

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

PRINTED: 11/13/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155353		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/11/2024	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GREENSBURG				STREET ADDRESS, CITY, STATE, ZIP CODE 1620 N LINCOLN ST GREENSBURG, IN 47240			
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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: October 7, 8, 9, 10, and 11, 2024 Facility number: 000244 Provider number: 155353 AIM number: 100288790 Census Bed Type: SNF/NF: 26 Total: 26 Census Payor Type: Medicare: 1 Medicaid: 21 Other: 4 Total: 26 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on October 18, 2024.			F 0000			
F 0690 SS=D Bldg. 00	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI Based on record review and interview, the facility failed to obtain laboratory results and start and antibiotic in a timely manner for 1 of 2 residents reviewed for urinary tract infections. (Resident 12) Findings include: The clinical record for Resident 12 was reviewed on 10/09/24 at 8:50 A.M. An Annual Minimum Data Set (MDS) assessment, dated 09/25/24,			F 0690	F690- Bowel/Bladder Continence, Catheter, UTI How will the corrective action be accomplished for residents found to be affected by deficient practice? - Resident 12 completed antibiotic therapy per orders for urinary tract infection with no adverse outcomes and is receiving		11/01/2024

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

TITLE

(X6) DATE

Brooke Thies

Executive Director

10/31/2024

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 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 30 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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	<p>indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, cerebral infarction, Urinary Tract Infection (UTI) in the last 30 days, seizure disorder, anxiety, depression, and psychotic disorder.</p> <p>A Progress Note, dated 09/01/24 at 8:47 A.M., indicated the resident's family member was in the facility and that the resident had complained of burning with urination. The staff would encourage more fluids for 24 hours. The writer assessed the resident's urine. The urine lacked odor, sediment, and was clear/yellow. The resident had indicated the burning with urination happened one time. The staff would continue to encourage more fluids and would reassess the resident in 24 hours.</p> <p>A Progress Note, dated 09/03/24 at 1:47 P.M., indicated the resident was complaining of burning and pain with urination and low back pain. The Nurse Practitioner (NP) was notified that the resident had been encouraged to drink more fluids for 24 hours and was having complaints. An order was obtained for a Urinalysis (UA) and a Culture and Sensitivity (C&S).</p> <p>A Progress Note, dated 09/05/24 at 10:27 A.M., indicated the resident's urine was sent with the lab technician.</p> <p>A Progress Note, dated 09/09/24 at 11:03 A.M., indicated the staff were still awaiting culture and sensitivity reports at that time.</p> <p>A Progress Note, dated 09/09/24 at 9:55 P.M., indicated the resident's urine had a foul odor. The resident stated, " I just don't feel good." Fluids were encouraged and taken well.</p>				<p>medication and lab services timely. MD notified of resident only receiving 13 doses of ATB and no new orders obtained.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> - All residents with orders for antibiotic therapy or UAC&S have the potential to be affected by this alleged deficient practice. - An audit was completed by DNS to identify any resident receiving antibiotic therapy or with UAC&S orders/pending results within the last 30 days to ensure timely initiation of antibiotic, and timely response to lab results. <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> - An in-service will be completed with all licensed staff by DNS/designee regarding follow up procedure for outstanding UAC&S results and timely initiation of antibiotic therapy treatment. - An audit will be completed daily to ensure that new antibiotic orders are initiated timely, and that UA C&S results are obtained timely. <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <ul style="list-style-type: none"> - The DNS/Designee will be responsible for the completion of 		

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	<p>A Progress Note, dated 09/11/24 at 11:31 P.M., indicated the resident's urine had a foul odor. Fluids were encouraged and taken well.</p> <p>A Progress Note, dated 09/12/24 at 10:30 A.M., indicated the resident's first dose of Bactrim (an antibiotic) was pulled from the Emergency Drug Kit (EDK) that morning for an infection. The resident was encouraged and assisted with fluid intake.</p> <p>A Urine Specimen, indicated the resident's urine was collected on 09/04/24, received at the lab on 09/06/24 and resulted to the facility on 09/10/24. The resident's urine contained Escherichia coli (E.coli).</p> <p>A physician's order, dated 09/11/24 through 09/18/24, indicated the resident was to receive Bactrim 800-160 mg (milligrams), twice a day, for a UTI.</p> <p>The September 2024 EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) indicated the resident did not receive the Bactrim medication on 09/11/24 at 8:00 P.M., due to the medication being unavailable.</p> <p>The resident received the first dose of Bactrim on 09/12/24 at 8:00 A.M.</p> <p>The Surveillance Log Of Resident Infections and Antibiotic Use for September 2024, indicated the resident's date of onset for UTI was 09/05/24. A Urine sample was obtained on 09/04/24 and the resident started an antibiotic on 09/11/24.</p> <p>During an interview on 10/09/24 at 1:02 P.M.,</p>				<p>the Lab Tracking QA tool and the Antibiotic Therapy QA Tool weekly x 4 weeks, monthly x 6, then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed.</p> <p>Date of compliance:11/01/2024</p>		

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	<p>Licensed Practical Nurse (LPN) 2 indicated the resident used a urinal. If a resident needed a laboratory test completed the lab service would come to the facility daily at 6:00 A.M. If the resident needed a UA C&S the staff would obtain the urine and have it ready for the lab to take when they came to the facility. If the lab was missed when the laboratory staff came there was a service the facility used to come and get the sample to be tested. If a resident had an order for a UA C&S and ended up having and UTI, then the resident should have been started on an antibiotic within three days of obtaining the urine. If the facility didn't have the results of the urine, she would call the lab, request them, and document it in a progress note.</p> <p>During an interview on 10/09/24 at 2:41 P.M., the Director of Nursing (DON) indicated the lab had been taking five days to get culture results back. Their lab was out of another State. The resident's final culture result was on 09/08/23 and the resident should have been started on an antibiotic sooner than he did.</p> <p>The current facility policy titled, "Infection Prevention and Control Program", with a revision date of 05/2023, was provided by the Administrator on 10/07/24 during the entrance conference. The policy indicated, "...The facility shall establish and maintain infection prevention and control program (IPCP) designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections. The IPCP is comprehensive system for preventing, identifying reporting, investigating, and controlling infections and communicable diseases for all resident, staff, volunteers, visitors, and other individuals providing services under</p>						

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F 0727 SS=F Bldg. 00	<p>contractual arrangement..."</p> <p>The current facility policy titled, "Guidelines for Lab and Radiology Tracking" with a revision date of 4/24, was provided by the Administrator on 10/10/24 at 3:16 P.M. The policy indicated, "...If any lab and/or radiology test ordered are not resulted as expected, investigate and take the necessary steps to obtain the results..."</p> <p>During an interview on 10/10/24 at 2:51 P.M., the Administrator indicated the facility did not have any other policies related to lab services.</p> <p>3.1-41(a)(2)</p> <p>483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>Based on interview and record review, the facility failed to provide the required RN (Registered Nurse) on duty for eight consecutive hours a day for 12 of 29 days reviewed.</p> <p>Findings include:</p> <p>During an interview on 10/09/24 at 1:24 P.M., the Director of Nursing (DON) indicated they were the only RN working in the facility at this time so sometimes there was not an RN on duty for eight consecutive hours a day.</p> <p>During an interview on 10/11/24 at 10:31 A.M., the Regional Director of Clinical Services indicated the payroll was completed by the facility staff then the corporate Manager of Financial Operations compiled the information and reported the Payroll-Based Journal (PBJ).</p> <p>During an interview on 10/11/24 at 10:38 A.M., the</p>			F 0727	<p>F 727 RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>How will the corrective action be accomplished for residents found to be affected by deficient practice?</p> <ul style="list-style-type: none"> - No residents were identified as being affected by this alleged deficient practice. - Facility is providing RN coverage during the weekend for day and night shifts by hiring additional staff and utilizing agency staff as needed. <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> - All residents who reside in the facility have the potential of being affected by the alleged deficient 		11/01/2024

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	<p>Manager of Financial Operations indicated, based on their records for Fiscal Year Quarter 3 (April 1, through June 30), the facility had one day with zero RN hours, and 21 days with less than 8 RN hours.</p> <p>The nursing as-worked weekend schedules for April, May, and June 2024, were provided by the Administrator on 10/07/24 at 12:40 P.M. The records indicated an RN was not on duty for eight consecutive hours on the following dates:</p> <ul style="list-style-type: none"> - 04/13/24, - 04/14/24, - 04/19/24, and - 05/25/24. <p>The nursing as-worked weekend schedules for September and October 2024, were provided by the DON on 10/09/24 at 3:15 P.M. The records indicated an RN was not on duty for eight consecutive hours on the following dates:</p> <ul style="list-style-type: none"> - 09/01/24, - 09/07/24, - 09/14/24, - 09/15/24, - 09/22/24, - 09/28/24, - 09/29/24, and - 10/06/24. <p>The Facility Assessment, with an approval date of 08/01/24, was provided by the Administrator on 10/10/24 at 12:20 P.M. The record indicated the average number of RNs needed for direct care/facility staff was four.</p> <p>During an interview on 10/10/24 at 2:52 P.M., the Administrator indicated they did not have a</p>				<p>practice.</p> <ul style="list-style-type: none"> - Daily staffing is reviewed by DNS to ensure that RN coverage is in place. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? - The facility will ensure RN coverage of at least 8 hours every day. - The DNS will review the schedule daily to ensure at least 8 hours of RN coverage daily. Each week on Monday's the ED and DNS will meet and review the upcoming weeks schedule to ensure RN coverage for each day. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? - To ensure compliance the DNS/designee will complete RN staffing QAPI audit tool weekly x 4 weeks, monthly x 6, then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed. Date of compliance: 11/01/2024 		

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F 0757 SS=D Bldg. 00	<p>facility policy related to RN coverage.</p> <p>3.1-17(b)(3)</p> <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs</p> <p>Based on record review and interview, the facility failed to follow a physician's order related to hold parameters for insulin for 1 of 5 residents reviewed for unnecessary medications. (Resident 10)</p> <p>Findings include:</p> <p>The clinical record for Resident 10 was reviewed on 10/07/24 at 1:47 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/13/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and depression. The resident had received insulin for seven of seven days during the review period.</p> <p>The current physician's order, with a start date of 07/12/24, indicated the resident was to receive insulin lispro, 25 units, three times a day. The staff were to hold (not administer) the insulin if the resident's blood sugar was less than 120.</p> <p>The July, August, and September EMAR/ETAR (Electronic Administration Record/Electronic Treatment Administration Record) indicated the resident received the insulin when their blood sugar was less than 120 on the following dates and times:</p> <ul style="list-style-type: none"> - 07/25/24 at 7:00 A.M., when the resident's blood sugar was 118, - 08/12/24 at 7:00 A.M., when the resident's blood sugar was 107, 			F 0757	<p>F 757 Drug Regimen is Free from Unnecessary Drugs</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> - Resident 10 is receiving insulin according to physician orders, including hold parameters. - DNS/ designee conducted medication pass skills validation with LPN 2. <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> - All residents with insulin orders and hold parameters have the potential to be affected by this alleged deficient practice. - An audit was completed to identify any other resident with insulin orders and hold parameters to ensure orders were being followed, no other resident found to be receiving sliding scale or have hold parameters. <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not reoccur?</p> <ul style="list-style-type: none"> - DNS/ designee will conduct in-service with licensed nursing 		11/01/2024

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	<p>- 08/14/24 at 7:00 A.M., when the resident's blood sugar was 79,</p> <p>- 08/17/24 at 7:00 A.M., when the resident's blood sugar was 73,</p> <p>- 08/23/24 at 7:00 A.M., when the resident's blood sugar was 111 and 5:00 P.M., when the blood sugar was 105,</p> <p>- 09/14/24 at 7:00 A.M., when the resident's blood sugar was 111,</p> <p>- 09/20/24 at 7:00 A.M., when the resident's blood sugar was 106,</p> <p>- 09/23/24 at 7:00 A.M., when the resident's blood sugar was 82,</p> <p>- 09/25/24 at 7:00 A.M., when the resident's blood sugar was 113,</p> <p>- 09/29/24 at 7:00 A.M., when the resident's blood sugar was 96, and 12:00 P.M., when the blood sugar was 110, and</p> <p>- 10/07/24 at 7:00 A.M., when the resident's blood sugar was 106.</p> <p>During an interview on 10/09/24 at 9:47 A.M., Licensed Practical Nurse (LPN) 2 indicated she normally would check the resident's blood sugar and hold the insulin until she was done eating and then administer it. She had messaged the Nurse Practitioner (NP) the other day and had not changed the instructions on the order to reflect the new order. It had been a couple weeks since she talked to the NP. She would normally make a progress note related to talking with the NP. If a resident had hold parameters on an insulin, she would obtain the blood sugar and hold the medication per the physician's order.</p> <p>The current facility policy, titled "General Dose Preparation and Medication Administration", with a revision date of 04/30/24, was provided by the DON on 10/09/24 at 2:33 P.M. The policy indicated, "...Verify each time a medication is</p>				<p>staff related to following physician orders for insulin administration including hold parameters.</p> <p>- Daily audits EMAR will be completed by DNS/designee to ensure insulin orders and hold parameters are followed according to physician orders.</p> <p>- Medication administration observations will be completed daily by DNS/designee ensure insulin orders and hold parameters are followed according to physician orders.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>- The DNS/Designee will be responsible for the completion of the Diabetic Monitoring QA tool weekly x 4 weeks, monthly x 6, then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed.</p> <p>Date of compliance:11/01/2024</p>		

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F 0759 SS=D Bldg. 00	<p>administered that it is the correct medication, at the correct does, at the correct route, at the correct rate, at the correct time, for the correct resident..."</p> <p>3.1-48(a)(6)</p> <p>483.45(f)(1)</p> <p>Free of Medication Error Rts 5 Prcnt or More</p> <p>Based on observation, record review, and interview, the facility failed to maintain a medication error rate of less than 5% related to medication errors for 1 of 4 residents observed for medication administration. (Resident 10)</p> <p>Findings include:</p> <p>On 10/09/24 at 8:44 A.M., Licensed Practical Nurse (LPN) 2 was observed as she prepared to administer Resident 10's medications. She removed the resident's medication blister packs from the medication cart and popped various tablets and capsules into a medication cup. She took the resident's liquid lactulose (a laxative) medication from the cart and poured it into another medication cup. The dosage marks indicated there were 15 mls (milliliters) of lactulose in the cup. She then poured the lactulose from the medication cup into a larger cup and indicated the resident preferred to take the medication from a bigger cup. She prepared the resident's Lispro (short acting) insulin pen, dialing up 25 units of insulin. The LPN indicated the resident's blood sugar was only 106 that morning and she wanted to wait and see if the resident ate all of her breakfast before she administered the insulin. The LPN entered the resident's room and determined the resident ate her breakfast. She did not recheck the resident's blood sugar. She gave the resident</p>	F 0759	<p>F 759 Free of Medication Error Rts 5 Prcnt or More</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> - Resident 10 is receiving all medications according to physician orders. - DNS/ designee conducted medication pass skills validation with LPN 2. <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> - All residents have the potential to be affected by this alleged deficient practice. - An audit was completed to identify any other resident with medication errors. - DNS/ designee conducted medication pass skills validation with all licensed staff <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not reoccur?</p> <ul style="list-style-type: none"> - DNS/ designee will conduct 	11/01/2024	

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	<p>her oral medications including the lactulose and injected the Lispro insulin into the resident's right arm.</p> <p>The clinical record for Resident 10 was reviewed on 10/07/24 at 1:47 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/13/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and depression. The resident had received insulin for seven of seven days during the review period.</p> <p>The resident's current physician's orders were reviewed and included the following orders:</p> <ul style="list-style-type: none"> - An open-ended order, with a start date of 07/09/24, to administer lactulose, 10 gm (grams) per 15 ml. Amount to administer, 30 mls, twice a day, and, - An open-ended order, with a start date of 07/12/24, to administer insulin Lispro, 25 units, three times a day. The staff were to hold (not administer) the insulin if the resident's blood sugar was less than 120. <p>During an interview on 10/09/24 at 9:47 A.M., LPN 2 indicated she should have given the resident 30 mls of the lactulose. Regarding the insulin, she talked to the NP (Nurse Practitioner) the other day and she said as long as the resident ate her breakfast, ate some protein, and her blood sugar was not under 100, it was ok to give her the scheduled insulin. She didn't change the special instructions on the order in the EMAR (Electronic Medication Administration Record) to reflect the changes. She should have changed the special instructions to reflect the new order. Normally, she would have made a progress note too. It was</p>				<p>in-service with licensed nursing staff related to following physician orders for all medications including insulin administration and hold parameters.</p> <ul style="list-style-type: none"> - Daily audits EMAR will be completed by DNS/designee to ensure medications are administered per physician orders. - Medication administration observations will be completed daily by DNS/designee to ensure medications are administered per physician orders. <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <ul style="list-style-type: none"> - The DNS/Designee will be responsible for the completion of the Medication Error QA tool weekly x 4 weeks, monthly x 6, then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed. <p>Date of compliance: 11/01/2024</p>		

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 155353		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/11/2024	
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	<p>a couple of weeks ago, she was not sure if she made any notes about it. If a resident had hold parameters for insulin, she would obtain the blood sugar and hold the medication per the order if the blood sugar was too low.</p> <p>The current facility policy, titled "General Dose Preparation and Medication Administration", with a revision date of 04/30/24, was provided by the DON (Director of Nursing) on 10/09/24 at 2:33 P.M. The policy indicated, "...Verify each time a medication is administered that it is the correct medication, at the correct does, at the correct route, at the correct rate, at the correct time, for the correct resident..."</p> <p>Cross Reference F757</p> <p>3.1-48(c)(1) 3.1-48(c)(1)</p>						