STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155430	A. BUILDING 00 B. WING	04/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT ROCHESTER	340 E 18TH STREET ROCHESTER, IN 46975

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00400588. Complaint IN00400588 - No deficiencies related to the allegations are cited. Survey dates: April 17, 18, 19, 20, and 21, 2023 Facility number: 000326 Provider number: 155430 AIM number: 100290770 Census Bed Type: SNF: 31 Total: 31 Census Payor Type: Medicaid: 22 Other: 9 Total: 31 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 5/11/2023.	F 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of the requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. REQUESTING DESK REVIEW	
F 0727 SS=F Bldg. 00	483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Tommi Pruitt | Executive Director | 05/22/2023

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.

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	paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. Based on record review and interview, the facility failed to have 8 consecutive hours of RN coverage in the facility. This deficient practice affected 31 of 31 Residents who resided in the facility. Finding includes: During an interview, on 4/20/2023 at 2:47 P.M., the Director of Nursing indicated they staff the day and evening shifts with one nurse, one QMA and 3 aides and on the night shift 1 nurse and 2 aides. The DON indicated if the facility were without RN coverage, she would be the one to come in and cover the shift. The PBJ staffing data report dated January, February and March 2023 indicated the facility did not have 8 hours of RN coverage on the following dates: 1/21, 1/22, and 1/27/2023; 2/4 only 1.03 hours covered, 2/5 only 1.4 hours covered, 2/18, and 2/19, 3/4, 3/5, 3/18, 3/19 and 2 hours covered on 3/26/2023. During an interview, on 4/21/2023 at 11:29 A.M., the Administrator indicated the Director of Nursing had not worked the above dates for R.N coverage. During an interview, on 4/21/2023 at 11:30 A.M., the Administrator and Business office manager	F 0727	REQUESTING DESK REVIEW F727 **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** · 8 hours of consecutive RN coverage will be scheduled daily **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · The daily schedules were reviewed for RN coverage. No other residents were affected. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** · The ED/DNS were educated on the RN coverage policy. The DNS/designee will review the schedule daily to ensure 8 hours of RN coverage is scheduled every day. **How the corrective action(s) will be monitored to ensure the deficient practice will not**	05/25/2023

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	indicated there should have been 8 hours of RN coverage on the above documented dates. On 4/21/2023 at 4:18 P.M. the Administrator indicated she had no policy on RN coverage. 3.1-17(b)(3)		**recur, i.e.; what quality assurance program will be put into place?** · The DNS/designee will review the schedule daily and complete the "RN coverage" QAPI form. This monitoring form will be completed daily for 30 days, then weekly until 100% compliance is achieved. Date of compliance: 5/25/23	
F 0761 SS=D Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which			

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	the quantity stored is minimal and a missing dose can be readily detected. Based on observation, interview and record review, the facility failed to ensure medications were labeled, dated when opened, and failed to provide a clean medication cart for 1 of 1 medication carts observed. (Front Hall Medication Cart) Finding includes: During a medication storage observation with LPN 3, on 4/21/2023 at 11:02 A.M., the following was observed: An opened and undated bottle of Milk of Magnesia for Resident 1. An opened and undated bottle of liquid Docusate Sodium for Resident 11. An opened and undated bottle of Mucinex D for Resident 5. An an opened bottle of fiber well gummies and an opened bottle of Centrum Silver vitamins with no resident labels. Three of the four drawers had a white powdery and gritty substance along the back edges of the drawers. During an interview, on 4/21/2023 at 11:14 A.M., LPN 3 indicated the medications's should have been labeled and dated when opened, and the medication cart needed to be cleaned. On 4/21/2023 at 12:03 P.M., the Administrator provided the policy titled,"Storage and Expiration Dating of Medications, Biological's", with a revision date of 7/21/2022, and indicated the policy was the one currently used by the facility. The policy indicated"... 5.1 Facility staff may record the calculated expiration date based on date opened on the medication container...."	F 0761	REQUESTING DESK REVIEW **F761 Label/Storage Drugs and Biologicals** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** It is the practice of this facility to label drugs and biologicals used in the facility in accordance with currently accepted professional principles. All incorrectly labeled, dated, expired medications were disposed of in accordance with the pharmacy policies. All medications stored appropriately in accordance with the pharmacy policies. **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 finding. A facility audit will be completed by DNS/designee for all medication storage areas to ensure all medications are stored, labeled, and dated correctly. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:**	05/25/2023

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	A policy was requested for labeling medications and medication cart cleaning, on 4/21/2023, but none were provided. 3.1-25(j)		The DNS/designee will in-service nurses on Medication Storage on or before 5/25/23. DNS/designee will conduct daily rounds to ensure medications are stored correctly. **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 (QAPI). The DNS/designee will be responsible for completing the QAPI Audit tool “Medication Storage” weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up **By what date the systemic changes will be completed:** Compliance Date: 5/25/23	