

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

PRINTED: 02/08/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155417		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/12/2023	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT SCOTTSBURG				STREET ADDRESS, CITY, STATE, ZIP COD 1100 N GARDNER AVE SCOTTSBURG, IN 47170			
(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 Investigation of Complaints IN00391717, IN00395433 and IN00398205. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00391717 - Substantiated. Federal/State deficiency related to the allegations is cited at F550.</p> <p>Complaint IN00395433 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00398205 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 11 and 12, 2023</p> <p>Facility number: 000421 Provider number: 155417 AIM number: 100288340</p> <p>Census Bed Type: SNF/NF: 34 Total: 34</p> <p>Census Payor Type: Medicare: 1 Medicaid: 27 Other: 6 Total: 34</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 19, 2023.</p>			F 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at Scottsburg requests this Plan of Correction to be considered for paper compliance. Hickory Creek at Scottsburg desires this Plan of Correction to be considered the facility's allegation of compliance. Compliance is effective on February 11th, 2023. Request Desk review.</p>		

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

TITLE

(X6) DATE

Rachel Colwell

Administrator

02/02/2023

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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F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his</p>						

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	<p>or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on interview and record review, the facility failed to ensure a resident (Resident B) was informed of a physician's order restricting her ability to leave the facility for 1 of 3 residents reviewed for resident rights.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 1/11/23 at 12:42 p.m. The diagnoses included, but were not limited to, aphasia and left sided hemiparesis.</p> <p>The BIMS (Brief Interview of Mental Status) assessment, dated 9/17/22, indicated the resident's cognition was intact.</p> <p>The physician's order, dated 9/27/22, indicated the resident was not to go LOA (leave of absence) until further notice.</p> <p>The clinical record lacked documentation of any notification or discussion of the order with the resident.</p> <p>During an interview on 1/11/23 at 1:45 p.m., Resident B indicated she was not informed by any of the staff that the physician had written the order.</p> <p>On 1/12/23 at 11:28 a.m., the Executive Director provided a current copy of the document titled "Resident Rights" dated 8/98. It included, but was not limited to, "Policy...Facility must ensure that the resident can exercise his or her rights without interference...Facility must ensure that information is provided to each resident in a form and manner</p>			F 0550	<p>F550 - It is the standard of this facility to ensure that each resident is treated with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.</p> <p>1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident B no longer resides at this facility. Resident discharged home on 01/30/23.</p> <p>2.) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken? All LOA orders were reviewed with current residents to ensure they were aware of their LOA physician order. No other residents identified.</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?</p>		02/11/2023

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	<p>the resident can...understand...."</p> <p>This Federal tag relates to Complaint IN00391717</p> <p>3.1-3(a)</p>		<p>The DON/Designee inserviced facility nurses on notification of new orders on all resident that are their own responsible party.</p> <p>The DON/Designee will complete a daily audit Monday-Friday on all new orders during daily CQI to ensure any resident with new orders has been notified of new orders related to their care.</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?</p> <p>To ensure compliance the DON/Designee will complete a new order communication CQI audit tool for six months with audits being completed once weekly for one month, and then monthly for 5 months by a nurse manager or designee. The new order communication CQI tool will be reviewed monthly by the CQI committee for six months after which the QAPI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed.</p> <p>5.) Completion date: 01/31/23</p>		