

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Village		STREET ADDRESS, CITY, STATE, ZIP CODE 203 Sparks Ave Jeffersonville, IN 47130	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>34231</p> <p>Based on interview and record review, the facility management failed to report an incident to the Indiana Department of Health when a resident (Resident B) reported an allegation of abuse for 1 of 3 residents reviewed for verbal abuse.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 7/22/24 at 9:33 a.m. The diagnoses included, but were not limited to, right fibula/tibia fracture and peripheral autonomic neuropathy.</p> <p>The Admission MDS (minimum data set) assessment, dated 5/7/24, indicated the resident's cognition was alert and oriented.</p> <p>During a telephone interview on 7/22/24 at 9:59 a.m., Resident B indicated she had multiple bad interactions with LPN (Licensed Practical Nurse) 7. During one incident, she had requested her pain medication from LPN 7, at which point, LPN 7 became aggressive and told Resident B she had a problem. Resident B asked LPN 7 why she had to be such a smart a** and LPN 7 responded because you are acting like a smart a**. She reported the incident to LPN 6.</p> <p>Review of the facility reported incidents for June 2024 lacked documentation of an allegation of verbal abuse for Resident B.</p> <p>During an interview on 7/23/24 at 11:16 a.m., LPN 6 indicated Resident B did report that LPN 7 called her a smart a**. She reported the incident to the ED (Executive Director).</p> <p>During an interview on 7/23/24 at 11:32 a.m., the ED indicated no staff member had reported anything of that nature to him.</p> <p>The facility provided no other information related to the incident.</p> <p>On 7/23/24 at 1:06 p.m., the Director of Nursing provided a current copy of the document titled Abuse Prohibition, Reporting, and Investigation dated 6/2023. It included, but was not limited to, Reporting/Response .All abuse allegations must be reported to the Executive Director immediately .it must be reported immediately but no later than 2 hours to the Long-Term Care Division of the Indiana Department of Health via the Gateway Portal</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This Citation relates to Complaint IN00436365. 3-1.28(c)

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to ensure a resident's blood pressure was obtained prior to medication administration (Resident D) for 1 of 3 residents reviewed for quality of care.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 7/22/24 at 12:40 p.m. The diagnoses included, but were not limited to, cardiovascular disease and hypertension (high blood pressure).</p> <p>The physician's order, dated 5/22/24, indicated the resident was to receive Clonidine HCl (hydrochloride) 0.1 mg (milligrams) every 6 hours at 12:00 a.m., 6:00 a.m., 12:00 p.m. and 6:00 p.m. for hypertension. The medication was to be held for a systolic blood pressure less than 100.</p> <p>The care plan, dated 5/5/2021, indicated the resident was at risk for ineffective tissue perfusion due to hypertension and to administer medications as ordered by the physician.</p> <p>Review of the June and July 2024 MAR (medication administration record) indicated the following related to the administration of Resident D's Clonidine:</p> <ul style="list-style-type: none"> - On 6/02/24 at 6:00 a.m., the resident's Clonidine was administered. The resident's blood pressure was not documented. - On 6/02/24 at 12:00 p.m., the resident's Clonidine was administered. The resident's blood pressure was not documented. - On 6/02/24 at 6:00 p.m., the resident's Clonidine was administered. The resident's blood pressure was not documented. - On 6/08/24 at 12:00 a.m., the resident's Cloniidine was not administered as it was on hold. There was no documentation as to why the medication was on hold. <p>During an interview on 7/23/24 at 1:43 p.m., LPN (Licensed Practical Nurse) 8 indicated if there were blood pressure parameters in place for a resident, the resident's blood pressure should have been documented and obtained prior to the administration of the medication.</p> <p>On 7/23/24 at 1:06 p.m., the Director of Nursing provided a current copy of the document titled Medication Administration (Medication Pass Procedure) dated 7/23. It included, but was not limited to, Vital signs obtained, if necessary .Medication administration will be recorded on the MAR .after given</p> <p>This Citation relates to Complaint IN00436365.</p> <p>3.1-37</p>		