

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

PRINTED: 05/14/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2021
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT GREENSBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 1620 N LINCOLN ST GREENSBURG, IN 47240		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00352027. Complaint IN00352027 - Substantiated. Federal/State deficiency related to the allegation is cited at F583. Survey date: May 7, 2021 Facility number: 000244 Provider number: 155353 AIM number: 100288790 Census Bed Type: SNF/NF: 23 Total: 23 Census Payor Type: Medicare: 1 Medicaid: 18 Other: 4 Total: 23 These deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1	F 000			
F 583 SS=D	Quality review completed on May 13, 2021. Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and	F 583			

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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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F 583	<p>Continued From page 1</p> <p>telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure a resident's rights to privacy and confidentiality were not violated related to an unauthorized video recording for 1 of 3 residents reviewed. (Resident B)</p> <p>Findings include:</p> <p>During an interview on 5/7/21 at 1:30 p.m., the Administrator indicated on the date of the incident</p>	F 583	Past noncompliance: no plan of correction required.		

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F 583	<p>Continued From page 2</p> <p>she was immediately notified CNA 2 had videoed a recording of Resident B and posted it to a social media venue. CNA 2 was immediately suspended pending an investigation. Resident B's wife was immediately notified. All staff were immediately re-educated. Copies of Education and written statements were provided and reviewed at that time.</p> <p>A written statement, dated 4/19/21, was provided by the Administrator on 5/7/21 at 1:30 p.m. The statement indicated the Administrator had interviewed CNA 2 on 4/18/21 at approximately 2:30 p.m. The CNA indicated she was sitting at the nurses station when Resident B walked up making jokes and funny comments about what was on the TV. She recorded him for a minute or two and accidentally added it to a social media venue. After assisting the resident from the nurses station to the main dining room and changing the channel, she returned to the nurses station. She received a message from a friend letting her know she had posted the video and she immediately deleted it.</p> <p>A written statement, dated 4/20/21, was provided by the Administrator on 5/7/21 at 1:30 p.m. The statement indicated CNA 3 had viewed CNA 2's story online and saw Resident B on the video. The volume on her phone was turned down so she could not hear the audio.</p> <p>During an interview and observation on 5/7/21 at 1:45 p.m., Resident B was sitting in the dining room. He indicated he was a comedian with a memory problem. He did not remember anyone taking a picture or video of him. There were no signs or symptoms of discomfort or distress observed.</p>	F 583			

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F 583	<p>Continued From page 3</p> <p>The clinical record for Resident B was reviewed on 5/7/21 at 1:48 p.m. A Quarterly MDS (Minimum Data Set) assessment, dated 4/7/21, indicated the resident was cognitively intact. Diagnoses included, but were not limited to, dementia, bipolar disorder, anxiety, and depression.</p> <p>A Care Plan, dated 9/18/15, indicated the resident was cognitively impaired and he had impaired decision making.</p> <p>A Progress Note, dated 4/19/21 at 8:06 p.m., by the Charge Nurse indicated she was notified that an individual called the facility and reported that an employee had posted a video of a resident on a social media venue.</p> <p>During an interview on 5/7/21 at 3:07 p.m., CNA 5 indicated there was an incident a couple of weeks ago where a staff posted a video of a resident.</p> <p>The current facility Policy titled, "Education on Media Policy" and not dated, was provided by the Administrator on 5/7/21 at 1:30 p.m. The policy indicated, "...Photographs and Video or Audio Recordings. To protect the privacy of our residents ...unauthorized photography, the use of cameras or camera phone is prohibited unless specifically authorized by the Company ...Employees are also prohibited from audio recording. Social Media - Employee Personal Activities ...Social media describes all means of communication or posting information or content of any sort on the Internet ...Employees must maintain resident privacy and confidentiality at all times. Do not post, share, or disseminate any</p>	F 583			

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F 583	Continued From page 4 information (including pictures or videos about or of a resident or discuss residents online, including in your social media activities ..." The deficient practice was corrected on 4/20/21, after the facility implemented a systemic plan that included the following actions: all staff were in-serviced on the Media Policy, residents were interviewed, and the facility's plan of correction was completed prior to the start of the survey. This Federal tag relates to Complaint IN00352027. 3.1-3(o)	F 583			