STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155543	A. BUILDING 00 B. WING	02/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY CREEK AT HUNTINGTON	1425 GRANT ST HUNTINGTON, IN 46750

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00193022. Complaint IN00193022 - Substantiated. Federal/State deficiency related to the allegation is cited at F328. Unrelated deficiency is cited. Survey dates: February 9, 10, and 11, 2016. Facility number: 000346 Provider number: 155543 AIM number: 100288320 Census bed type: SNF/NF: 27 Total: 27 Census payor type: Medicare: 1 Medicaid: 26 Total: 27 Sample: 4 These deficiencies reflects state findings cited in accordance with 410 IAC 16.2-3.1.	F 0000		

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

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	QR completed on February 12, 2016.			
F 0328 SS=D Bldg. 00	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. Based on observation, interview and record review, the facility failed to provide proper tracheostomy care for 1 of 1 residents reviewed for tracheostomy care (Resident C). Findings include: The clinical record for Resident C was reviewed on 2/10/16 at 10:23 a.m. Diagnoses included, but were not limited to, paranoid schizophrenia, cirrhosis of the liver, chronic pulmonary obstructive disease, anxiety and chronic respiratory failure. The Minimum Data Set assessment, dated 1/25/16, indicated Resident C was cognitively intact. An observation of tracheostomy care was conducted on 2/10/16 at 3:10 p.m.	F 0328	This Plan of Correction constitutes the writtenallegation of compliance for the deficiencies cited. However, submission ofthis Plan of Correction is not an admission that a deficiency exists or thatone was cited correctly. This Plan of Correction is submitted to meetrequirements established by state and federal law. Hickory Creek at Huntington desires this Plan ofCorrection to be considered the facility's Allegation of Compliance. Compliance is effective on 3-04-2016. F328	03/04/2016

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	Resident C was observed seated in her wheelchair, in her room. LPN #9 was already in the room and was finishing suctioning her tracheostomy. LPN #9 washed his hands, then placed a bottle of hydrogen peroxide and sterile water onto the over-bed table. LPN #9 donned gloves, removed the soiled 4 x 4 dressing pad and then removed the tracheostomy ties. LPN #9 removed his gloves and proceeded to set up his sterile field. LPN #9 did not wash his hands prior to removing his gloves and setting up his sterile field. LPN #9 opened the tracheostomy kit and the polylined drape fell onto the table. LPN #9 picked up the drape and shook the drape open, then spread it over the table. He then poured the hydrogen peroxide and sterile water into one of the kit compartments. He removed his gloves and washed his hands quickly taking about 15 seconds. LPN #9 donned sterile gloves. He picked up the tracheostomy tie package and placed it onto the sterile field, then picked up the 4 x 4 gauze pads and placed it onto the sterile field. LPN #9 picked up a soaked cotton-tipped swab with his left hand and proceeded to clean around the outer cannula, under the tracheostomy while touching the face-plate with his right hand. LPN #9 removed the inner cannula with his left hand and discarded. LPN #9 picked up the disposable inner cannula		The facility must ensure thatresidents receive proper treatment and care for special services, includingtracheostomy care and tracheal suctioning. 1. Whatcorrective action will be accomplished for residents affected? Resident C is no longer residingin the facility and there are no other residents in this facility at this timewho require special services for a tracheostomy. On 12-17-2015 all staff had been in-serviced onproper hand washing techniques. Eventhough there is no resident requiring tracheostomy services in the facility, LPN# 9 will be in-serviced on a 1:1 basis by the Director of Nursing on the properhandwashing procedure, including length of time required for thoroughhandwashing. He will be expected to perform a complete return demonstration ofthe correct procedure at that time.	

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	package with his sterile gloves, placed it onto the sterile field and opened the package. He picked up the inner cannula with his right hand and inserted it into the outer cannula. LPN #9 then opened the new tracheostomy ties with his sterile gloves and secured them around her neck. He removed his gloves, picked up a 4 x 4 gauze and place it under and around the tracheostomy. He then picked up the Passy-Muir speaking valve with his ungloved hand and placed the valve over the tracheostomy tube. LPN #9 then proceeded to wash his hands for more than 40 seconds. A current facility policy titled "Tracheostomy Care-Disposable Inner Cannula & Non-Disposable Inner Cannula", dated 6/11, was provided by the Director of Nursing (DON) on 2/10/16 at 11:02 a.m. The policy indicated the following: "DEFINITION: An artificial opening into the trachea for the insertion of a tube to facilitate passage of air into the lungs or to evacuate secretions. ...3. Place resident in semi-Fowler's position....Wash hands and don gloves. 4. Suction tracheostomy tube using sterile technique. Remove gloves and wash hands before continuing. 5. Using sterile technique, open trach		2. Howwill the facility identify other residents having the potential to be affectedby the same practice and what corrective action will be taken? Any resident with a tracheostomy has the potential to be affected;however, as indicated before, there are no residents currently residing in thisfacility who require tracheostomy services. Before any future admission of a resident who requires tracheotomycare and services, all nursing staff will be in-serviced by the facility'srespiratory services provider on the procedures and techniques needed toprovide appropriate services to residents with a tracheostomy. If any nurse does not attend the training whenit occurs, he/she will not be allowed to work with a resident with atracheostomy until thoroughly trained by the respiratory services provider. 3. Whatmeasures will be put into place to ensure this practice does not recur?	

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	care kit and DIC (disposable inner cannula). 6. Put on gloves and drape resident using clean towel. 7. Separate gauze and prepare cleaning solution (or peroxide) pouring into the basin. ...9. If inner cannula is disposable, unlock and remove it, and discard in plastic bag. Replace with sterile disposable inner cannula touching only the outer locking portion. 10. Remove soiled gauze.... 11. Clean around stoma using new gauze.... ...21. Remove gloves and wash hands." Review of a current facility policy titled "Handwashing/Alcohol-Based Hand Rub/Hand Hygiene", dated 1/16, provided by the DON on 2/11/16 at 10:46 a.m., indicated the following: "GUIDELINES: When to Use Handwashing In the absence of a true emergency, personnel should always wash their hands (even when gloves are worn): ...After gloves are removed;...Before performing procedures in which a normally sterile part of the body is entered;...After situations during...involving contact with mucous membranes;....		When an in-service is held for tracheostomy services in the future,the Director of Nursing will keep a record of the content and originalsignatures of all staff who attended the in-service. She will review theattendance record at that time to ensure that all nursing staff has attendedand participated as required. As indicated in question #2, if any nurse doesnot attend the training, he/she will not be allowed to render tracheostomyservices to any resident until that training has been completed, and the nursehas satisfactorily been able to complete an acceptable return demonstration of theprocedures. The Director of Nursing will observe all nursing staff performinghandwashing during the next month to make sure that they are adhering to thefacility's policy and procedure, and she will document her observations on the"Skills Checklist for Handwashing". Ifshe should find that any are not performing handwashing	

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	HANDWASHING PROCEDURES: The duration of the entire procedure should take 40-60 seconds." During an interview on 2/10/16 at 4:00 p.m., the DON indicated LPN #9 did not attend the recent in-service related to tracheostomy care for the newly admitted Resident C. Resident C was the first resident with a tracheostomy in the facility. LPN #9 and the DON were both interviewed at 4:05 p.m. LPN #9 indicated he was a little nervous and "had not done [tracheostomy care] for a while". He indicated he had at his previous employment. Review of the "IN-SERVICE TRAINING RECORD", dated 1/18/16, indicated 2 LPN's and 3 CNA's attended the in-service. LPN #9 did not attend. This Federal tag relates to Complaint IN00193022. 3.1-47(a)(4)		correctly, she willre-train them at that time and proceed to observe them in handwashingactivities until they have demonstrated proficiency. Once the month is over,she will continue to observe handwashing for nursing staff at least weekly andwill follow up with staff as indicated by their performance. 4. Howcorrective action(s) will be monitored to ensure the deficient practice willnot recur, i.e., what quality assurance program will be put into place: The Director of Nursing will bring the results of her handwashingobservations to the monthly meeting of the Quality Assurance committee forfurther review and recommendations from the members of the committee, ifneeded. This will continue on an ongoing basis. Date of Compliance: 3-04-2016	
F 0431 SS=D Bldg. 00	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the			

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	services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 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. 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. 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 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 stored in a secure manner to prevent potential access at all times by unauthorized users. This deficient practice had the potential to affect 23 of 27 ambulatory residents who	F 0431	F 431 It is the policy of this facility to ensure thatmedications are stored in a secure manner to prevent potential access at alltimes by unauthorized users, including ensuring the security of medicationcarts. 1. Whatcorrective action will be accomplished for residents	03/04/2016

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	resided in the facility. Findings include: During the initial tour on 2/9/16 at 4:40 p.m., a medication cart was observed unlocked. The medication cart was parked outside the dining room. No staff person was observed in sight of the cart. LPN #12 came from around the corner of the hall and was shown the unlocked cart. She indicated she did not normally leave the medication cart unlocked. She also indicated this was the only medication cart used for all 27 residents. Review of a current facility policy dated 6/11, titled "Medications-Storage & Labeling", provided by the Administrator on 2/10/16 at 7:50 p.m., indicated the following: "Policy: Drugs and biologicals used in this facility will be labeled in accordance with the currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. The facility will store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access		affected? On 2-19-2016, LPN 312 received disciplinary actionfrom the Administrator and the Director of Nursing regarding the instance ofnot locking the medication cart and leaving it unattended. The Director ofNursing also in-serviced LPN #12 on the facility policy and procedure regardingthe security of medication carts when unattended. 2. Howwill the facility identify other residents having the potential to be affectedby the same practice and what corrective action will be taken? All mobile residents have the potential to beaffected by this practice; however, no resident was. However, if the Directorof Nursing, Administrator, or other member of the IDT observes a medication ortreatment cart that is unattended and unlocked, he/she will lock the cart andnotify the Director of Nursing if she is not already aware of the occurrence.The Director of Nursing will re-train the nurse involved in the facility policyand procedure for securing medications, and she will render progressivedisciplinary action for continued noncompliance. 3.What measures will be putinto place to ensure this practice does not recur? The Administrator and other members of the IDT willobserve the medication and treatment carts for security as part of the roundsthat occur during their tour of duty. The	

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	to keys, as per State and Federal laws. The facility will provide separately locked, permanently affixed compartments for storage of controlled drugs listed as Schedule II drugs and other drugs subject to abuse. Labeling of medications and biologicals dispensed by the pharmacy will be consistent with applicable Federal and State requirements and currently accepted pharmaceutical principles and practices. ...5. During a medication pass, medications will be under the direct observation of the person administering medications or locked in the medication storage area/cart. 3.1-25(m)		Director of Nursing will domedication and/or treatment cart checks on all shifts at least 5 days a weekfor the next month to ensure that the carts are locked when unattended oroutside of eyesight of the charge nurse. Once the month is over, she willcontinue checking medication and treatment carts at least weekly on variousshifts. If theDirector of Nursing, Administrator, or IDT should find that any cart is unsecuredand unattended as a result of rounds or monitoring observations, the Directorof Nursing will address the issue as indicated in question #2. 4. Howcorrective action(s) will be monitored to ensure the deficient practice willnot recur, i.e., what quality assurance program will be put into place: The Director of Nursing will bring the results of rounds andmonitoring of the carts to the Quality Assurance committee at the monthlymeeting for review and recommendations. Once 100% compliance has been reached,the QA committee may decide to stop the reporting of the results of themedication cart checks after completion of the first month; however the DONwill continue to observe for compliance at least weekly on an ongoing basis. Date of Compliance: 3-04-2016	