

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

PRINTED: 06/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SCOTTSBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N GARDNER AVE SCOTTSBURG, IN 47170		
(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 a Recertification and State Licensure survey.</p> <p>Survey dates: April 21, 22, 23, 24, and 25, 2024.</p> <p>Facility number: 000421 Provider Number: 155417 AIM number: 100288340</p> <p>Census Bed Type: SNF/NF: 31 Total: 31</p> <p>Census Payor Type: Medicare: 4 Medicaid: 26 Other: 1 Total: 31</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 1, 2024.</p>	F 000			
F 565 SS=E	<p>Resident/Family Group and Response</p> <p>CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)</p> <p>§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility.</p> <p>(i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.</p> <p>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.</p> <p>(iii) The facility must provide a designated staff</p>	F 565			5/30/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/15/2024

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 565	<p>Continued From page 1</p> <p>person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.</p> <p>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to act upon resident concerns of not answering the call lights in a timely manner; beds not made and rooms messy; urinals not emptied or put away; glove usage without handwashing; rooms not being deep cleaned; missing clothes after being sent to laundry; staff cursing and talking about other staff in front of residents; feeling rushed by housekeeping to eat and leave the dining room for 9 of 10 Resident Council meetings (August, September, October, November, and December 2023, January, February, March and April 2024). This deficient practice had the potential to affect 31 of 31</p>	F 565			

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F 565	<p>Continued From page 2 residents currently residing in the facility.</p> <p>Findings include:</p> <p>1. The Resident Council meeting held on 8/11/23 indicated residents' concerns were not resolved or acted upon:</p> <ul style="list-style-type: none"> - Call lights were taking 40 minutes to hours to be answered. - Beds were not being made and rooms were messy. - Urinals were not being emptied. - Staff were using gloves but no handwashing was observed. - Resident rooms were not being deep cleaned with everything moved out of the room to do so. <p>On 8/11/23, the Director of Nursing (DON) responded that there would be staff education, daily rounds would be made on rooms to verify beds were made, urinals emptied and call lights answered.</p> <p>On 8/11/23, the Director of Maintenance/Housekeeping indicated he would educate staff on the deep clean schedule. The deep clean check list will be turned in to the Executive Director (ED) every Friday until compliance was achieved.</p> <p>2. The Resident Council meeting held on 9/8/23 indicated residents' concerns were not resolved or acted upon:</p> <ul style="list-style-type: none"> - Staff using foul language. - Call lights still taking awhile to be answered. - Still having issues with emptying urinals. - Clothing in the wrong closet even with the residents' names on the clothes. - Resident rooms still not being deep cleaned. 	F 565			

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F 565	<p>Continued From page 3</p> <p>On 9/13/23, the Director of Maintenance/Housekeeping indicated the ED would inservice all Housekeeping staff on 9/14/23. Each staff member will be given a copy of the deep cleaning schedule and policy. They will be given a copy of the deep cleaning checklist. The checklist would be given to their supervisor each day at the end of their shift. The ED will verify deep cleanings were being done daily.</p> <p>On 9/8/23, the DON indicated she and the ED would make rounds on all shifts. Concerns will be addressed at monthly inservices and the DON would follow up with residents to verify improvement with areas of concern.</p> <p>3. The Resident Council meeting held on 10/13/23 indicated residents' concerns were not resolved or acted upon: - From 6:00 p.m. to 10:00 p.m., call lights were not answered. It took more than 25 minutes for them to be answered when staff did answer them.</p> <p>On 10/13/23, The DON indicated call light response time would be monitored by the charge nurses. Any issues would be addressed immediately and discussed with the DON.</p> <p>On 10/25/23, the ED developed and presented the Director of Maintenance with an Action Plan she developed for him due to the deep cleans not being completed by the Housekeeping department and the Housekeeping Director having failed to give the staff the deep clean schedule. The Root Cause Analysis indicated staff would be educated; the Housekeeping Director would make a monthly schedule and</p>			F 565			

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F 565	<p>Continued From page 4</p> <p>would verify the deep cleans were being completed daily.</p> <p>4. The Resident Council meeting held on 11/10/23 indicated residents' concerns were not resolved or acted upon:</p> <ul style="list-style-type: none"> - Call lights not being answered timely. - "Needy" residents were bothering the nurses during medication pass and the medications were taking longer to get to the residents. - Deep cleaning not started. <p>On 11/10/23, the ED indicated the DON or designee would observe call light response time on each shift until compliance was achieved.</p> <p>On 11/10/23, the Director of Maintenance/Housekeeping and the ED indicated the deep clean calendar would be made monthly. The Maintenance Director would ensure the deep cleans were completed and done properly daily. The ED would complete room rounds with the supervisor daily to ensure deep cleans were being completed. Failure to complete/follow deep clean schedule would result in disciplinary action for the responsible staff member.</p> <p>5. The Resident Council meeting held on 12/8/23 indicated residents' concerns were not resolved or acted upon:</p> <ul style="list-style-type: none"> - The call lights continued to be an issue. - The deep cleans were still not getting done. - Resident clothes were not coming back in a timely manner, sometimes it was taking weeks. <p>On 12/8/23, the Director of Maintenance/Housekeeping indicated all housekeeping staff were re-educated on deep cleans. The ED developed the deep clean</p>	F 565			

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F 565	<p>Continued From page 5</p> <p>schedules. The ED and Maintenance Director would verify deep cleans were being completed daily.</p> <p>On 12/8/23, the ED indicated the Department Managers/Clinical staff were filling in between 6:00 p.m. and 10:00 p.m. if there was a shortage of nursing staff. The DON/designee would monitor call light response each shift.</p> <p>6. The Resident Council meeting held on 1/12/24 indicated the resident concerns were not resolved or acted upon:</p> <ul style="list-style-type: none"> - Staff talking about other staff during resident care and smoke breaks. - A lot of noise at bedtime; residents were loud in the hallway until early AM. - Staff not being courteous. - Aides placing urinals on the table tops; placing items on the roommate's side of the room; knocking things off and acting not to care. <p>On 1/12/24, the DON indicated staff education regarding the concerns verbalized will be provided regarding the noise level at the all staff inservice on 1/16/24. She spoke to a certain resident regarding being respectful to others regarding the noise level.</p> <p>7. The Resident Council meeting held on 3/8/24 indicated the residents' concerns were not resolved or acted upon:</p> <ul style="list-style-type: none"> - The residents were feeling rushed at meal times from the housekeeping staff during lunch. - The deep cleaning was not getting done; beds were not being pulled out away from the wall to clean behind them; privacy curtains needed to be washed. - Resident 6 indicated her food was cold due to 	F 565			

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F 565	<p>Continued From page 6</p> <p>getting the meal last. She would like to rotate ways to serve meal trays for 6 months at a time.</p> <p>On 3/8/24, the DON addressed the resident concerns of customer service from the staff. She indicated customer service expectations would be discussed at the all staff inservice on 3/13/24. The ED would review customer service policy at the all staff inservice.</p> <p>On 3/11/24, the Dietary Manager inserviced the dietary and housekeeping staff on dinner times and to ensure all residents were out of the dining room before entering to clean. Resident 6 was spoken to who indicated the food was hot, but just wished to be served first. Room 18 now moved to first trays on hallway service for all meals.</p> <p>On 3/12/24, the ED indicated all housekeeping staff would be inserviced at the all staff meeting on 3/13/24 regarding cleaning after meal times and deep cleans. Each staff would be given the deep clean policy and check list. The Maintenance/Housekeeping Supervisor was inserviced on verifying deep cleans were being completed daily.</p> <p>During an interview on 4/21/24 at 9:46 a.m., Resident 16 indicated he had often waited a half day to a day for his call light to be answered. He had to lay in a wet or soiled brief.</p> <p>During an interview on 4/21/24 at 9:52 a.m., Resident 23 indicated she has had to wait a half hour to an hour at times for her call light to be answered.</p> <p>During an interview on 4/22/24 at 8:11 a.m.,</p>	F 565			

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F 565	<p>Continued From page 7</p> <p>Resident 6 indicated there wasn't enough staff especially on the night shift. She has had to wait up to an hour for the staff to help her to the bathroom.</p> <p>During an interview on 4/22/24 at 9:09 a.m., Resident 7 indicated she has had to wait so long for the staff to answer her light she wet the bed.</p> <p>8. During the Resident Council meeting held on 4/24/24, the Activities Director indicated the 9 residents in attendance were alert and oriented. The following concerns were voiced:</p> <ul style="list-style-type: none"> - Staff talking about each other while out on smoke break with the residents. - Missing laundry - residents talked to the staff, but they just told them they couldn't find it. Social services helped at times for some people, but usually the staff just told them they couldn't find it even though their names were in the clothes. - The phone was an issue. Sometimes it would ring and ring and no one would answer it when families called. Residents had heard the nurses sometimes say they were going to just refuse to answer it. Often the phone was not at the desk as it was in another resident's room or residents were answering it instead. - The CNAs (Certified Nurse Aides) frequently were seen just sitting at the desk and refused to answer the call lights - day shift was more of an issue. - Food was cold when they received it, all the meals were affected. The last room, Room 18, was always getting cold food even after they had asked that the tray service rotation be switched up so they could be first for a change, but it didn't happen. - Certain things were brought up in Resident Council every month but nothing was ever taken 	F 565			

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F 565	Continued From page 8 care of like management said they would. Call lights and deep cleaning the rooms were a major issue. They don't seem to listen to us. The facility's current policy on Resident Council, dated 2/20, indicated "Policy: The facility will promote and support the residents right to participate and organize resident council. The council will be used to communicate concerns, give suggestions for future programming and events, and otherwise participant in and guide facility life. Procedure:...6. Concerns or suggestions from the meeting will be addressed by the appropriate department. The Executive Director will review all minutes and concerns to ensure thorough resolution of concerns..." Cross reference F804 3.1-3(l)	F 565			
F 804 SS=E	Nutritive Value/Appeal, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide meals that were palatable, appetizing and at appropriate temperatures. This deficient practice had the potential to affect 30 of	F 804			5/30/24

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F 804	<p>Continued From page 9</p> <p>31 residents currently residing in the facility.</p> <p>Findings include:</p> <p>1. During an observation on 4/21/24 at 11:55 a.m., a test tray was placed on the last cart for the hall trays. The cart arrived to the hall at 12:00 p.m. The staff began serving the trays at 12:00 p.m. and completed at 12:12 p.m.</p> <p>During a test tray on 4/21/24 at 12:14 p.m., the following food temperatures and observations were obtained:</p> <ul style="list-style-type: none"> -The sliced turkey temperature was 124.9 degrees F. It had a processed flavor and texture, but was appetizing. -The Au gratin Potatoes temperature was 118 degrees F. The potatoes were undercooked and were cool to taste. The cheese sauce was thin and the flavor was not appetizing. -The brussels sprouts temperature was 117.8 degrees F. The flavor was appetizing. Salt was available. -The banana cream pie temperature was 21.3 degrees F. The pie was still partially frozen and as it melted, the flavor of the banana started to appear. <p>2. During an observation on 4/25/24 at 11:52 a.m., the following food temperatures were obtained:</p> <ul style="list-style-type: none"> -The ham salad sandwich had a temperature of 37.7 degrees F. A seconds sandwich was obtained and had a temperature of 30.5 degrees F. The sandwich lacked an appetizing flavor and had hard ham pieces. There was a strong hint of mustard. -The apricots temperature was 34.5 degrees F. The apricot had a good color and were firm. The 	F 804			

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F 804	<p>Continued From page 10</p> <p>flavor was appetizing.</p> <p>-The broccoli soup temperature was 164 degrees F. The soup had a strong spicy pepper and a gravy mix flavor.</p> <p>-The bean salad temperature was 32 degrees F and was frozen with only the flavor of the cold green beans no seasoning.</p> <p>During an interview on 4/22/24 at 10:30 a.m., Resident 7 indicated the food was often cold. She was unable to eat some of it. She felt like the quality of the food had decreased. She thought the dietary budget had been cut.</p> <p>During an interview on 4/22/24 at 10:45 a.m., Resident 6 indicated she thought the turkey was ham on yesterday's lunch tray. The potatoes were so hard she could not eat them. She felt the food had really gone down hill. Most of the time her food was cold before she received her tray.</p> <p>During an interview on 4/21/24 at 11:26 a.m., Resident 32 indicated the food was terrible. It was the quality of the food and the way it was prepared. The food was sometimes cold.</p> <p>During an interview on 4/21/24 at 9:38 a.m., Resident 25 indicated the food was so, so on flavor and quality. It was sometimes cold when he received it.</p> <p>During an interview on 4/21/24 at 9:28 a.m., Resident 16 indicated the food was cold. He received his food in his room. T</p> <p>During an interview on 4/25/24 at 8:50 a.m., the Dietary Manager indicated she had resident requests for hot dogs and lunch meat sandwiches as alternates. They had soup as an alternate</p>	F 804			

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F 804	<p>Continued From page 11</p> <p>already. Breakfast cereals were also requested as an alternate. The residents were taken to the store and the residents would purchase snacks for themselves. The residents had requested for some of the menu items to be changed recently, due to repeat meats during the week. She changed the menu for those requests. The menu alternated on a 4-week cycle and they had a spring menu to be started soon. It had been since October that the current menu was used. They had not changed the food company, but had used a different bread company recently. One resident complained about the food being cold in the morning, but he had slept late. The steam table was on the stove top. The staff delivered 4 trays at a time to the halls and to the dining room. All plates were covered. The plates were put on the stove sometimes to heat. This hadn't been done recently. If she had a suction device to pick up the hot plates from the oven that would help dietary staff to not burn their hands when picking up hot plates. She would keep the oven on a low temperature for the plates. The plates were kept on the back side of the kitchen and not kept warm in the oven. The kitchen didn't have enough room to have a plate warmer machine. The serving temperature of the food should be kept above 135 degrees F. She typically kept it between 165 and 170 degrees F.</p> <p>During an interview on 4/25/24 at 10:06 a.m., the Dietary Manager indicated she needed clarification on the palatability of food. Salt and pepper were offered at the tables, so she had trouble understanding why the food would be thought of as not palatable. All residents had weight gain. The only thing that was different was the brand of the food. Double portions were offered to residents. The residents would snack a</p>	F 804			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SCOTTSBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 N GARDNER AVE SCOTTSBURG, IN 47170		
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F 804	<p>Continued From page 12</p> <p>lot and their weight was maintained. The residents' were taken out to the store and would purchase their own snacks.</p> <p>The Food Temperatures policy, revised last on June 2023, included, but was not limited to, "... 2. Hot foods that are potentially hazardous will be held for service at or above 135 degrees F, and cold foods at or below 41 degrees F. 2. All hot and cold food items will be served to the resident at a temperature that is considered palatable at the time the resident receives the food... 9. Hot food will be held at or above 135 degrees F. If minimum temperature requirements are not maintained, food will need to be reheated to a minimum of 165 degree F for 15 seconds before serving..."</p> <p>Cross reference F565</p> <p>3.1-21(a)(2)</p>	F 804			