

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

PRINTED: 09/12/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155436		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/19/2022	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT WINAMAC				STREET ADDRESS, CITY, STATE, ZIP COD 515 E 13TH ST WINAMAC, IN 46996			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 16, 17, 18 , and 19, 2022.</p> <p>Facility number: 00414 Provider number: 155436 AIM number: 100288550</p> <p>Census Bed Type: SNF/NF: 29 Total: 29</p> <p>Census Payor Type: Medicare: 1 Medicaid: 16 Other: 12 Total: 29</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/23/22.</p>			F 0000			
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on observation, record review, and</p>			F 0684	What corrective action(s) will		09/16/2022

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>interview, the facility failed to ensure a Physician's order was in place for a wound treatment for 1 of 2 residents reviewed for non-pressure skin issues. (Resident 4)</p> <p>Finding includes:</p> <p>On 8/18/22 at 4:10 p.m., Resident 4's right foot and leg wound treatment was observed with the Director of Nursing (DON) and the Clinical Nurse Specialist (CNS). The resident had wounds on the second and third toes, the top of the right foot, and in the middle of his calf. The DON completed the treatment to the right foot and calf. The toes were wrapped with gauze.</p> <p>The resident's record was reviewed on 8/17/22 at 3:09 p.m. The resident was admitted on 3/4/22. Diagnoses included, but was not limited to, dementia and chronic obstructive pulmonary disease.</p> <p>The current Physician's Order indicated the the right foot and lower leg were to be cleansed with wound wash, apply Calazine around wound, cover with an ABD pad (thick dressing pad) and wrap in gauze daily. There was no treatment order for the toes.</p> <p>The Wound Monitoring indicated the resident had abrasions to the right second and third toes and the top of the right foot that were initially found on 7/12/22.</p> <p>The CNS indicated at the time of the wound treatment, they did not have a treatment order for the toes and the Physician would need to be contacted.</p> <p>3.1-37</p>				<p><b>be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>Resident #4 now has an order for treatment administration to his toes.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>All residents who have skin impairment have the potential to be affected by the alleged deficient practice.</li> <li>An audit of all residents who have skin impairment will be completed to ensure that each area has a treatment ordered by the physician.</li> <li>The facility nurses will be in-serviced on the need for obtaining a physician's order for treatment for any skin impairments.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>The facility nurses will be in-serviced on the need for obtaining a physician's order for treatment for any skin impairments.</li> <li>When nurses provide treatment care to residents, they shall ensure every wound has a</li> </ul>		

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F 0686 SS=D	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure		<p>specific treatment order in place for each open area. While reviewing each resident who has wounds as part of the weekly wound rounds, the wound nurse/designee will observe those residents for specific wound treatment orders.</p> <p>The DNS or designee will round daily monitor residents with skin injuries ensuring treatment orders are in place.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e.; what quality assurance program will you put into place?</b></p> <p>To ensure compliance, the DNS/Designee will complete a Skin Impairment Treatment audit tool for six months with audits being completed weekly for one month, and then monthly for 5 months by a nurse manager or designee. The QAPI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and/or including termination of the responsible employee.</p>		

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Bldg. 00	<p>Ulcer</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, record review, and interview, the facility failed to ensure an intervention was in place for the treatment and prevention of a pressure ulcer for 1 of 3 residents reviewed for pressure ulcers. (Resident 27)</p> <p>Finding includes:</p> <p>On 8/17/22 at 12:01 p.m. and 8/18/22 at 2:58 p.m., Resident 27 was observed in his bed. He had a cushion under his knees, and his heels were resting on the mattress.</p> <p>On 8/19/22 at 1:00 p.m., a staff member was talking to the resident while he was in bed. The cushion was on the chair, and his heels were resting on the mattress. At 1:44 p.m., the cushion remained on the chair and the resident's heels were resting on the mattress.</p> <p>The resident's record was reviewed on 8/18/22 at 3:52 p.m. The resident was admitted on 7/18/22. Diagnoses included, but were not limited to, dementia and Diabetes Mellitus.</p>			F 0686	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>The nursing staff will be in-serviced on the need to follow each resident's care plan and resident care sheets ensure pressure reducing interventions are in place at all times</li> <li>Resident #27 continues to use the Heeleze cushion when in bed to offset pressure to his heels. The resident was checked to ensure his heels were floated off the bed.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>The nursing staff will be in-serviced on the need to follow</li> </ul>		09/17/2022

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	<p>The Admission Minimum Data Set assessment, dated 7/25/22, indicated the resident had moderate cognitive impairment and required extensive assistance from staff for bed mobility and transfers.</p> <p>The Wound Monitoring log indicated the resident had a stage 2 (partial-thickness skin loss into but no deeper than the dermis, includes intact or ruptured blisters) pressure ulcer to his right heel that was first identified on 7/26/22.</p> <p>A Physician's Order, dated 8/4/22, indicated the resident was to have a Heeleze cushion (to keep the heels off the bed to reduce pressure) at all times when in bed.</p> <p>The Pressure Ulcer Care Plan, dated 7/26/22, included the intervention to have Heeleze cushion in place to offset pressure to heels when in bed.</p> <p>Interview with LPN 1 on 8/19/22 at 1:44 p.m., indicated the resident was to have the cushion at all times when in bed to elevate heels off the mattress.</p> <p>3.1-40</p>				<p>each resident's care plan and resident care sheets ensure pressure reducing interventions are in place at all times</p> <ul style="list-style-type: none"> <li>All residents who have pressure ulcers or who have been assessed as being at risk to develop pressure ulcers have the potential to be affected by the alleged deficient practice.</li> <li>An audit was completed on all residents who have wounds or are at risk for wound development to ensure care planned pressure reducing interventions are in place in the room, on the care plan, and on the resident care sheets</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>The nursing staff will be in-serviced on the need to follow each resident's care plan and resident care sheets ensure pressure reducing interventions are in place at all times</li> <li>While providing care to residents, staff members will review the resident care sheets and ensure care planned pressure reducing interventions are in place. The members of the IDT will check their residents assigned through the Customer Care program as part of their routine rounds to make sure that interventions are in place as planned. They will bring any observed issues to the</li> </ul>		

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F 0727 SS=C Bldg. 00	483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.		<p>morning meeting for further discussion with the IDT.</p> <ul style="list-style-type: none"> <li>The DNS or designee will round daily monitoring for correct placement of care planned pressure reducing devices.</li> </ul> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e.; what quality assurance program will you put into place?</b></p> <ul style="list-style-type: none"> <li>To ensure compliance, the DNS/Designee will complete a Pressure Intervention QAPI audit tool for six months with audits being completed weekly for one month, and then monthly for 5 months by a nurse manager or designee. The QAPI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and/or including termination of the responsible employee.</li> </ul>		

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	<p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>Based on record review and interview, the facility failed to ensure there were 8 hours of consecutive RN (Registered Nurse) coverage in the facility for 8 out of 16 days reviewed. This had the potential to affect all 29 residents residing in the facility.</p> <p>Findings include:</p> <p>On 8/17/22 at 5:11 p.m., the Nursing Staff Schedules, dated 8/2/22 through 8/17/22, were reviewed. There was not an RN scheduled for 8 consecutive hours on 8/2, 8/4, 8/5, 8/8, 8/9, 8/10, 8/13, 8/14</p> <p>On 5/10/22 at 10:52 a.m., the daily Nursing Staffing Postings, dated 8/2/22 through 8/15/22 were reviewed. There were no RN hours listed for 8/2/22-8/15/22. The Director of Nursing was hired on 8/15/22.</p> <p>Interview with the Executive Director on 8/17/22 at 5:19 p.m., indicated she completed the Nursing Schedules and was not aware that an RN had to have 8 consecutive hours in the facility. The facility had an RN to audit records 6 of the days from 8/4/22-8/14/22. On 8/2 and 8/10, there were 4 consecutive hours for an RN on duty. There was not a policy for RN coverage.</p> <p>3.1-17(b)(3)</p>			F 0727	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>7014.1.1 - Waiver of 7-Day Registered Nurse (RN) Requirement for skilled nursing facilities was requested and approved on 9/1/22.</li> <li>No residents were identified as being affected by the alleged deficient practice.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>7014.1.1 - Waiver of 7-Day Registered Nurse (RN) Requirement for skilled nursing facilities was requested and approved on 9/1/22.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>7014.1.1 - Waiver of 7-Day Registered Nurse (RN)</li> </ul>		09/01/2022

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					<p>Requirement for skilled nursing facilities was requested and approved on 9/1/22.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e.; what quality assurance program will be put into place?</b></p> <p>· 7014.1.1 - Waiver of 7-Day Registered Nurse (RN) Requirement for skilled nursing facilities was requested and approved on 9/1/22.</p>		