STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155442	A. BUILDING 00 B. WING	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT FRANKLIN	580 LEMLEY STREET FRANKLIN, IN 46131

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: April 2, 3, 4, and 5, 2024 Facility number: 000352 Provider number: 155442 AIM number: 100290720 Census Bed Type: SNF/NF: 28 Total: 28 Census Payor Type: Medicaid: 19 Other: 9 Total: 28 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed April 9, 2024.	F 0000	Please consider this plan of correction as our credible allegation of compliance to the Annual Survey conducted April 2nd-April 5th 2024. We respectfully request a desk review.	
F 0805 SS=D Bldg. 00	483.60(d)(3) Food in Form to Meet Individual Needs §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. Based on observation, interview, and record review, the facility failed to ensure a resident received the correct diet as ordered by the physician for 1 of 1 residents reviewed for diet order. (Resident 228)	F 0805	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Resident will remain on soft	04/24/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amanda Spall	HFA	04/19/2024

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	Finding includes: During an interview on 4/2/24 at 9:00 a.m., Resident 228 indicated she did not like the food at the facility. "It's terrible." On 4/2/24 at 12:30 p.m., Resident 228 was observed in the main dining room. Resident 228's meal consisted of, but was not limited to, pureed cornbread and pureed salad. On 4/4/24 at 8:30 a.m., observed Resident 228 in her room. Resident 228's bedside table was sitting next to her bed. The breakfast tray was sitting on top and included scrambled eggs and ham in pureed consistency. On 4/4/24 at 12:57 p.m., observed a bedside table in Resident 228's room. The table had her lunch tray sitting on top. The tray consisted of, but was not limited to, meatballs in pureed consistency and green beans in pureed consistency. On 4/2/24 at 1:15 p.m., the clinical record of Resident 228 was reviewed. The diagnosis included, but was not limited to, dysphasia. An Admission MDS (Minimum Data Set) assessment, dated 4/4/24, indicated Resident 228 had moderate cognitive impairment. A care plan dated 4/4/24 and current through 7/4/24, indicated "Resident requires mechanically altered diet related to dysphasia. Goal: Resident will tolerate current diet consistency without signs/symptoms of difficulty chewing/swallowing. Approach: ...Honor known food preferences and provide diet per MD order." A physicians order, dated 3/29/24 with no end		bite-sized consistency for her diet and be re-evaluated by ST as needed. **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:** Residents who receive a soft and bite-sized diet have the potential to be affected by the alleged deficient practice. **What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not reoccur:** -All Culinary Team members will be educated on soft & bite-sized food preparation by the Registered Dietician. -Culinary Manager or designee will complete audit of soft & bite-sized food preparation and will continue until compliance is achieved and reviewed in QAPI by Registered Dietician and Executive Director. **How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, what quality assurance program will be put in to place.** -Soft and bite-sized meal trays will be audited on rotating shifts by Culinary Manager or	

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	date, indicated Resident 228 was to receive a Regular, Soft Bite-Sized diet. During an interview on 4/4/24 at 9:59 a.m., the Dietary Manager indicated the facility followed the physicians orders and a diet guide sheet. The diet guide sheet specified if the resident was to receive pureed or bite sized consistency for each food item. On 4/4/24 at 11:30 a.m., the Dietary Manager provided a diet Guide Sheet, dated 2023. The guide sheet indicated the following food items should be served in the following consistency for a soft and bite sized diet: - Sweet and sour meatballs should be soft and bite sized. - green beans should be soft and bite sized. - corn bread should be soft and bite sized. During an interview on 4/4/24 at 1:11 p.m., the Regional Nurse consultant indicated the green beans and meatballs should have been soft and bite sized as ordered by the physician. On 4/4/24 at 12:30 p.m., the Administrator provided a policy titled General Food Preparation and Handling, dated June 2023, and indicated it was the current policy being used by the facility. A review of the policy indicated "...14. Recipes will be followed as written. 15. Food will be altered to the appropriate consistency to meet individual needs of the residents." 3.1-21(a)(3)		designee using the Soft and Bite-Sized Audit tool 1x daily x 2weeks, 1x weekly x4 weeks and monthly x 3 months and quarterly thereafter for one year with results reported to the QAPI Committee overseen by the Executive Director. -If a threshold of 100% is not achieved, an action plan will be developed to ensure compliance.	
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control			

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	The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation,			

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	depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.			
	Based on observation, interview, and record review, the facility failed to ensure infection control procedures were completed for 1 of 5 residents reviewed for resident care. Glove changes and hand hygiene was not performed. (LPN 2, Resident 11) Findings include: On 4/3/24 at 12:55 p.m., Resident 11's clinical record was reviewed. The diagnoses included,	F 0880	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Resident 11 no longer resides in the facility. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective**	04/24/2024

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	but were not limited to, obstructive and reflux uropathy (disorder of the urinary tract that occurs due to obstructed urinary flow; back-up of urine into the kidneys) and chronic kidney disease. The Physician Orders included, but were not limited to, the following: - catheter order: "foley catheter (device that helps drain urine from the bladder) care, every shift, start date of 3/9/24 with no end date indicated." -bilateral buttocks treatment: "MASD [moisture associated skin damage, inflammation of the skin]...cleanse area with Medline Hydrating Spray Cleaner, pat dry, MIX 1:1 Calmoseptine and House antifungal cream and apply to bilateral buttocks every shift, start date 4/2/24 with no end date indicated." The Admission Minimum Data Set (MDS) assessment, dated 3/15/24, indicated Resident 11 was mildly cognitively impaired, had an indwelling urinary catheter, and had MASD to the bilateral buttocks. Resident 11's care plans included, but were not limited to the following: "Problem: Resident has impaired skin integrity: Dermatitis rash to bilateral buttocks [related to] fecal incontinence...Start date - 3/26/24 and current through 6/26/24...Approach: treatment as ordered..." "Problem: Resident requires an indwelling urinary catheter [related to] obstructive uropathy...Start date - 3/13/24 and current through 6/20/24...Approach: provide assistance for catheter care..."		**action(s) will be taken:** -All residents have the potential to be affected by this alleged practice **What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not reoccur:** -All staff members will be educated on Hand Hygiene by April 24, 2024 by IP or designee -Daily observational rounds will continue until compliance is achieved and reviewed in QAPI by IP or designee **How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, what quality assurance program will be put into place.** -Hand Hygiene Observation Tool will be completed by IP/designee until compliance is maintained daily x4 weeks, weekly x 3 months and quarterly thereafter. -The IP/designee will be responsible for reviewing the Handwashing Observational Tool weekly until compliance is maintained. -If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.	

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	On 4/2/24 at 10:34 a.m., Resident 11 was observed resting in bed. A covered urinary catheter bag and catheter tubing were observed hanging on the bed rail. During an interview at that time, Resident 11 indicated he has had a urinary catheter "for a while and had a sore on his back." On 4/4/24 at 2:15 p.m., Licensed Practical Nurse (LPN) 2 was observed providing catheter care and bilateral buttocks care to Resident 11. The following was observed: - Resident 11 was resting in bed on his back. The urinary catheter bag and catheter tubing were observed hanging on the bed rail. - LPN 2 donned the plastic PPE (personal protective equipment - gown and two sets of plastic gloves) and placed the urinary catheter care and bilateral buttocks care supplies on the over-bed table located next to Resident 11's bed. - LPN 2 performed urinary catheter care. LPN 2 was not observed to change the gloves or conduct hand hygiene prior to transitioning from a contaminated (dirty) area to a non-contaminated (clean) area. - LPN 2 then assisted Resident 11 to turn onto his left side to begin the bilateral buttocks care. Upon turning the resident, LPN 2 observed Resident 11 had been incontinent of bowel. A red-colored rash was observed on Resident 11's buttock area. - LPN 2 walked to Resident 11's closet, approximately 10 feet from the bed, to retrieve a clean incontinent brief and handy wipes. LPN 2		**Date systemic changes will be completed:** April 24, 2024	

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	then performed incontinent care to Resident 11. The soiled incontinent brief and wipes were placed on top of the bed linens at the foot end of the bed. LPN 2 was not observed to change the gloves or conduct hand hygiene prior to transitioning from the contaminated area to a clean area. - LPN 2 then performed the bilateral buttocks treatment care by cleansing the area with Medline Hydrating Spray Cleaner and patted dry the exposed area. LPN 2 was not observed to change the gloves or conduct hand hygiene prior to transitioning from the contaminated area to a clean area. - Using the left hand, LPN 2 picked up the previously prepared medicine cup of Calmoseptine and House antifungal cream and placed her right index finger into the medicine cup. LPN 2 turned toward the resident. Just prior to LPN 2 having reached Resident 11 with the medicine cup in hand, LPN 2 indicated during an interview at that time, she "had spaced" having to change the gloves and perform hand hygiene when going from a "contaminated [dirty] area to a clean area." LPN 2 then asked if she "should change the gloves before continuing the treatment." - LPN 2 then walked to the PPE supply storage unit, located on the floor at the foot end of Resident 11's bed. LPN 2 removed the original gloves, applied hand sanitizer, and donned new gloves. - LPN 2 picked up the original medicine cup that contained the Calmoseptine and House antifungal cream. LPN 2 indicated at that time, she was using			

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	the left side of the cup since she had previously put her finger in the right side of the cup. LPN 2 then applied the Calmoseptine and House antifungal cream. During an interview on 4/5/24 at 8:55 a.m., the Corporate Nurse Consultant indicated staff were to conduct hand hygiene and change gloves during personal care when going from a contaminated area to a clean area. During an interview on 4/5/24 at 9:57 a.m., the Director of Nursing Services (DNS) indicated staff were to wash hands and change gloves during personal care when going between contaminated and clean areas. On 4/5/24 at 8:55 a.m., the Corporate Nurse Consultant provided a copy of the Standard and Transmission-Based Precautions (isolation) policy, dated September 2023, and indicated it was the current policy in use by the facility. A review of the document indicated, "...prevent the spread of infection from resident to resident...hand hygiene: hand washing...hand rub...perform hand hygiene: before having direct contact with a resident; before performing clean/aseptic procedure; after contact with the resident; after contact with...body fluids...contaminated surfaces; after touching resident surroundings...Gloves: wear gloves when it can be anticipated that contact with...body fluids...change gloves during care and perform hand hygiene if hands will move from a contaminated site to a clean site..." 3.1-18(b)(1)			