

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

PRINTED: 12/13/2023  
FORM APPROVED  
OMB NO. 0938-039

|   |   |  |  |   |   |  |                            |
|---|---|--|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155419 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                                  |   | X3) DATE SURVEY<br>COMPLETED<br>11/09/2023 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>HICKORY CREEK AT CRAWFORDSVILLE |   |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>817 N WHITLOCK AVE<br>CRAWFORDSVILLE, IN 47933 |   |  |                            |
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| F 0000<br><br>Bldg. 00  | <p>This visit was for the Investigation of Complaint IN00417437.</p> <p>Complaint IN00417437- No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: November 9, 2023</p> <p>Facility number: 000533<br/>Provider number: 155419<br/>AIM number: 100267230</p> <p>Census Bed Type:<br/>SNF/NF: 33<br/>Total: 33</p> <p>Census Payor Type:<br/>Medicare: 1<br/>Medicaid: 24<br/>Other: 8<br/>Total: 33</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 16, 2023.</p> |  |  | F 0000  | <p>This provider respectfully requests that this requests a desk review in lieu of a post survey review on or after November 15, 2023. We have had no further Covid-19 spread and are currently without any Covid positive residents or staff. Please feel free to contact Jeremiah Johnson, if you need any additional information to support the desk review at 317-473-0239. Thank you for your consideration.</p> |  |                            |
| F 0880<br>SS=F<br>Bldg. 00  | <p>483.80(a)(1)(2)(4)(e)(f)<br/>Infection Prevention &amp; Control<br/>§483.80 Infection Control<br/>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</p>  |  |  |   |   |  |                            |

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

TITLE

(X6) DATE

Jeremiah

Johnson

11/29/2023

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 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 30 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>communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.<br/>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> |   |  |   |                            |  |  |

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|   | <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.<br/>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.<br/>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br/>Based on observation, interview, and record review, the facility failed to ensure appropriate infection control practices were in place to mitigate and prevent the potential for the spread of the COVID-19). This deficient practice had the potential to effect 33 of 33 residents who resided in the facility.</p> <p>Findings include:</p> <p>On 11/9/23 at 9:00 a.m., upon entrance into the facility, Resident D (who was later discovered to be COVID-19 positive) was observed seated in the main dining room with three other unidentified residents. None of them were wearing masks as the finished their breakfast meals. Several staff</p> |  |  | F 0880  | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Monitoring of Signs and Symptoms of Covid-19<br/>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; All Residents have potential to be Affected. All Resident's will be Monitored for S/S of Covid-19 infection.<br/>What measures will be put into place and what systemic changes</p> |  | 11/15/2023                 |

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|   | <p>member, unidentified at that time, walked in and out of the dining room, past Resident D. He was not encouraged to wear a mask to return to his room.</p> <p>On 11/9/23 at 9:21 a.m., Housekeeper (HK) 7 was observed in a Red Room (an isolation room with a COVID-19 positive resident). She was observed to wear a surgical mask underneath an N-95 and did not have any eye protection on at that time.</p> <p>On 11/9/23 at 9:25 a.m., Resident C (who was later discovered to have close contact to COVID-19 as his roommate was positive) was observed as he sat in his wheelchair outside of a communal shower room, he was not wearing a mask. Certified Nursing Aide (CNA) 9, joked with him and they had a short conversation. Resident C was not encouraged to go back to his room or put a mask on.</p> <p>On 11/9/23 at 9:30 a.m., HK 7 entered a second Red Room. Although she removed her surgical mask from underneath an N-95, she did not put on eye protection.</p> <p>On 11/9/23 at 9:40 a.m., Resident D was observed as he was assisted back to his room by Occupational Therapist (OT) 5. OT 5 wore an N-95 face mask and a face shield. At that time, she indicated, Resident D was COVID-19 positive and should not have eaten breakfast in the dining room. He returned to his room with her without refusing. At his table place, his plate and utensils remained, as well as an initialed medication cup.</p> <p>During an interview on 11/9/23 at 9:44 a.m., the Director of Nursing Services in Training (DNS-T) indicated Resident D was COVID-19 positive, and he should not be permitted to eat in the main</p> |   |  |  | <p>will be made to ensure that the deficient practice does not recur; Education of staff members found to be deficient in PPE usage.</p> <p>PPE Donning and Doffing skills validation for all staff.</p> <p>Staff Education on Redirecting Residents who should be in isolation.</p> <p>Staff Education on encouraging residents to wear Masks when they have symptoms, exposure to, or positive test results for communicable diseases such as Covid-19.</p> <p>Staff education on proper precautions and PPE use when interacting with Covid positive residents or upon entering Covid isolation rooms.</p> <p>Staff Education on using shoe coverings when entering rooms on isolation to protect residents who may utilize crawling as a main form of mobilization.</p> <p>Staff education on Resident Hand Hygiene.</p> <p>Lids placed on all trash cans.</p> <p>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; and Resident Covid QA tool Weekly through duration of Covid Outbreak.</p> <p>Covid-19 Systems QA tool Weekly x 4 &amp; Monthly x 6.</p> <p>Monthly PPE Skills validation for all staff.</p> |  |                            |

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|   | <p>dining room around other COVID-19 negative residents.</p> <p>During an interview on 11/9/23 at 9:46 a.m., Qualified Medication Aid (QMA) 6 indicated she passed morning medications. Resident D was already in the main dining room and when she asked him to go back to his room he refused. So, she administered his medications in the dining room without donning additional personal protective equipment (PPE).</p> <p>On 11/9/23 at 10:00 a.m., the following Red Rooms were observed to have trash cans without lids or a covering in place which were placed outside the doors in the main hallways. They were observed to have used PPE.</p> <p>On 11/9/23 at 10:35 a.m., CNA 8 was observed as she placed an N-95 mask on top of a surgical mask and entered a Red Room.</p> <p>On 11/9/23 at 11:35 a.m., Residents E and F were observed to come out of their Red Rooms to use the communal COVID-19 bathroom, they were not wearing a mask. At that time, another resident who had not tested positive, walked past Resident E.</p> <p>Throughout the survey period, Resident B was observed, as he preferred and was care planned, to ambulate by crawling throughout the facility hallways and common areas on his hand and knees and he occasionally put his hands in his mouth. The staff were not observed to don shoe covering in the Red Rooms or change shoes.</p> <p>On 11/9/23 at 11:48 a.m., an interview was conducted with the Administrator, Interim DNS, DNS-t and the Social Service Director were</p> |   |  |  | <p>What date the systemic changes for each deficiency will be completed. Wednesday 11/15/2023</p>                        |  |                            |

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|   | <p>present. Because there were no empty available rooms, if one resident tested positive and the roommate did not, staff were to encourage the COVID-19 negative resident to remain in their room, wear a mask upon exiting the room, and maintain social distancing with other residents. The Interim DNS indicated staff should wear all PPE including eye protection as instructional signage on the Red Room door indicated. Staff should not wear a surgical mask under the N-95 as it interfered with the N-95's integrity to create an effective seal. Further, PPE trash cans needed to be covered to reduce the potential for aerosolized spread of the virus, and shoe covering could be considered as an extra precaution to help protect Resident B.</p> <p>On 11/9/23 at 11:00 a.m., the Administrator provided a copy of current facility policy titled, "Covid-19 Policy," revised 7/2023. The policy indicated, " ...This community will implement infection control practices to reduce the risk of transmission of SARS-CoV-2 (Covid-19) ... face covering or mask ... in accordance with CDC guidance and based on the Infection Prevention's assessment of the community virus transmission rates and other infection control. Instructional signage throughout the facility ... staff to follow appropriate PPE use according to the Standard and Transmission Based Precautions policy ... source control options for HCP include: a NIOSH-approved particulate respirator with N-95 filter or higher ...."</p> <p>3.1-18(b)(1)</p> |  |                     |  |  |  |  |