

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

PRINTED: 02/01/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155424		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/16/2024	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT COLUMBUS				STREET ADDRESS, CITY, STATE, ZIP COD 5480 E 25TH STREET COLUMBUS, IN 47203			
(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	This visit was for the Investigation of Complaint IN00422886 Complaint IN00422886 - Federal/State deficiency related to the allegations is cited at F842. Survey dates: January 12 and 16, 2024 Facility number: 000284 Provider number: 155424 AIM number: 100290690 Census Bed Type: SNF/NF: 31 Total: 31 Census Payor Type: Medicare: 2 Medicaid: 24 Other: 5 Total: 31 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 21, 2024.			F 0000			
F 0842 SS=D Bldg. 00	483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility						

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

TITLE

(X6) DATE

Kim Miller

DNS

01/31/2024

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 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>itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p>						

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	<p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to ensure a resident's record accurately reflected the administration of a narcotic medication for 1 of 3 residents reviewed for resident records. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 01/12/24 at 2:17 p.m. An admission MDS (Minimum Data Set) assessment, dated 12/02/23, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, prostate cancer and Chronic Obstructive Pulmonary Disease.</p> <p>The November 2023 EMAR (electronic medication administration record) indicated the resident could receive oxycodone/acetaminophen (a narcotic pain medication) 5 mg (milligrams), 325 mg every</p>			F 0842	<p>POC F-0842</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All medications for resident B are being administered per MD order and documented appropriately.</p> <p>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?</p> <p>All residents receiving</p>		02/03/2024

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	<p>four hours PRN (as needed) for pain.</p> <p>During an interview on 01/12/23 at 2:13 P.M., Resident B indicated on Sunday 11/26/23 RN 2 asked him after lunch to take his PRN pain medication. He told her he was not having any pain and didn't need the medication. She told him if he didn't take it she would have to throw it away.</p> <p>The Controlled Substance Record indicated the resident received oxycodone/acetaminophen 5 mg, 325 mg on 11/26/23 at 7:15 A.M. and 1:00 P.M.</p> <p>Review of the November 2023 EMAR lacked documentation of the administration of the oxycodone/acetaminophen 5 mg, 325 mg on 11/26/23 at 7:15 A.M. and 1:00 P.M.</p> <p>During an interview on 01/16/24 at 2:01 P.M., RN 3 indicated a PRN medication should not be removed from the medication cart until the resident makes the request for the medication. Blanks in the EMAR indicated the medication was not given. When a controlled substance needed to be destroyed, there should be two nurses, the medication was placed in the drug buster container and both nurses sign the controlled substance record sheet.</p> <p>The current facility pharmacy policy with a revision dated of 01/10/22, was provided by the Director of nursing on 01/16/24 at 3:00 P.M. The policy indicated, "...Document the administration of controlled substances in accordance with Applicable Law...Document necessary medication administration/treatment information (e.g., when medications are opened, when medications are given, injection site of a medication, if medications are refused, PRN medications, application sight)</p>				<p>narcotics have the potential to be affected by the alleged deficient practice.</p> <p>An audit was completed 1/28/24 to identify all residents receiving narcotic medications with no discrepancies in documentation noted on administration.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>All licensed staff are in serviced on 1/28/24 on appropriate policy and procedure for documentation of narcotic medication administration by DNS.</p> <p>A Daily audit tool will be completed by DNS/designee to ensure proper documentation of narcotic administration, to be reviewed at the clinical morning meeting.</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?</p>		

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	on appropriate forms...Medication administration will be recorded on the MAR (Medication Administration Record)/EMAR or TAR (Treatment Administration Record) after given..." This citation relates to Complaint IN00422886. 3.1-50(a)(1) 3.1-50(a)(2)				DNS/designee will be responsible for Pharmacy Services and Recommendations QAPI tool completion weekly x 4 weeks, monthly x 3 months and quarterly for one year, with results reported to QAPI committee, overseen by the ED. If a threshold of 95% is not achieved an action plan will be developed to ensure compliance. By what date with the systemic changes be completed? February 3rd - We are requesting paper compliance for plan of correction.		