

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155406	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/23/2015
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT PERU	STREET ADDRESS, CITY, STATE, ZIP CODE 390 W BOULEVARD PERU, IN 46970
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00189305 and IN00186244.</p> <p>Complaint IN00189305 - Substantiated. Federal/State deficiencies related to the allegations are cited at F371.</p> <p>Complaint IN00186244 - Substantiated. Federal/State deficiencies related to the allegations are cited at F312.</p> <p>Survey dates: December 22 and 23, 2015.</p> <p>Facility number: 000475 Provider number: 155406 AIM number: 100290540</p> <p>Census bed type: SNF/NF: 31 Total: 31</p> <p>Census payor type: Medicare: 3 Medicaid: 24 Other: 4 Total: 31</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings</p>	F 0000		
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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 0312 SS=D Bldg. 00	<p>cited in accordance with IAC 410 16.2-3.1.</p> <p>Quality Review completed by 14454 on December 29, 2015.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to ensure nail care was provided for 3 of 3 cognitive impaired residents reviewed for Activities of Daily Living (ADL) needs. (Resident #G, Resident #F and Resident #C)</p> <p>Findings include:</p> <p>1. On 12/22/15 at 10:20 A.M., during the initial tour Resident #G's hands were observed and her fingernails extended past the end of her finger tips on both hands. The finger nails were noted to have a thick light brown substance under the nails on both hands.</p>	F 0312	<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 requirements established by state and federal law. Hickory Creek at Peru desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on January 22, 2016 F312 <u>What corrective action will be done by the facility?</u> Residents #G, F and C have had their nails trimmed and cleaned. All other cognitive impaired residents requiring assistance with personal</p>	01/22/2016			

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	<p>On 12/23/15 at 9:20 A.M., Resident G's fingernails were observed to extend past the end of her finger tips on both hands. The fingernails were noted to have a thick light brown to dark brown substance under the nails of both hands.</p> <p>On 12/23/15 at 9:45 A.M., a clinical record review was conducted. The Annual Minimum Data Set (MDS) assessment, dated 11/25/15, indicated the resident was unable to complete a Brief Interview Mental Status (BIMS) and had short & long term memory problems. The MDS further indicated the resident required extensive staff assistance with personal hygiene.</p> <p>A care plan, dated 11/27/15, related to Activities of Daily Living (ADL) indicated the resident had a ADL self care performance deficit related to diagnosis of dementia. The interventions included but were not limited to: "...Bathing/Showering: Check nail length and trim and clean on bath day and as necessary...Report changes to the nurse...."</p> <p>2. On 12/22/15 at 10:25 A.M., during an initial tour, Resident #F hands were observed and his fingernails extended past the end of his fingers and had jagged</p>		<p>hygiene have been identified and their nails have also been cleaned and trimmed. Nail care will be completed on shower day for all residents requiring this care. All managers will check nails 3 times per week during Guardian Angel Rounds. <u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> Upon admission, all residents identified as having cognitive impairment and who require assistance with personal hygiene such as nail care, will be added to the CNA assignment sheets. Care Plans will be implemented to reflect this need. <u>What measures will be put into place to ensure that this practice does not recur?</u> The Director of Nursing or designee will be responsible for completing the Admission Checklist upon the resident's admission, completing the CNA assignments sheets, and ensuring care plans are put into place. All managers will check nails 3 times per week during Guardian Angel rounds. Any concerns noted by the managers will be reported to the Director of Nursing or designee for follow up. <u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> All managers will check nails 3 times per week</p>		

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	<p>edges on both hands. The nails had a thick dark brown substance under the finger tips of both hands.</p> <p>On 12/23/15 at 9:22 A.M., Resident #F's fingernails were observed to extend past the end of his fingers and had jagged edges on both hands. The nails had a thick dark brown substance under the finger tips of both hands.</p> <p>On 12/23/15 at 10:05 A.M., a clinical record review was conducted. The Annual MDS assessment, dated 12/8/15, indicated the resident's BIMS score was 4. A score of 4 indicated the resident had severe cognitive impairment. The MDS further indicated the resident required extensive assistance with personal hygiene.</p> <p>The resident had a care plan for staff assistance with ADL's, dated 12/16/15. The interventions did not include nail care.</p> <p>3. On 12/22/15 at 10:33 A.M., during an initial tour, Resident #C hands were observed and his fingernails extended past the ends of his fingers and had jagged edges on both hands. The nails had a dark substance under the nails on both hands.</p>		<p>during Guardian Angel Rounds. The Director of Nursing or Administrator will bring the results of the Guardian Angel Rounds review to the monthly QA meeting for 3 months. Once 100% compliance is achieved, the Quality Assurance Committee may decide to stop the checking of nails on the Guardian Angel Rounds. However, even when stopped, the DON/designee/ or Administrator will continue to randomly observe resident nail care on an on-going basis to ensure compliance. All systemic changes will be completed by January 22, 2016.</p>		

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	<p>On 12/23/15 at 9:27 A.M., Resident #F's fingernails were observed to extend past the end of his fingers and had jagged edges on both hands. The nails had a thick dark brown substance under the finger tips of both hands.</p> <p>On 12/23/15 at 10:10 A.M., a clinical record review was completed. The Admission MDS assessment, dated 11/17/15, indicated the resident's BIMS score was a 6. A score of 6 indicated the resident had severe cognitive impairment. The MDS further indicated the resident required extensive assist of one staff person with personal hygiene.</p> <p>The resident had a care plan for ADL's, dated 12/22/15. The care plan indicated the resident required staff assistance with completing daily care. The interventions did not include nail care.</p> <p>During an interview, on 12/23/15 at 9:30 A.M., the Director of Nursing (DON) indicated nail care was done for the residents at various times. The DON further indicated if the nails looks like they were dirty then her expectation would be the CNA's (Certified Nursing Assistant's) would clean the resident's nails.</p> <p>This Federal tag relates to Complaint</p>						

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F 0371 SS=D Bldg. 00	<p>IN00186244.</p> <p>3.1-38(a)(3)(E)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to ensure food and drinks were served to a resident under sanitary conditions related to a tray of food and a glass of milk that were to be served to resident for one of three trays observed.</p> <p>Finding includes:</p> <p>On 12/22/15 at 12:25 P.M., a tray of food that contained a glass of milk was observed sitting on a storage cart from 12:17 P.M. to 12.23 P.M. The temperatures of the food on the tray on the storage cart were as follows: *Puree Grilled Smoked Sausage: 103.0 degrees Fahrenheit;</p>	F 0371	<p>F371 <u>What corrective action will be done by the facility? What corrective action will be done by the facility?</u> It is the goal of the Dietary Department to serve food to the residents at the appropriate temperatures, that is, hot food acceptably hot, and cold food cold. Dietary Manager re-educated all dietary staff to proper procedures in keeping food at the proper temperatures and better techniques of ensuring food maintains the correct temperature. Completed on 1/8/2016 <u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> All managers will ask residents about temperatures of food and drinks served to them during</p>	01/22/2016

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	<p>*Mashed Potatoes: 114.3 degrees Fahrenheit;</p> <p>*Sauerkraut: 106.3 degrees Fahrenheit;</p> <p>*Milk: 51.2 degrees Fahrenheit.</p> <p>During an interview conducted at that time, the Dietary Manager indicated the staff should serve the trays as soon as they come out of the kitchen. Each tray is stored on a storage cart with 3 trays to each cart to ensure the food is served at the proper temperature. She further indicated the milk should be served 41 degrees Fahrenheit or colder and that meat should be at least 140.0 degrees Fahrenheit.</p> <p>On 12/23/15 at 2:16 P.M., a second interview was conducted with the Dietary Manager of the facility. The Dietary Manager indicated the food is served right out of the oven and that carts are utilized to store the trays waiting to be served and that 3 trays were being served at a time on each cart to ensure quality of the meal service. Trays should be served as soon as they come out of the kitchen. She further indicated that on 12/22/15, they had less people passing trays than they usually had and the milk should be kept in the freezer 30 to 40 minutes before being served.</p> <p>On 12/22/15 at 1:30 P.M., the Dietary</p>		<p>Guardian Angel Rounds 3 times per week. Any concerns will be addressed by the Dietary Manager or designee for followup. <u>What measures will be put into place to ensure that this practice does not recur?</u> Dietary staff will record beginning temperatures of the first tray and last tray for each meal using the Temperature Checklist (HC-D-10). The Dietary Manager or designee will check daily to ensure temperatures have been recorded and are within the appropriate range. The Dietary Manager or designee will test one tray daily to ensure compliance. The temperatures will then be recorded on the Temperature Record of Test Trays form(HC-D-3017) <u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> All managers will ask residents about temperatures of food and drinks served to them during Guardian Angel Rounds 3 times per week. Any concerns will be addressed by the Dietary Manager or designee for follow up. The Dietary Manager or designee will report the results of Guardian Angel Rounds outcomes at the monthly QA meeting for further review and recommendations. Once 100% compliance has been reached for the temperature logs and resident satisfaction regarding</p>				

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	<p>Manager provided the undated Policy of Meal Temperatures and indicated this is the policy currently being used by the facility. The policy indicated the following: ... It is the goal of the Dietary Department to serve food to the residents at the appropriate temperatures, that is, hot food acceptably hot and cold food cold. All hot food must be held at temperature above 140 degrees F [Fahrenheit]....</p> <p>This Federal tag relates to Complaint IN00189305.</p> <p>3.1-21(i)(2)</p>		<p>temperatures of food and beverages, the QA Committee may decide to stop the reporting of results of audits and interviews to the Committee; however, the Guardian Angel interviews regarding food, the recording of temperatures for trays at each tray line and test trays will continue on an ongoing basis. All systemic changes will be completed by January 22, 2016</p>	