

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

PRINTED: 10/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155417		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2023	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SCOTTSBURG				STREET ADDRESS, CITY, STATE, ZIP COD 1100 N GARDNER AVE SCOTTSBURG, IN 47170			
(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	<p>This visit was for the Investigation of Complaint IN00416852.</p> <p>Complaint IN00416852 - Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: September 20 and 21, 2023.</p> <p>Facility number: 000421 Provider number: 155417 AIM number: 100288340</p> <p>Census Bed Type: SNF/NF: 33 Total: 33</p> <p>Census Payor Type: Medicare: 1 Medicaid: 24 Other: 8 Total: 33</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 26, 2023.</p>			F 0000	<p>F000- This plan of correction constitutes the facility's written allegation of compliance for the deficiencies cited. The submission of the Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. Hickory Creek of Scottsburg would like to respectfully request a desk review. Please feel free to contact Rachel Colwell, if you need any additional information to support the desk review at 812-595-6125. Thank you for your consideration.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the</p>						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	
Rachel				Colwell		10/09/2023	

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 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 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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	<p>comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, record review and interview, the facility failed to ensure appropriate assessment and monitoring skin impairments for 1 of 3 residents reviewed for Quality of Care. (Resident C)</p> <p>Findings include:</p> <p>During an observation of incontinent care on 9/20/23 at 10:30 a.m., Resident C had multiple large open and bleeding scratches on her buttock, lower back, and left buttock. She had multiple scabbed scratch marks on the area from her posterior left knee to her upper posterior left thigh. The resident started scratching her right buttock and lower back due to itching. The scratch marks started bleeding and the resident stated, "Why can't they give me something for this itching." The blood from the scratching was dripping and running down the resident's buttocks. There was no visible remnants of any cream on the resident's skin. The CNA (Certified Nursing Aide) 1 went out to get the nurse so she could look at the resident's skin. The resident stated "... They already know about it and haven't done a thing..."</p> <p>The record for Resident B was reviewed on 9/29/23 at 9:30 a.m. The diagnoses included, but were not limited to, urinary tract infection, hypokalemia, the need for assistance with personal care, disorder of the urinary tract urinary system, and tubulo-interstitial nephritis.</p> <p>The Quarterly MDS (Minimal Data Set) assessment, dated 7/11/23, indicated the resident was cognitively intact.</p>			F 0684	<p>F684- It is the policy of this facility to ensure that the monitoring and assessments for skin conditions are provided to all residents.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident C received no negative outcome as a result to this alleged deficient practice. Resident C has received an order for hydrocortisone cream to assist with scratching. Resident B no longer resides at this facility. All nursing staff was re-educated on 10/06/23 regarding the facility's Skin Management Program policy and procedure, including identification, assessment, and documentation. All residents with current skin conditions have been assessed and treated with appropriate and complete documentation.</p> <p>How 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 have the potential to be affected by this alleged deficient practice. Skin audits were completed on 10/06/23 on all residents to ensure there were no other concerns, none were noted.</p>		10/21/2023

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	<p>The physician's order, dated 7/13/23, indicated staff were to apply remedy calazime intensive skin (menthol-zinc oxide) OTC (over the counter) 0.44-20.6% (percent), to the resident's right buttock every shift and prn (as needed).</p> <p>The review of the skin assessments, dated 6/1/23 to 9/11/23, lacked documentation to indicate the resident had multiple open and bleeding scratches to her left thigh, lower back, coccyx, and right buttock.</p> <p>During an interview on 9/20/23 at 11:30 a.m., Resident C indicated her skin had been itching for about a year.</p> <p>During an interview on 9/20/23 at 11:35 a.m., CNA 6 indicated the nurse was aware of the resident's scratch marks from itching. The resident's skin had been itching for about a year.</p> <p>During an interview on 9/20/23 at 12:40 a.m., RN 5 indicated the resident's scratches to her right buttock was not open or bleeding when she seen them. She did not know if the scabbed over scratches on her left thigh were open and bleeding. She had not been there for 2 weeks. The treatment ordered was Calazime Intensive Skin and staff were to apply to her right buttock every shift and prn with a start date of 7/13/23. She was not sure how long the resident had the condition. She had not informed the NP (Nurse Practitioner) about the resident's skin condition before 9/20/23.</p> <p>During an interview on 9/20/23 at 1:15 p.m., Resident C's family member indicated he had complained about the resident's bleeding scratches on her skin for about a year and he could not get anyone to do anything about it. The resident's family member was observed to obtain</p>				<p>If the DON or other nursing personnel find any skin conditions that have not been adequately identified, assessed, treated, or documented, the DON/Designee will ensure that the resident is treated, the physician is notified, and the skin condition is properly documented.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: Skin observation's will be reviewed by the IDT team. If the DON or other nursing personnel find any skin conditions that have not been adequately identified, assessed, treated, or documented, the DON/Designee will ensure that the resident is treated, the physician is notified, and the skin condition is properly documented.</p> <p>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? To ensure compliance the DON/Designee will complete a skin observation CQI audit tool for any resident with skin impairments for six months with audits being completed once weekly for one month, and then monthly for 5 months by a nurse manager or designee. The skin</p>		

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	<p>his phone and show photos. He indicated the photos were taken by him on June 23, 2023 as was indicated on the date information on the photograph itself. The photographs showed the resident's lower body with multiple open and actively bleeding abrasions. The resident and her husband both indicated at this time it was due to self-inflicted wounds from the resident's excessive scratching due to itching. The family member also showed photos from September 2, 2023, where the issue continued with multiple areas of scratches from the resident's posterior thigh to her lower back and covering her buttocks with active bleeding dripping from the scratches. The resident's family member indicated he brought in pink cream for the resident from home for her to use. He had spoken with many people about his concerns, specifically naming the ED (Executive Director), the DON (Director of Nursing), and Social Services. He indicated he was concerned because the resident was in renal failure and asked them to talk to her doctor about the itching. No one had done anything except for occasionally applying cream.</p> <p>During an interview on 9/20/23 at 1:20 p.m. QMA 4 (Qualified Medication Aide) entered the room and indicated she was aware of the scratches. They had been there for months, and she thought greater than 3 months at least. Sometimes the nurse provided cream for the resident. It did not stop her from scratching, which was what caused the wounds. It did not improve much with what they treated her with.</p> <p>The Skin Management Program policy and procedure, dated 3/10, and last revised 5/22, provided on 9/21/23 at 9:00 a.m., indicated but was not limited to, "... 6. Any skin alterations noted by direct care givers during daily care and or shower</p>				<p>observation CQI tool will be reviewed monthly by the CQI committee for six months after which the QAPI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and or including termination of the responsible employee.</p> <p>Date of Compliance: 10/21/23</p>		

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	<p>days must be reported to the licensed nurse for further assessment, to include but not limited to bruises, open areas, skin tears, blisters, and rashes. The licensed nurse is responsible for assessing all skin alterations by the direct caregivers on the shift reported. 7. Facility skin sweeps (head-to-toe assessment) are conducted to assess all residents' current skin condition and to ensure appropriate preventative measures are in place..."</p> <p>This Federal tag relates to Complaint IN00416852.</p> <p>3.1-47(a)</p>						