for ambulation, required total assist for toileting, partial to moderate assist to move from a seated to a standing position and transfers from a chair to the bed.</p> <p>A Nursing Progress Note, dated 4/16/2025 at 5:24 P.M., indicated the resident had a witnessed fall on the facility bus when she leaned forward and</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>slid out of her wheelchair as it was slowing for a school bus stop. The resident was assessed by the nurses prior to moving her. The resident denied any new pain, moved her extremities with no pain reported and followed commands without difficulty. The resident was assisted off the floor with extensive assist of 4 to a stationary bus seat. The resident was noted to have an abrasion on her right lateral lower back near her waistline, a light pink abrasion to her left knee and a "goose egg" on her left forehead. A cold pack had been applied to her forehead. Upon return to the facility, neuro-checks and vital signs were initiated. (Name of Physician) was notified of the fall and minor injuries. The physician communicated no new orders but to continue with neuro-checks for changes in LOC (level of conscious).</p> <p>A Nursing Progress Note, dated 4/18/2025 at 1:51 A.M., indicated " ...Bruising continues to L (left) eye corner, hematoma to forehead, and abrasions to L knee and back"</p> <p>During an interview, on 5/7/2025 at 12:20 P.M., the Administrator indicated she had interviewed Employee 2 about why the seat belt had not been used on the resident for the return trip to the facility. Employee 2 stated "the resident didn't want it on." The Administrator stated Employee 2 had been disciplined for not using the seat belt on Resident B and had been required to complete more training on the use of seat belts during transporting residents. Employee 2 had been audited by another bus driver on the use of the bus prior to transporting residents again.</p> <p>On 5/7/2025 at 12:45 P.M., the Administrator</p>	F 689			

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F 689	Continued From page 4 provided the policy titled, "Transportation", last dated 12/2017, and indicated the policy was the one currently used by the facility. The policy indicated "...8. Seat belts are required to be worn by driver and passenger(s)...." This citation relates to Complaint IN00458540. 3.1-45(a)(2)	F 689			