

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

PRINTED: 02/20/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155203		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2025	
NAME OF PROVIDER OR SUPPLIER HILLCREST VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 203 SPARKS AVE JEFFERSONVILLE, IN 47130			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 27, 28, 29, 30, and 31, 2025</p> <p>Facility number: 000110 Provider number: 155203 AIM number: 100271120</p> <p>Census Bed Type: SNF/NF: 106 SNF: 15 Total: 121</p> <p>Census Payor Type: Medicare: 17 Medicaid: 82 Other: 22 Total: 121</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 6, 2025.</p>			F 0000	<p>/p> This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 2/21/25</p>		
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents</p> <p>Based on record review and interview, the facility failed to ensure showers were provided consistently for 1 of 3 residents reviewed for Activities of Daily Living care. (Resident 84)</p> <p>Findings include:</p> <p>The record for Resident 84 was reviewed on 1/27/25 at 11:30 a.m. The resident's diagnoses</p>			F 0677	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident 84 did not experience any negative effects related to the alleged deficient practice.</p>		02/21/2025

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

TITLE

(X6) DATE

Mark Bowman

Executive Director

02/17/2025

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 disclosed 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>included, but were not limited to, Parkinson's disease, spinal stenosis, type 2 diabetes mellitus, panic disorder, Meniere's disease, tremor, repeated falls, displaced longitudinal fracture of left patella, subsequent encounter for closed fracture with routine healing, reduced mobility, and muscle weakness.</p> <p>The care plan, dated 9/6/24, indicated the resident required staff assistance to complete activities of daily living (ADL) tasks completely. The interventions included, but were not limited to, the resident had a desire to improve current functional status, assist the resident with ambulation using a walker or wheelchair, physical therapy for mobility, assistance with transfers as needed, assistance with bathing as needed per resident preference. Offer showers two times per week, partial bath in between, assistance with dressing/grooming/hygiene as needed and encourage the resident to do as much for self as possible.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 10/24/24, indicated the resident was cognitively intact. The resident required partial to moderate staff physical assistance with bathing.</p> <p>The review of the resident's scheduled Shower Report record indicated the following:</p> <ul style="list-style-type: none"> - On 12/2/24 the shower sheet lacked documentation indicating the resident received a shower. - On 12/9/24 the shower sheet lacked documentation indicating the resident received a shower. - On 12/16/24 the shower sheet lacked documentation indicating the resident received a 				<p>Resident 84 continues to receive showers per residents' schedule / preference.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken</p> <p>All dependent residents have the potential to be affected by the alleged deficient practice. On 2/3/25, SDC began in-servicing all nursing staff on the importance of providing and documenting resident showers per resident's shower schedule / preference. On 2/12/25, DNS audited all dependent residents shower sheets and updated care plans according to preferences. Audit noted that all dependent residents received showers according to schedule / preference.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>DNS/designee will conduct daily audits using the Accommodation of Needs QAPI audit tool to ensure that all dependent residents receive showers and bed baths according to their shower schedule / preference. Any</p>		

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	<p>shower.</p> <p>- On 12/19/24 the shower sheet lacked documentation indicating the resident received a shower.</p> <p>- On 12/21/24 the shower sheet lacked documentation indicating the resident received a shower.</p> <p>- On 12/30/24 the shower sheet lacked documentation indicating the resident received a shower.</p> <p>During an interview, on 1/27/25 at 11:27 a.m., the resident indicated she did not get showers like she was supposed to. She was supposed to get two showers a week, but she was lucky to get one a week.</p> <p>During an interview, on 1/30/25 at 8:50 a.m., Certified Nursing Aide (CNA) 4 indicated the CNAs were supposed to check off what they did for the resident when they provided assistance with giving a shower.</p> <p>During an interview, on 1/30/25 at 8:52 a.m., CNA 5 indicated the staff had been in serviced on checking the boxes on the shower sheet and not leaving them blank. The CNA indicated if the boxes were not checked off, the resident did not get a shower.</p> <p>During an interview, on 1/30/25 at 9:00 a.m., Licensed Practical Nurse (LPN) 3 indicated if the shower sheets were blank then the shower was not given. If staff did not document, then the shower wasn't done. The LPN indicated she would not sign a blank shower record.</p> <p>During an interview, on 1/30/25 at 9:15 a.m., the DON indicated the staff should document on the shower report sheet when the resident had a</p>				<p>residents who missed or refused a shower will be offered a makeup shower per preference.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place.</p> <p>The DNS / designee will be responsible for the completion of Accommodation of Needs QAPI Audit tool daily times 4 weeks, weekly times 4, monthly times 3 then quarterly thereafter until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI Committed overseen by the ED. If a threshold of 90% is not achieved, an action plan will be developed.</p> <p>5. By what date the systemic changes for each deficiency will be completed?</p> <p>2/21/25</p>		

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F 0755 SS=D Bldg. 00	<p>shower and what care was provided.</p> <p>3.1-38(2)(A)</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>Based on record review and interview, the facility failed to ensure a resident received medications as ordered and administered in a timely manner for 2 of 3 resident reviewed for pharmacy services. (Residents 62 and 64)</p> <p>Findings include:</p> <p>1. The record for Resident 62 was reviewed on 1/27/25 at 12:29 p.m. The resident's diagnoses included, but were not limited to, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, asthma and chronic pain.</p> <p>The physician's order, dated 1/28/25, indicated the resident was to receive Percocet (oxycodone-acetaminophen) 5-325 mg (milligram) every 8 hours orally, and not to exceed 3 gm (gram) of Acetaminophen from all sources within 24 hours.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 12/22/24, indicated the resident was cognitively intact.</p> <p>The care plan, dated 10/14/20 and revised 1/28/25, indicated the resident was at risk for pain related to the absence of the right leg below the knee. The interventions include, but were not limited to, the resident would be free from adverse effects of pain, administer pain medications as ordered, assistance with positioning to comfort, document</p>			F 0755	<p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice? Residents 62 and 64 medications were audited, all medications were available and administered as ordered.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. On 2/12/25, DNS/Designee began in-servicing licensed and qualified nursing staff on availability of medications, and how to order medications. On 2/17/25 DNS/Designee completed an audit of resident medications to ensure medications were available as prescribed.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? DNS/designee will perform a Pharmacy Services Audit to</p>		02/21/2025

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	<p>effectiveness of prn (as needed) pain medications, notify the physician if pain was unrelieved and/or worsening, observe for adverse side effects of pain, observe for nonverbal signs of pain and offer nonpharmacological interventions.</p> <p>The nurse's note, dated 7/15/24 at 6:09 a.m., indicated the resident missed the 6:00 a.m. dose of Oxycodone (Percocet) 5 mg. The medication was not available in Emergency Drug Kit (EDK) and the pharmacy was notified that it needed to be refilled. The pharmacy indicated that the EDK would be changed out on Wednesdays.</p> <p>The nurse's note, dated 7/23/24 at 3:20 p.m., indicated the required form faxed back to pharmacy was for Percocet and the facility requested the medication to be sent STAT (urgent).</p> <p>The nurse's note, dated 8/17/24 at 12:17 a.m., indicated the Nurse Practitioner (NP) was notified that the resident needed a new prescription for Oxycodone 5 mg. The prescription was sent to the pharmacy, and an gave a code to pull three tablets from the EDK.</p> <p>The nurse's note, dated 8/20/24 at 6:02 a.m., indicated the Percocet 5/325 mg awaited prior approval from the physician per the pharmacy spokesperson.</p> <p>The nurse's note, dated 8/21/24 at 9:39 a.m., indicated the Percocet 5/325 mg awaited prior approval from the physician per the pharmacy spokesperson.</p> <p>The nurse's note, dated 10/29/24 at 3:38 p.m., indicated the resident was out of Percocet. A call was placed to the pharmacy to request an</p>				<p>ensure all medications are available, administered as ordered and documented. If there are any inaccuracies noted, the resident, NP and family will be notified, and the nurse will be given additional education and or appropriate disciplinary action.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? The DNS/designee will be responsible for the Pharmacy Services Audit Tool daily times 4 weeks, weekly times 4, monthly times 3 then quarterly thereafter until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI Committed overseen by the ED. If a threshold of 90% is not achieved, an action plan will be developed.</p> <p>5. Date of compliance: 2/21/25</p>		

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	<p>authentication code. The pharmacist indicated the EDK was out of her dose, and they would get a refill sent out STAT.</p> <p>The nurse's note, dated 1/14/25 at 3:36 a.m., indicated pharmacy was notified about the absent Norco. The pharmacy indicated they were waiting on the prescription.</p> <p>The nurse's note, dated 1/15/25 at 9:52 a.m., indicated the resident was still out of pain medications, and needed prior approval.</p> <p>The nurse's note, dated 1/22/25 at 12:39 p.m., indicated the resident was still out of pain medications, and waiting for prior approval, but was able to get a code to get it out of the EDK.</p> <p>During an interview on 1/30/25 at 10:45 a.m., the DON indicated the prior approvals for certain medications were getting more difficult. If a resident's medication was not in the medication cart, staff could get the medication from the EDK. It shouldn't take more than a few hours to a day to get the medication from the pharmacy. They did have a backup pharmacy, but they would use them for emergency medications only. The pharmacy would refill the EDK once a week.</p> <p>2. The record for Resident 64 was reviewed on 1/27/25 at 11:11 a.m. The resident's diagnoses included, but were not limited to, acute respiratory failure with hypoxia, atrial fibrillation, cardiomegaly, type 2 diabetes mellitus, hypertension, and chronic pain.</p> <p>The Annual MDS assessment, dated 12/10/24, indicated the resident was cognitively intact.</p> <p>The nurse's note, dated 12/29/23 at 3:28 p.m.,</p>						

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	<p>indicated resident's vascular access was replaced with a midline in the resident's left upper extremity. The nurse indicated the residents scheduled antibiotic meropenem-0.9% sodium chloride, that was due at 10:00 a.m., was given at 3:00 p.m. The Infection Prevention nurse was informed regarding the missed dose at 10:00 a.m.</p> <p>The nurse's note, dated 1/2/24 at 2:15 p.m., indicated three doses of the resident's intravenous (IV) antibiotics were missed. The NP was notified, and it was okay to extend the antibiotics to ensure the complete ordered dose was administered.</p> <p>The nurse's note, dated 1/3/24 at 7:21 p.m., indicated the resident was out of IV medication. The pharmacy was notified, and the pharmacy indicated the resident's order had been completed, and all the doses were sent out. The pharmacy was informed that the order was extended due to the missed doses. The pharmacist requested an order be faxed over to him so he could STAT the medication. He indicated the facility had the medication in the EDK. The facility's EDK did not have the right dose available, and the reconstitution was out of stock in the EDK.</p> <p>During an interview, on 1/30/25 at 9:00 a.m., Licensed Practical Nurse (LPN) 3 indicated if a resident's medication wasn't delivered, she would call the pharmacy and notify the provider. Medication should not take days to get to the facility. It should only take a couple of hours at the most to receive STAT medications from the pharmacy. Medications could be pulled from the EDK. If the medication was a narcotic, they would need a code from the pharmacy to retrieve the medication. The facility had a backup pharmacy they could use. The facility had access to the</p>						

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	pharmacy, and they provided services 24 hours a day. Medications could be delayed but not missed. 3.1-25(G)(3)						