

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155392		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/22/2021	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT KENDALLVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 1433 S MAIN STREET KENDALLVILLE, IN 46755			
(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 IN00366572.</p> <p>Complaint IN00366572 - Substantiated. Federal/state deficiencies related to the allegations are cited at F 727</p> <p>Survey date: November 22, 2021</p> <p>Facility number: 000402 Provider number: 155392 AIM number: 100288120</p> <p>Census Bed Type: SNF/NF: 22 Total: 22</p> <p>Census Payor Type: Medicare: 1 Medicaid: 17 Other: 4 Total: 22</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 23, 2021</p>			F 0000	<p>This Plan of Correction constitutes the written allegation of compliance for deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law. We respectfully request paper compliance for this POC.</p>		
F 0727 SS=E Bldg. 00	<p>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.</p>						

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 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>§483.35(b)(2) Except when waived under 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.</p> <p>§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.</p> <p>Based on interview and record review the facility failed to have 8 contiguous hours of RN coverage for 8 of 14 days reviewed.</p> <p>Findings include:</p> <p>In an interview on 11-22-21 at 9:43 AM LPN 1 indicated the facility had RN coverage until the DON (Director of Nursing) became ill. LPN 1 indicated the DON was working from home, but was unable to come into the facility to resume any nursing duties.</p> <p>Review of the as worked schedule the prior 2 weeks indicated Licensed nurse coverage in the facility was available each shift over the last 14 day period, however for 8 of those days, there was not an RN scheduled to be in charge.</p> <p>In an interview on 11-22-21 at 10:56 AM, the Administrator indicated the DON was the only full time RN on staff for the building, and the other RN working was a prn person. She indicated the facility had done everything possible to recruit another RN, but had been unable.</p> <p>This federal citation is related to complaint IN000366572.</p>			F 0727	<p><u>In IDR is requested. The attached documents show the facility's good faith efforts to recruit a Registered Nurse per the Job Ads since March 1, 2021.</u></p> <p><u>What corrective action will be accomplished for those residents found to have been affected by the practice?</u> There were no residents affected by this practice. All residents received the necessary care and treatment during this time. ED and DNS were educated on maintaining 8 hours of RN coverage (see attached education).</p> <p><u>How other residents having the potential to be affected by the same practice will be identified and what corrective action will be taken?</u> All residents have the potential to be affected, but none were identified as being adversely affected.</p> <p><u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice doesn't occur?</u> Facility will staff 8 hours of RN coverage daily by utilizing agency</p>		12/17/2021

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	3.1-17 (a)		<p>or contract staff. Facility continues to recruit staff, including RNs, as they become available. The IDT will review the schedule daily for a month, then weekly until 4 weeks of 100% compliance is achieved, to ensure that 8 hours of RN coverage is scheduled.</p> <p><u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The Administrator and/or DON will present the results of the schedule reviews and recruiting activities for RNs to the monthly QAPI Committee meeting for the next 6 months. Any recommendations received from the QAPI committee will be followed up by the Administrator/DON, with results of those recommendations reported at the next scheduled monthly meeting. Once the 6 months has ended and there has been at least 4 weeks of 100% compliance, the Committee may decide to stop the schedule reporting; however, the Administrator and DON will continue to review the schedule to ensure RN coverage on at least a weekly basis.</p> <p>The Administrator and DON are responsible for the implementation and monitoring of this plan.</p>		