

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

PRINTED: 04/14/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155312		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/01/2023	
NAME OF PROVIDER OR SUPPLIER INDIAN CREEK HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 240 BEECHMONT DR CORYDON, IN 47112			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00402615 and IN00402898.</p> <p>Complaint IN00402615 - Federal/State deficiency related to the allegation is cited at F744.</p> <p>Complaint IN00402898 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 28 and March 1, 2023</p> <p>Facility number: 000206 Provider number: 155312 AIM number: 100284940</p> <p>Census Bed Type: SNF/NF: 122 Total: 122</p> <p>Census Payor Type: Medicare: 10 Medicaid: 88 Other: 24 Total: 122</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 7, 2023.</p>			F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We requests that our plan of correction, monitoring tools and review of systemic changes we have made be considered for a paper compliance desk review. Should you have any questions, feel free to contact me at (812) 738-8127. Sincerely, Samantha Lawson, Executive Director.</p>		
F 0744 SS=G Bldg. 00	<p>483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial</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 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>well-being.</p> <p>Based on interview and record review, the facility failed to provide appropriate dementia care, related to behaviors, for a resident (Resident B) which resulted in a fractured right wrist and a left black eye for 1 of 3 residents reviewed for dementia care.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 2/28/23 at 11:35 a.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance, anxiety and affective mood disorder.</p> <p>The admission evaluation report, dated 2/23/23 at 3:00 p.m., indicated the resident had a non-pressure area which consisted of diffuse punctured areas to the bottom of the right foot. She was a risk for falls with interventions to keep the room well-lit and free of clutter.</p> <p>The physician's order, dated 2/23/23 at 3:46 p.m., indicated the resident was to receive Ativan (medication for anxiety and restlessness) 0.25 ml (milliliters) every 4 hours as needed for anxiety and restlessness.</p> <p>The incident report, dated 2/24/23, indicated Resident B had an acute distal radial fracture and left eye bruising.</p> <p>The care plan, dated 2/24/23, indicated the resident had a behavior problem and to administer medications as ordered and communicate with resident/resident representative regarding behaviors.</p> <p>The progress note, dated 2/24/23 at 1:21 a.m.,</p>			F 0744	<p>Corrective action for the residents found to have been affected by the alleged deficient practice:</p> <p>="" p=""></p> <p>="" b=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" b=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>Resident B no longer resides in the facility.</p> <p>Corrective action for those residents have potential to be affected by the same deficient practice: All residents requiring dementia care residing in the facility have the potential to be affected and have had their care plan, behavior log, non-pharmacological interventions, and medications reviewed.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The DON/Designee held an in-service for licensed staff to provide education and expectations as it relates to "Dementia Care, Non-pharmacological interventions, and Medicare Administration"</p> <p>Corrective actions to be monitored</p>		03/27/2023

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	<p>indicated the resident had been up all night rearranging the room. The resident attempted to hang pillows on the wall, moved a recliner in front of the bathroom, and took the mattress off the bed frame. Staff attempted to help the resident to place the room back in order and lay down, provided drinks and snacks with no success or change.</p> <p>The progress note, dated 2/24/23 at 11:21 a.m., indicated upon waking up this morning, the resident observed to have a bruised left eye and a bruise on the right wrist. The resident denied pain at this time.</p> <p>The progress note, dated 2/24/23 at 3:02 p.m., indicated the nurse practitioner was in, assessed the resident and ordered a STAT (immediate) X-ray of the right wrist due to increased pain and swelling.</p> <p>The radiology report, dated 2/24/23 at 3:08 p.m., indicated the resident had degenerative changes to the right wrist with an acute distal radial fracture.</p> <p>On 2/28/23 at 1:17 p.m., the Director of Nursing indicated it usually took a resident 72 hours to acclimate to the facility. If there were behaviors and the interventions had not worked, we sometimes call the family to come in and assist. It was based on case by case.</p> <p>During an interview on 2/28/23 at 3:03 p.m., CNA (Certified Nursing Aide) 5 indicated on 2/23/23, she moved to the South Hall at 10:00 p.m. When she had arrived to the hall, Resident B was very wild like. She went in to check on her and she had moved furniture around. She removed the mattress from the bed to the floor and moved the recliner chair in front of the bathroom. CNA 5</p>				<p>to ensure the deficient practice will not recur:</p> <p>The DON/Designee will audit resident's who require dementia care for behaviors, non-pharmacological intervention effectiveness, medication administration effectiveness, and md/family notification: 5 residents a week x 4 weeks, 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained.</p> <p>The ED/AIT/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p> <p>IDR Request:</p> <p>The facility request an IDR of this deficiency's scope and severity. The facility does not feel that there is supportive information to suggest injuries were sustained within the facility as a result of alleged deficient practice and that injuries occurred prior to admission at home when resident was found outside of her home after eloping from it. Upon signs of development within the 24 hour</p>		

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	<p>went in and moved everything back in place. She checked on her multiple times. Resident B was trying to pick things up off the floor that were not there. CNA 5 assisted the resident back to bed. She went back in to check on her and Resident B was trying to hang her pillow on the wall. CNA 5 placed the pillows back on the resident's bed. She toileted the resident at 2:50 a.m. and the resident was asleep at 3:00 a.m. CNA 5 checked on the resident multiple times after that and she did not observe any bruising; the room was dark as CNA 5 had turned the lights out and cracked the bathroom door with the bathroom light on.</p> <p>During an interview 2/28/23 at 4:40 p.m., CNA 8 indicated she worked night shift on 2/23/23. Resident B was a typical dementia resident. She wandered around wanting to rescue people from fires. She paced and was redirected, toileted, offered snacks and did not go to bed until 3:00 a.m. The only time she assisted with Resident B was around 3:00 a.m. on 2/24/23. The resident was not in her room, and she was found in another resident room hiding behind a wheelchair and Hoyer lift. CNA 8 did not notice any bruising until the end of her shift.</p> <p>During an interview on 3/1/23 at 11:37 a.m., LPN (Licensed Practical Nurse) 6 indicated when she assessed Resident B when she was having her behaviors. The resident's left eye was slightly puffy and thought maybe she had rubbed her eye. The interventions provided to Resident B were unsuccessful and her restlessness continued from 6:00 p.m. on 2/23/23 until 3:00 a.m. on 2/24/23. She did not administer Ativan for restlessness to the resident. She had not seen the order for Ativan, dated 2/23/23 at 3:46 p.m.</p> <p>The clinical record lacked documentation of the</p>				period in the facility addressed injuries as appropriate.		

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	<p>administration of the Ativan or family contact when non-pharmacological interventions for the resident's restlessness were not successful.</p> <p>On 3/1/23 at 1:58 p.m., the Director of Nursing provided a current, undated copy of the document titled "Behavior Management General". It included, but was not limited to, "It is the policy of this facility to...manage residents who are exhibiting behaviors...who may present a danger to themselves...Procedure...Review...pharmacologic and non-pharmacologic interventions...."</p> <p>This Federal tag relates to Complaint IN00402615</p> <p>3.1-37</p>						