

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

PRINTED: 05/19/2023
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 05/05/2023
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 IN00407220.</p> <p>Complaint IN00407220- Federal deficiencies related to the allegations are cited at F580.</p> <p>Survey dates: May 4 and 5, 2023</p> <p>Facility number: 000326 Provider number: 155430 AIM number: 100290770</p> <p>Census Bed Type: SNF/NF: 29 Total: 29</p> <p>Census Payor Type: Medicaid: 21 Other: 8 Total: 29</p> <p>This deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 5/10/2023.</p>	F 000			
F 580 SS=G	<p>Notify of Changes (Injury/Degrade/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical,</p>	F 580			

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 580	<p>Continued From page 1</p> <p>mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to effectively treat a resident's pain for 14 days and failed to notify the physician of the residents' continued complaint of pain and after receiving results of an x-ray that revealed the resident had a spiral fracture of the left leg for 1 of 3 residents reviewed for notification. (Resident B)</p> <p>Finding includes:</p> <p>A record review was completed, on 5/4/2023 at 9:44 A.M. Resident B's diagnoses included, but were not limited to hypertension, hemiplegia, cerebral vascular accident, dementia, and a spiral fracture of the left leg.</p> <p>An Annual MDS (Minimum Data Set) Assessment, dated 3/20/2023, indicated the resident required extensive assist of 2 staff for bed mobility, total assist of 2 staff for dressing, toilet use and transferred via Hoyer lift and had limitation in range of motion to both upper and lower extremities to the left side.</p> <p>A care plan, revised on 5/1/2023, indicated the resident was at risk to experience pain related to diagnoses of heart failure, hypertension, diaphragmatic hernia, and fractured left femur. Interventions included, but were not limited to pain assessments done quarterly, annually and with any significant change, and as needed. Staff to report to MD if new pain or worsening pain, and staff to monitor for signs and symptoms of nonverbal pain.</p> <p>Resident B's current Physician Orders, dated</p>	F 580	Past noncompliance: no plan of correction required.		

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F 580	<p>Continued From page 3</p> <p>2/23/2023, included Acetaminophen (analgesic) 325 mg (milligrams) 2 tablets every 6 hours as needed for unspecified abnormalities of gait and mobility.</p> <p>A MAR (Medication Administration Record), dated April 2023, indicated Resident B had received Acetaminophen 4/13/2023 for pain which was effective and on 4/18/2023 with somewhat effective.</p> <p>A Physician's Progress Note, dated 4/13/2023, indicated the resident had been seen for possible pain in the leg. The skin looked good and there was no erythema (redness) or tenderness. Leg edema is better with no infection noted.</p> <p>A Nurse's Note, dated 4/14/2023 at 4:48 P.M., indicated a new order per (name of doctor) received for Colchicine(anti- inflammatory) 0.6 mg (milligrams) twice daily for 14 days related to signs and symptoms of gout in the left leg. Resident B continued to complain of increased pain in left leg. Routine Tylenol continues and appears to help a bit.</p> <p>A Nurse's Note, dated 4/15/2023 at 11:59 A.M., indicated the resident continued to complain of pain to the left leg.</p> <p>A Nurse's Note, dated 4/16/2023 at 11:15 A.M., indicated the resident continued to complain of pain with movement. PROM (Passive Range of Motion) performed without difficulty.</p> <p>A Nurse's Note, dated 4/16/2023 at 3:29 P.M., indicated the Colchicine continued per order. Resident B continued to complain of left leg pain, mostly with movement. The resident has wanted</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>to stay in bed the past few days related to complaints of pain. The resident was positioned every 2 hours and as needed. Nursing continuing to monitor effectiveness of new medication.</p> <p>A Nurse's Note, dated 4/17/2023 at 5:31 P.M., indicated the resident continued to complain of pain with movement.</p> <p>A Nurse's Note, dated 4/18/2023 at 1:02 P.M., indicated the resident continued to complain of pain with movement. PROM performed without difficulty.</p> <p>A Nurse's Note, dated 4/19/2023 at 12:45 P.M., indicated Resident B complained of knee pain when moved.</p> <p>A Nurse's Note, dated 4/19/2023 at 9:32 P.M., indicated the resident continued to complain of pain and discomfort with movement. Bilateral ankles continue to be swollen. Bilateral lower extremities elevated while in bed with pillows.</p> <p>A Nurse's Note, dated 4/20/2023 at 10:01 A.M., indicated the resident continued to complain of pain and discomfort with movement. Bilateral ankles continue to be swollen. Bilateral lower extremities elevated while in bed with pillows.</p> <p>A Physician Progress Note, dated 4/20/2023 at 5:51 P.M., and recorded as a late entry on 4/27/2023 at 5:53 P.M., indicated the physician saw the resident and she had no signs of pain on moving the legs, but thin legs likely from osteoporosis. Not in distress. Resident likely has osteoporosis.</p> <p>A Nurse's Note, dated 4/20/2023 at 8:24 P.M.,</p>	F 580			

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F 580	<p>Continued From page 5</p> <p>indicated Resident B continues to complain of pain and discomfort during transferring. Bilateral ankles continue to be swollen with +1 pitting edema. The resident requested to stay in bed because of pain. The resident was encouraged to get out of bed.</p> <p>A Nurse's Note, dated 4/21/2023 at 12:17 A.M., indicated the resident had complained of pain when she had knee movement.</p> <p>A Nurse's Note, dated 4/22/2023 at 3:06 A.M., indicated the resident continued to complain of left leg pain with movement. Resident B was positioned every 2 hours and PRN (as needed). Nursing continuing to monitor effectiveness of this medication and pain level.</p> <p>A Nurse's Note, dated 4/22/2023 at 11:49 P.M., indicated the resident yells out when moved.</p> <p>A Nurse's Note, dated 4/23/2023 at 1:55 P.M., indicated the resident's left knee and leg were swollen, very painful with ROM (range of motion), outer extension/rotation noted at knee bend. The resident was crying out when moved. The Physician was notified and order for a STAT (Immediately) x ray.</p> <p>A Nurse's Note, dated 4/23/2023 at 8:08 P.M., indicated waiting on the mobile x-ray company to come do the x-ray of the left knee. The resident continued to cry out in pain with even the slightest movement of the left leg.</p> <p>A Nurse's Note, dated 4/23/2023 at 9:43 P.M., indicated the x-ray company called and informed the facility that they would not be here until 4/24/2023 to do the knee x-ray.</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>A Nurses Note, dated 4/24/2023 at 9:11 A.M., indicated the x-ray was obtained and showed a left femur fracture. The physician was notified, and order received to send to the ER for evaluation and treatment.</p> <p>During an interview, on 5/4/2023 at 3:04 P.M., CNA 6 indicated the week before she was sent to the hospital, she had complained of her left leg hurting. The pain occurred mainly when she was rolled over in bed and or when using the Hoyer lift.</p> <p>During an interview, on 5/4/2023 at 3:12 P.M., LPN 4 indicated they had been treating the resident for gout. She indicated that the resident had complained of pain, one of the nurses had talked to him about the pain and the doctor stated that gout was painful and has flare ups, it comes and goes and he would see the resident again in a few days. LPN 4 indicated a nurse had called her, on 4/23/2023, and expressed concern about the pain, so she instructed the nurse to reach out to the MD one more time. LPN 4 indicated it was her understanding that the physician was notified from the time they had treated the resident for gout to when they had the x-ray done, but it was not documented.</p> <p>During an interview, on 5/5/2023 at 3:13 P.M., CNA 5 indicated Resident B had been complaining of pain when she was moved and had informed the nurse when the resident had complained of pain.</p> <p>On 5/5/2023 at 10:00 A.M., the Corporate Nurse provided the policy titled,"Resident Change in Condition Policy", dated 11/2018, and indicated</p>	F 580			

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F 580	<p>Continued From page 7</p> <p>the policy was the one currently used by the facility. The policy indicated..."It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective interventions takes place. 3. ...a. All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician promptly... b. The nurse in charge is responsible for notification of physician and family/responsible party prior to end of assigned shift when a significant change in the residents condition is noted. c. If unable to reach the physician or family/responsible party, all calls to physician or exchanges and family/responsible party requesting callbacks will be documented in th medical record... f. Document resident change of condition and response in the medical record. Documentation will include time and family/physician response...."</p> <p>On 5/5/2023 at 10:00 A.M., the Corporate Nurse provided the policy titled,"Pain Management Policy", dated 4/2023, and indicated the policy was the one currently used by the facility. The policy indicated "...It is the policy of [name of company] to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing, including pain management... 4. Non-Interviewable Resident- Pain medications will be prescribed and given based upon nursing assessment of the following. NON VERBAL SOUNDS (crying, whining, gasping, moaning, or groaning) VOCAL COMPLAINTS OF PAIN (that hurts, ouch, stop)... 5. The physician will be notified of unrelieved or worsening pain...."</p>	F 580			

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F 580	<p>Continued From page 8</p> <p>The past non-compliance began on 4/14/2023. The tag was removed and the deficient practice corrected on 4/28/2023 after the facility implemented a systemic plan that included the following actions: in-serving education to Licensed nurses related to physician notification for unresolved pain/worsening pain, giving as needed pain medication when showing signs of pain and requesting new pain medications, notification to the physician for any delay in obtaining an x-ray, education on thorough assessments with changes in condition, education on Pain Management Policy, Change of Condition Policy, and SBAR with any change of condition guidelines, CNA's skills validation check off in using a Hoyer lift with the observations of staff participating in transfers and ongoing monitoring.</p> <p>This Federal tag relates to complaint IN00407220.</p> <p>3.1-5(a)(2)</p>	F 580			