

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155211	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2016
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT LEBANON	STREET ADDRESS, CITY, STATE, ZIP CODE 1585 PERRY WORTH RD LEBANON, IN 46052
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00208241.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00208241-substantiated. Federal/State findings cited at F431.</p> <p>Survey Dates: August 29, 30, 31, September 1, 2, 6, 7, 8, 2016.</p> <p>Facility number: 000118 Provider number: 155211 AIM number: 100290470</p> <p>Census bed type: SNF: 25 Total: 25</p> <p>Census payor type: Medicare: 1 Medicaid: 19 Other: 5 Total: 25</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC</p>	F 0000	<p>I respectfully request a desk review of the following plan of correction to the survey conducted at Hickory Creek at Lebanon on 9-8-2016.</p> <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 the requirements established by the state and federal law. Hickory Creek at Lebanon desires this Plan of Correction to be considered the facility's</p>	

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 0431 SS=D Bldg. 00	<p>16.2-3.1.</p> <p>Quality Review was completed by 21662 on September 15, 2016.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except</p>		<p>Allegation of Compliance effective September 30, 2016</p>		

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	<p>when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were not left at bedside for 1 of 3 residents reviewed for medications at bedside (Resident C).</p> <p>Findings include:</p> <p>During an observation in Resident C's room on 8/31/2016 at 10:04 a.m., a bottle of Antacid from a retail store was observed on his bedside table, it was 90% empty. 2 bottles of Clear eyes cooling comfort eye drops were observed, one bottle was 90% empty and had an expiration date of June 2016. A prescription bottle of sulfactimide solution eye drops, with a pharmacy label indicating it was ordered 8/3/16 and directions to take for 3 days, was observed on his bedside table. An over the counter nasal spray, oxymetazoline HCL, and a lose purple pill in a plastic medicine cup with 4 medicine cups stacked on top, were observed on his over the bed table. A bottle of Betamethasone valertate lotion 0.1% with an expiration date of Dec. 2008, and the word "ear" wrote on the back of the bottle, and a jar of Vicks' vapor rub with an expiration date of June 2016, were observed on the</p>	F 0431	<p>F 0431 Drug Records, Label/Store Drugs & Biologicals</p> <p>1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency.</p> <p>Resident C was assessed for Self Administration of Medications. Resident C has a BIMS score of 15 and is capable of keeping Medications at bedside and self administering. Orders were received by the Resident's Physician and a lock box was placed in the Resident's room. Resident C has a key and a spare key is kept at the Nurses</p>	09/30/2016			

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	<p>bed side table. A tube of aquaphor lotion was observed in the bathroom.</p> <p>Resident C's record was reviewed on 08/31/2016 at 1:28 p.m., diagnosis included, but were not limited to, heart failure, presence of cardiac pacemaker, atherosclerotic heart disease, arthritis, and gout.</p> <p>A quarterly Minimum Data Set (MDS) dated 8/19/16 indicated a Brief Interview for Mental Status (BIMS) of 15 out of 15. A copy of the Resident Assessment Self Administration of Medications #1 assessment, dated 8/24/15, was observed and indicated the resident did not want to take his own medication, and the assessment was not completed.</p> <p>A review of physicians orders indicated Resident C did not have a current order for the aquaphor ointment, Betamethasone Valerate Lotion 0.1% to ears, Vicks vapor rub, Afrin nasal spray, Sulfacetamide Sodium Lotion 10%. He did have an order for Colchicine 1 tablet in the morning and at bedtime for Gout. Mylanta 20 milliliters every 6 hours as needed of indigestion. Artificial tears 1.4% 1 drop in both eyes every 4 hours as needed for dry eyes. A review of his orders indicated he did not have an order to keep medications at bedside.</p>		<p>Station. The Director of Nursing reviewed the desired medications and their administration including but not limited to drug, dose, frequency, route, storage and reordering procedure with Resident C and the Family.</p> <p>The Resident's family has been notified that all medications, including over the counter medications, must have a Physician's order. The family has been asked to notify the charge nurse or social services if the resident is requesting an additional medication or treatment.</p> <p>The Licensed Nurses will be in-serviced on the policy and</p>		

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	<p>During an interview on 8/31/2016 at 10:42 a.m., the Director of Nursing (DON) indicated the little purple pill was identified as his Colchicine. She further indicated the Resident did not have a order to have medications at his bedside, and should not have had medications at his bedside. She indicated he did not have an order to self administer medications. She indicated the resident did not have orders for the Vicks' vapor rub, the over the counter nasal spray oxymetazoline HCL, or the Betamethasone Valerate Lotion 0.1%.</p> <p>During an interview on 9/08/2016 at 10:26 a.m., the Administrator indicated staff should let the Director of Nursing or herself know immediately if there were medications found at a resident bedside.</p> <p>A current policy titled "Medications" reviewed from the Administrator on 9/7/16 at 1:00 p.m., indicated "...Purpose"...Designated staff members will give medications only as ordered by the physician...Guidelines: Return drugs to medication cart or medication room. Never leave any drug in a resident's room without a "may keep at bedside" physician order."</p> <p>This Federal Tag relates to Complaint</p>		<p>procedure for assessing residents who are newly admitted to the facility for self administration of medication.</p> <p>In addition nursing staff will be in-serviced on the facility policy for self-administration of medications, included in the policy "Medications – Storage and Labeling", #N-M010, found in the Nursing Policy and Procedure Manual. The nurses will be educated on the facility process for daily asking residents who are self-medicating whether or not they have taken or used any of their medication. The outcome of that conversation will be documented in the progress notes of the</p>		

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	IN00208241. 3.1-25(m)		resident's record. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. All residents who wish to self-medicate have the potential to be affected by this practice. All residents were asked if they kept any medications, including over the counter items, at bedside. All residents also gave staff permission to look into their bedside drawers. No other medications or		

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			<p>treatments, including over the counter medications were found to be at bedside. When questioned, no other residents voiced a desire to keep medication at bedside at this time. In the future, if a resident voices a desire to self-medicate, he/she will be assessed as to his/her ability to do so. Once the assessment is done, the interdisciplinary team will review the results of the assessment. If the team concurs that the resident is able to self-medicate, they will contact the attending physician for an order to self-medicate/keep certain items at bedside. A lock box and key will be provided, and the resident's care plan will be updated to</p>	

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			<p>reflect this change. If any medications or over the counter items are found in a resident's room without an appropriate assessment or physician's order, they will be removed from the resident's room and the process as outlined in the prior paragraph will be instituted.</p> <p>3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made.</p> <p>Each resident who is admitted or readmitted to the facility will be</p>		

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			assessed for their capability of self-medicating and will be asked if he/she desires to keep medications, including over the counter items at bedside. The process will go forward as described in question #2. When the lock box and key are provided to the resident when he/she is deemed capable of self-medicating and when a physician's order has been received to do so, the spare key will be kept on the nurses' key ring. The resident will be educated on the medication he/she has at beside, including the dosage and route of administration that is appropriate. This education will be documented in the	

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			<p>resident's record.</p> <p>Once the resident is keeping medications at beside, the room will be checked every shift to makes sure that the medications are secured and are not accessible to other residents.</p> <p>At the first indication that a resident is not handling medications or other OTC items appropriately, they will be removed from the room, the physician will be notified, and a new self-administration assessment will be done. Based on the resident's condition and the results of that assessment, the IDT and physician will decide whether or not the resident will continue to handle</p>	

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			<p>these items at bedside.</p> <p>The Resident will be assessed quarterly, annually and upon a significant change in condition to determine if they are capable of continuing to self-medicate. The outcome of that assessment, including the review by the IDT and the physician, will determine whether or not the resident will be able to self-medicate.</p> <p>The Director of Nursing and/or Designee will check the Physician Orders with the Medication in the lock box for residents who are deemed capable of self-medicating every two weeks for two months, and then monthly thereafter. Any identified issues will be</p>	

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			<p>investigated by the IDT, and if the IDT believes that the resident is not being compliant or is self-medicating in such a way as to be a danger to himself or others, the medications will be removed from the room, and the reassessment process will be initiated once again.</p> <p>4. Describe 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.</p> <p>The Director of Nursing will report the number of residents who are self-medicating with bedside medications/treatments to the monthly QA&A</p>	

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			<p>Committee, including any residents who have been added or taken out of the self-medication process. She will also bring the results of the monitoring of the physician orders and medication in the lock boxes to the Committee for further review and recommendations. These monitoring visits will continue on an ongoing basis.</p> <p style="text-align: center;">Date of Completion: September 30, 2016</p>	