

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

PRINTED: 02/11/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155442	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT FRANKLIN			STREET ADDRESS, CITY, STATE, ZIP COD 580 LEMLEY STREET FRANKLIN, IN 46131		
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 8, 9, 10, and 13, 2025</p> <p>Facility number: 000352 Provider number: 155442 AIM number: 100290720</p> <p>Census Bed Type: SNF/NF: 33 Total: 33</p> <p>Census Payor Type: Medicare: 1 Medicaid: 29 Other: 3 Total: 33</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 15, 2025.</p>	F 0000	<p>Hickory Creek at Franklin Facility ID 000352 Survey Event VTZX11</p> <p>This plan of correction constitutes this facility's written allegation of compliance for the deficiencies cited. The submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection Report. Hickory Creek at Franklin respectfully requests consideration for a desk review of this plan of correction in lieu of post survey revisit.</p>		
F 9999  Bldg. 00	<p>3.1-14 PERSONNEL</p> <p>(t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in</p>	F 9999	<p>Deficiency ID: F9999 Completion Date: 2/13/25</p> <p>Plan of Correction Text:</p> <p><b>What corrective actions will be accomplished for those</b></p>	02/13/2025	

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

TITLE

(X6) DATE

Tracie

Oldham

01/28/2025

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 disclosable 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>intradermal tuberculin skin testing, reading, and recording unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency repeat testing will depend on the risk of infection with tuberculosis.</p> <p>This State rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that both a first step or second step tuberculin skin test was administered for 8 of 10 employees reviewed. (QMA 4, RN 5, RN 6, RN 7, CNA 8, Housekeeper 9, RN 10, and Cook 11)</p> <p>Findings include:</p> <p>1. On 1/10/25 at 11:00 a.m., the employee record of QMA (Qualified Medication Aide) 4 was reviewed. The employee immunization record indicated the following:</p> <p>- QMA 4 had a hire date of 11/6/24.</p>				<p><b>residents found to have been affected by the deficient practice?</b></p> <p>-No residents were affected by the alleged deficient practice.</p> <p><b>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</b></p> <p>-Staff education will be completed by the ED/designee with all department managers by 2/2/25 addressing the TB policy and procedure.</p> <p>-1st step TB test will be completed for QMA 4, RN 5, RN 6, RN 7, Cna 8, Housekeeper 9, RN 10, and Cook 11 by 2/2/25. 2nd step to follow per guidelines.</p> <p>-Full employee file TB audit to be completed and any issues will be addressed immediately.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>-Staff education will be completed by the ED/Designee by 2/2/25 with all department managers regarding TB testing and documentation for all new</p>		

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	<p>- QMA 4's employee record lacked documentation of a first step or second step tuberculin skin test.</p> <p>2. On 1/10/25 at 11:03 a.m., the employee record for RN 5 was reviewed. The employee immunization record indicated the following:</p> <p>- RN 5 had a hire date of 12/11/24.</p> <p>- RN 5 was given a first step tuberculin skin test on 11/24/24.</p> <p>- RN 5's employee record lacked a second step tuberculin skin test.</p> <p>3. On 1/10/25 at 11:05 a.m, the employee record for RN 6 was reviewed. The employee immunization record indicated the following:</p> <p>- RN 6 had a hire date of 3/22/24.</p> <p>- RN 6 was given a first step tuberculin skin test on 4/11/24.</p> <p>- RN 6's employee record lacked a second step tuberculin skin test.</p> <p>4. On 1/10/25 at 11:10 a.m., the employee record for RN 7 was reviewed. The employee immunization record indicated the following:</p> <p>- RN 7 had a hire date of 11/11/24.</p> <p>- RN 7 was given a first step tuberculin skin test on 10/30/24.</p> <p>- RN 7's employee record lacked a second step tuberculin skin test.</p>				<p>employees including the TB second step process.</p> <p>-A binder containing a copy of all current employee TB tests will be kept in the DNS office.</p> <p><b>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>-To ensure compliance the DNS/designee will review the TB binder weekly for 4 weeks, then monthly for 6 months to ensure compliance. The audit tool will be reviewed during QAPI meeting. If a 95% threshold is not achieved an action plan will be developed.</p>		

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	<p>5. On 1/10/24 at 11:20 a.m., the employee record for CNA 8 was reviewed. The employee immunization record indicated the following:</p> <ul style="list-style-type: none"> <li>- CNA 8 had a hire date of 6/4/24.</li> <li>- CNA 8's employee record lacked a first or second step tuberculin skin test.</li> </ul> <p>6. On 1/10/24 at 11:30 a.m., the employee record for Housekeeper 9 was reviewed. The employee immunization record indicated the following:</p> <ul style="list-style-type: none"> <li>- Housekeeper 9 had a hire date of 2/7/24.</li> <li>- Housekeeper 9's employee record lacked a first or second step tuberculin skin test.</li> </ul> <p>7. On 1/10/24 at 11:33 a.m., the employee record for the RN 10 was reviewed. The employee immunization record indicated the following:</p> <ul style="list-style-type: none"> <li>- The RN 10 had a hire date of 6/18/24.</li> <li>- The RN 10's employee record lacked a first or second step tuberculin skin test.</li> </ul> <p>8. On 1/10/24 at 11:35 a.m., the employee record of Cook 11 was reviewed. The employee immunization record indicated the following:</p> <ul style="list-style-type: none"> <li>- Cook 11 had a hire date of 6/4/24.</li> <li>- Cook 11's employee record lacked a first and second step tuberculin skin test.</li> </ul> <p>On 1/13/24 at 9:30 a.m., the Administrator indicated the facility was unable to provide a copy of the missing employee tuberculin skin tests for QMA 4, RN 5, RN 6, RN 7, CNA 8, HSK 9, RN 10,</p>						

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	and Cook 11.  On 1/10/25 at 11:27 a.m., the Corporate Consultant provided a copy of a policy titled Tuberculosis (TB) Screening for Employees, dated November, 2023. A review of the policy indicated "...1. Tuberculosis Screening test a) Tuberculin Screening test (TST). A two-step screening is required unless the applicant had a TST within the past 12 months and can provide documentation..."						