STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155442	A. BUILDING 00 B. WING	12/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HICKORY CREEK AT FRANKLIN	580 LEMLEY STREET FRANKLIN, IN 46131

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00423709. Complaint IN00423709 - Federal/State deficiencies related to the allegations are cited at F610. Survey date: December 13, 2023 Facility number: 000352 Provider number: 155442 AIM number: 100290720 Census Bed Type: SNF/NF: 27 Total: 27 Census Payor Type: Medicaid: 20 Other: 7 Total: 27 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed December 15, 2023.	F 0000		
F 0610 SS=D Bldg. 00	483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on interview and record review, the facility failed to complete a thorough investigation for an allegation of physical abuse for 1 of 3 residents reviewed for abuse. (Resident B) Finding includes: During an interview on 12/13/23 at 10:44 a.m., LPN 1 (Licensed Practical Nurse) indicated on 12/7/23 at approximately 2:00 p.m., Resident B indicated they were going to get her that night. When LPN 1 asked who Resident B was talking about, Resident B indicated a tall male night nurse and a female night nurse. During an interview on 12/13/23 at 10:30 a.m., Family Member 1 indicated on 12/8/23, Resident B called Family Member 1 and indicated a large black female nurse and a tall, skinny, white male nurse beat her and raped her on night shift. Family Member 1 was not sure what night Resident B was talking about. Family Member 1 notified the Administrator on 12/8/23. During an interview on 12/13/23 at 10:57 a.m., the Administrator indicated on 12/7/23, Resident B reported that the night shift nurses beat her up. First Resident B's described the staff as 2 females and a male, all of them German. Then Resident B indicated it was a tall male and one female. On	F 0610	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident B monitored and showing no signs of psychosocial changes. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents have the potential to be affected by the alleged deficient practice ED/Designee to inservice all staff on abuse investigations Regional Director of Clinical Services will conduct an inservice with Executive Director and Director of Nursing Services related to Investigation of Alleged Violations including having evidence of thorough investigations **What measures will be put into place or what systemic changes you will make to**	01/05/2024

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	12/8/23, Resident B's daughter called the Administrator and indicated Resident B called and indicated Resident B was beaten and raped on night shift. The description Resident B gave her daughter of the night nurses was a large black female nurse and a tall, skinny, white male nurse. The physical description Resident B gave to the Administrator matched the description of CNA 1 and LPN 2. CNA 1 and LPN 2 worked night shift on 12/6/23. Resident B made the allegation about the night shift nurses on 12/7/23 at approximately 2:00 p.m. Both CNA 1 and LPN 2 were allowed to return to work for night shift on 12/7/23, because Resident B indicated the alleged perpetrators were German. At that time, the facility did not have any nurses that were German that worked in the facility. The description Resident B gave didn't match the nurses that were working at that time so the facility closed the investigation. During an interview on 12/13/23 at 11:05 a.m., the DON (Director of Nursing) indicated she did not complete a thorough interview with CNA 1 nor LPN 2 regarding the allegation of physical abuse made by Resident B on 12/7/23. The DON reviewed the facility's abuse questionnaire with CNA 1 and LPN 2. During an interview on 12/13/23 at 11:56 a.m., the ADON (Assistant Director of Nursing) indicated she had not witnessed nor heard about any abuse in the facility, but on 12/7/23 the ADON completed interviews with CNA 1 and LPN 2 regarding the allegation Resident B made, on 12/7/23. The ADON reviewed the abuse questionnaire with CNA 1 and LPN 2. The clinical record for Resident B was reviewed on 12/13/23 at 8:27 a.m. The diagnoses included, but were not limited to, mood disorder, anxiety		**ensure that the deficient practice does not recur?** Regional Director of Clinical Services will conduct an inservice with Executive Director and Director of Nursing Services related to Investigation of Alleged Violations including having evidence of thorough investigations ED/Designee to inservice all staff on abuse investigations All Abuse investigation files will be reviewed by Regional Director of Clinical Services to ensure thorough investigation x 6 months **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?** The POC QAPI Tool will be utilized by ED/designee weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance	

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	disorder, and cognitive communication deficit. The Annual MDS (Minimum Data Set) assessment, dated 10/10/23, indicated Resident B was cognitively intact. A witness statement, dated 12/7/23, indicated Resident B indicated to LPN 1 they were really going to get her that night. LPN 1 asked what they looked like and Resident B indicated there were 2 women and one man. The man was tall and laughed a lot. He laughed when he hurt Resident B. The man and women were German. A witness statement, dated 12/7/23 at 2:05 p.m., indicated Resident B indicated to LPN 1 that the two night shift nurses from last night were trying to kill her and that was why Resident B was so sore. The two night shift nurses beat her up really bad. Resident B told LPN 1 to be careful who LPN 1 told. On 12/13/23 at 1:22 p.m., the DON provided a copy of a document, titled Staff Abuse Questionnaire, dated 12/7/23, and indicated this was the abuse questionnaire that was reviewed with CNA 1. A review of the abuse questionnaire indicated CNA 1 did not witness any employee, resident, nor visitor abuse or mistreat another resident. CNA 1 was not suspicious of any employee mistreating residents. CNA 1 did not witness any employee acting frustrated, stressed, short, fatigued, irritable, isolated, nor showing other signs of burnout. CNA 1 did not witness any employee treat residents unkindly, laugh at residents, rush or perform care roughly, use unsafe practices, nor treat resident in an inappropriate manner. CNA 1 had not seen any unusual bruises, markings, nor witnessed a resident act guarded nor fearful. The signature line for CNA 1 indicated "over the			

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	phone". The Staff Abuse Questionnaire was reviewed with CNA 1 by the ADON. The document lacked a completed thorough interview with CNA 1 regarding the physical abuse allegation involving CNA 1, that Resident B reported on 12/7/23. On 12/13/23 at 1:22 p.m., the DON provided a copy of a document, titled Staff Abuse Questionnaire, dated 12/7/23, and indicated this was the abuse questionnaire that was reviewed with LPN 2. A review of the abuse questionnaire indicated LPN 2 did not witness any employee, resident, nor visitor abuse or mistreat another resident. LPN 2 was not suspicious of any employee mistreating residents. LPN 2 did not witness any employee acting frustrated, stressed, short, fatigued, irritable, isolated, nor showing other signs of burnout. LPN 2 did not witness any employee treat residents unkindly, laugh at residents, rush or perform care roughly, use unsafe practices, nor treat resident in an inappropriate manner. LPN 2 had not seen any unusual bruises, markings, nor witnessed a resident act guarded nor fearful. The signature line for LPN 2 indicated "over the phone". The Staff Abuse Questionnaire was reviewed with LPN 2 by the ADON. The document lacked a completed thorough interview with LPN 2 regarding the physical abuse allegation that involved LPN 2, Resident B reported, on 12/7/23. A daily staffing report, dated 12/6/23, indicated LPN 2 and CNA 1 were the only nursing staff that worked night shift. A daily staffing report, dated 12/7/23, indicated LPN 2 and CNA 1 were the only nursing staff that worked night shift.			

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	During an interview on 12/13/23 at 10:20 a.m. CNA 1 (Certified Nursing Aide) indicated CNA 1 worked night shift on 12/6/23 from approximately 10:00 p.m. until 12/7/23 at approximately 6:00 a.m. CNA 1 worked night shift again on 12/7/23 from approximately 10:00 p.m. until 12/8/23 at approximately 6:00 a.m. The first time CNA 1 was interviewed regarding an abuse allegation that involved CNA 1 and LPN 2 was after his shift ended on 12/8/23. The clinical record lacked documentation of a completed thorough investigation that included interviews with LPN 2 and CNA 1 that included facts and observations regarding the physical abuse allegation made by Resident B on 12/7/23 before CNA 1 and LPN 2 returned to work for night shift on 12/7/23. On 12/13/23 at 9:02 a.m., the Administrator provided a copy of a facility policy, titled Abuse Prohibition, Reporting, and Investigation, dated 2/2010, and indicated this was the current policy used by the facility. A review of the policy indicated any staff member implicated in the alleged abuse will be removed from the facility at once and will remain suspended until an investigation is completed. The investigation will include facts and observations by involved employees. All residents will be protected from physical harm during an investigation by implementing staffing changes, if necessary, to protect the residents from the alleged perpetrator. This citation relates to Complaint IN00423709. 3.1-28(d)			