

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

PRINTED: 03/22/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155649		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/11/2024	
NAME OF PROVIDER OR SUPPLIER MCCORMICK'S CREEK REHABILITATION AND HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 210 STATE HWY 43 SPENCER, IN 47460			
(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 IN00428670.</p> <p>Complaint IN00428670 - Federal/State deficiencies related to the allegations are cited at F800.</p> <p>Survey date: March 11, 2024</p> <p>Facility number: 010478 Provider number: 155649 AIM number: 200197620</p> <p>Census Bed Type: SNF/NF: 74 Total: 74</p> <p>Census Payor Type: Medicare: 6 Medicaid: 44 Other: 24 Total: 74</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 13, 2024.</p>			F 0000	<p>The facility respectfully requests a desk review for this citation</p> <p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or 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.</p>		
F 0800 SS=D Bldg. 00	<p>483.60 Provided Diet Meets Needs of Each Resident §483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Based on observation, interview, and record review, the facility failed to ensure residents</p>			F 0800	<p>F800E Provided Diet Meets Needs of Each Resident</p>		03/22/2024

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

TITLE

(X6) DATE

sara hatfield

Executive Director

03/22/2024

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>received the physician ordered therapeutic diet for 1 of 3 residents reviewed for therapeutic diets. (Resident B)</p> <p>Finding included:</p> <p>On 3/11/24 at 8:41 a.m., observed a meal tray sitting on a meal cart in front of Room 117 with a meal tray for Resident B. The meal ticket for Resident B, dated 3/11/24, indicated the tray was for breakfast. Resident B was on a controlled carbohydrate diet and Resident B was to receive a waffle with syrup, sausage patty, and scrambled eggs. A 1.5 ounce packet of Madeira Farms table syrup was observed that did not indicate if the syrup was sugar free on Resident B's tray. At that time, observed CNA 1 take Resident B's tray from the cart and into Resident B's room.</p> <p>During an interview on 3/11/24 at 8:42 a.m., CNA 1 indicated Resident B was on a controlled carbohydrate diet. The 1.5 ounce packets of Madeira Farms table syrup was not sugar free.</p> <p>During an interview on 3/11/24 at 9:05 a.m., CNA 2 indicated Resident B should have received sugar free syrup on the meal tray. The staff should have returned the regular syrup to the kitchen and exchanged it for sugar free syrup.</p> <p>During an interview on 3/11/24 at 9:22 a.m., the Dietary Manager indicated the facility ran out of sugar free syrup for breakfast.</p> <p>The clinical record for Resident B was reviewed on 3/11/24 at 9:48 a.m. The diagnoses included, but were not limited to, Diabetes Mellitus and renal insufficiency.</p> <p>An Admission MDS (Minimum Data Set)</p>		<p>The facility respectfully requests a desk review for this citation</p> <p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or 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.</p> <p>1 Immediate actions taken for the areas identified: Sugar free syrup was immediately purchased. Resident was assessed and found to have had no adverse effects related to diet received on 3/11/2024.</p> <p>2 How the facility identified other areas. Random audits conducted to ensure residents receiving correct diets.</p> <p>In-service to staff of taking back trays to kitchen if wrong diet is on tray. In-service dietary staff to serve correct diets. No adverse effects identified from t hose residents currently residing within the facility.</p> <p>3 Measures put into place/ System changes: Education</p>				

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	<p>assessment, dated 2/2/24, indicated Resident B was cognitively intact and received a therapeutic diet.</p> <p>A care plan, initiated on 1/30/24, indicated Resident B was at risk for altered nutritional status. The interventions included, but were not limited to, diet as ordered and provide meals and snacks based on residents food preferences and physician's orders.</p> <p>A physician's order initiated on 1/30/24, indicated controlled carbohydrate diet with regular texture and regular fluid consistency.</p> <p>During an interview on 3/11/24 at 11:00 a.m., Resident B indicated she had diabetes and was on a controlled carbohydrate diet. Resident B was not aware she was served regular table syrup instead of sugar free syrup. Resident B did not request regular syrup.</p> <p>On 3/11/24 at 11:44 a.m., the Administrator provided a copy of an undated facility policy, titled Therapeutic Diets, and indicated this was the current policy used by the facility. A review of the policy indicated the facility will provide a therapeutic diet that is individualized to meet the clinical needs of each resident.</p> <p>This citation relates to Complaint IN00428670.</p> <p>3.1-20(a)</p>			<p>provided to dietary and nursing personnel in relation to the components of F800 and ensuring diets meet residents' nutritional needs. Audits completed 3 times weekly of 3 residents that will include all meals who receive a specialty diet. Observation of provision of correct ordered diet will occur. Immediate correction of identified concerns.</p> <p>4 How the corrective actions will be monitored: Monitoring of this Plan of Correction will be the joint effort of the Executive Director/designee. Identified issues will be immediately addressed. Review of audits will be discussed during daily scheduled departmental stand-up meeting. The results of these audits will be reviewed in monthly Quality Assurance meeting. Monitoring will continue until compliance has been achieved at 100% for three consecutive months at which time QA Committee will determine the frequency of monitoring/auditing will continue and compliance has been achieved.</p> <p>5)Date of compliance: 3/22/24</p>			