STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38769 Based on record review and interview, the facility failed to obtain laboratory results and start and antibiotic in a timely manner for 1 of 2 residents reviewed for urinary tract infections. (Resident 12) Findings include: The clinical record for Resident 12 was reviewed on 10/09/24 at 8:50 A.M. An Annual Minimum Data Set (MDS) assessment, dated 09/25/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, cerebral infarction, Urinary Tract Infection (UTI) in the last 30 days, seizure disorder, anxiety, depression, and psychotic disorder. A Progress Note, dated 09/01/24 at 8:47 A.M., indicated the resident's family member was in the facility and that the resident had complained of burning with urination. The staff would encourage more fluids for 24 hours. The writer assessed the resident's urine. The urine lacked odor, sediment, and was clear/yellow. The resident had indicated the burning with urination happened one time. The staff would continue to encourage more fluids and would reassess the resident in 24 hours. A Progress Note, dated 09/03/24 at 1:47 P.M., indicated the resident was complaining of burning and pain with urination and low back pain. The Nurse Practitioner (NP) was notified that the resident had been encouraged to drink more fluids for 24 hours and was having complaints. An order was obtained for a Urinalysis (UA) and a Culture and Sensitivity (C&S). A Progress Note, dated 09/05/24 at 10:27 A.M., indicated the resident's urine was sent with the lab technician. A Progress Note, dated 09/09/24 at 11:03 A.M., indicated the staff were still awaiting culture and sensitivity reports at that time. A Progress Note, dated 09/09/24 at 9:55 P.M., indicated the resident's urine had a foul odor. The resident stated, I just don't feel good. Fluids were encouraged and taken well. A Progress Note, dated 09/11/24 at 11:31 P.M., indicated the resident's urine had a foul odor. Fluids were encouraged and taken well. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Progress Note, dated 09/12/24 at 10:30 A.M., indicated the resident's first dose of Bactrim (an antibiotic) was pulled from the Emergency Drug Kit (EDK) that morning for an infection. The resident was encouraged and assisted with fluid intake. A Urine Specimen, indicated the resident's urine was collected on 09/04/24, received at the lab on 09/06/24 and resulted to the facility on [DATE]. The resident's urine contained Escherichia coli (E.coli). A physician's order, dated 09/11/24 through 09/18/24, indicated the resident was to receive Bactrim 800-160 mg (milligrams), twice a day, for a UTI. The September 2024 EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) indicated the resident did not receive the Bactrim medication on 09/11/24 at 8:00 P.M. , due to the medication being unavailable. The resident received the first dose of Bactrim on 09/12/24 at 8:00 A.M. The Surveillance Log Of Resident Infections and Antibiotic Use for September 2024, indicated the resident's date of onset for UTI was 09/05/24. A Urine sample was obtained on 09/04/24 and the resident started an antibiotic on 09/11/24. During an interview on 10/09/24 at 1:02 P.M., Licensed Practical Nurse (LPN) 2 indicated the resident used a urinal. If a resident needed a laboratory test completed the lab service would come to the facility daily at 6:00 A.M. If the resident needed a UA C&S the staff would obtain the urine and have it ready for the lab to take when they came to the facility. If the lab was missed when the laboratory staff came there was a service the facility used to come and get the sample to be tested . If a resident had an order for a UA C&S and ended up having and UTI, then the resident should have been started on an antibiotic within three days of obtaining the urine. If the facility didn't have the results of the urine, she would call the lab, request them, and document it in a progress note. During an interview on 10/09/24 at 2:41 P.M., the Director of Nursing (DON) indicated the lab had been taking five days to get culture results back. Their lab was out of another State. The resident's final culture result was on 09/08/23 and the resident should have been started on an antibiotic sooner than he did. The current facility policy titled, Infection Prevention and Control Program, with a revision date of 05/2023, was provided by the Administrator on 10/07/24 during the entrance conference. The policy indicated, .The facility shall establish and maintain infection prevention and control program (IPCP) designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections. The IPCP is comprehensive system for preventing, identifying reporting, investigating, and controlling infections and communicable diseases for all resident, staff, volunteers, visitors, and other individuals providing services under contractual arrangement . The current facility policy titled, Guidelines for Lab and Radiology Tracking with a revision date of 4/24, was provided by the Administrator on 10/10/24 at 3:16 P.M. The policy indicated, .If any lab and/or radiology test ordered are not resulted as expected, investigate and take the necessary steps to obtain the results . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/10/24 at 2:51 P.M., the Administrator indicated the facility did not have any other policies related to lab services. 3.1-41(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 34232 Based on interview and record review, the facility failed to provide the required RN (Registered Nurse) on duty for eight consecutive hours a day for 12 of 29 days reviewed. Findings include: During an interview on 10/09/24 at 1:24 P.M., the Director of Nursing (DON) indicated they were the only RN working in the facility at this time so sometimes there was not an RN on duty for eight consecutive hours a day. During an interview on 10/11/24 at 10:31 A.M., the Regional Director of Clinical Services indicated the payroll was completed by the facility staff then the corporate Manager of Financial Operations compiled the information and reported the Payroll-Based Journal (PBJ). During an interview on 10/11/24 at 10:38 A.M., the Manager of Financial Operations indicated, based on their records for Fiscal Year Quarter 3 (April 1, through June 30), the facility had one day with zero RN hours, and 21 days with less than 8 RN hours. The nursing as-worked weekend schedules for April, May, and June 2024, were provided by the Administrator on 10/07/24 at 12:40 P.M. The records indicated an RN was not on duty for eight consecutive hours on the following dates: - 04/13/24, - 04/14/24, - 04/19/24, and - 05/25/24. The nursing as-worked weekend schedules for September and October 2024, were provided by the DON on 10/09/24 at 3:15 P.M. The records indicated an RN was not on duty for eight consecutive hours on the following dates: - 09/01/24, - 09/07/24, - 09/14/24, - 09/15/24, - 09/22/24, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- 09/28/24, - 09/29/24, and - 10/06/24. The Facility Assessment, with an approval date of 08/01/24, was provided by the Administrator on 10/10/24 at 12:20 P.M. The record indicated the average number of RNs needed for direct care/facility staff was four. During an interview on 10/10/24 at 2:52 P.M., the Administrator indicated they did not have a facility policy related to RN coverage. 3.1-17(b)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 38769 Based on record review and interview, the facility failed to follow a physician's order related to hold parameters for insulin for 1 of 5 residents reviewed for unnecessary medications. (Resident 10) Findings include: The clinical record for Resident 10 was reviewed on 10/07/24 at 1:47 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/13/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and depression. The resident had received insulin for seven of seven days during the review period. The current physician's order, with a start date of 07/12/24, indicated the resident was to receive insulin lispro, 25 units, three times a day. The staff were to hold (not administer) the insulin if the resident's blood sugar was less than 120. The July, August, and September EMAR/ETAR (Electronic Administration Record/Electronic Treatment Administration Record) indicated the resident received the insulin when their blood sugar was less than 120 on the following dates and times: - 07/25/24 at 7:00 A.M., when the resident's blood sugar was 118, - 08/12/24 at 7:00 A.M., when the resident's blood sugar was 107, - 08/14/24 at 7:00 A.M., when the resident's blood sugar was 79, - 08/17/24 at 7:00 A.M., when the resident's blood sugar was 73, - 08/23/24 at 7:00 A.M., when the resident's blood sugar was 111 and 5:00 P.M., when the blood sugar was 105, - 09/14/24 at 7:00 A.M., when the resident's blood sugar was 111, - 09/20/24 at 7:00 A.M., when the resident's blood sugar was 106, - 09/23/24 at 7:00 A.M., when the resident's blood sugar was 82, - 09/25/24 at 7:00 A.M., when the resident's blood sugar was 113, - 09/29/24 at 7:00 A.M., when the resident's blood sugar was 96, and 12:00 P.M., when the blood sugar was 110, and - 10/07/24 at 7:00 A.M., when the resident's blood sugar was 106. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/09/24 at 9:47 A.M., Licensed Practical Nurse (LPN) 2 indicated she normally would check the resident's blood sugar and hold the insulin until she was done eating and then administer it. She had messaged the Nurse Practitioner (NP) the other day and had not changed the instructions on the order to reflect the new order. It had been a couple weeks since she talked to the NP. She would normally make a progress note related to talking with the NP. If a resident had hold parameters on an insulin, she would obtain the blood sugar and hold the medication per the physician's order. The current facility policy, titled General Dose Preparation and Medication Administration, with a revision date of 04/30/24, was provided by the DON on 10/09/24 at 2:33 P.M. The policy indicated, .Verify each time a medication is administered that it is the correct medication, at the correct does, at the correct route, at the correct rate, at the correct time, for the correct resident . 3.1-48(a)(6)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 38239 Based on observation, record review, and interview, the facility failed to maintain a medication error rate of less than 5% related to medication errors for 1 of 4 residents observed for medication administration. (Resident 10) Findings include: On 10/09/24 at 8:44 A.M., Licensed Practical Nurse (LPN) 2 was observed as she prepared to administer Resident 10's medications. She removed the resident's medication blister packs from the medication cart and popped various tablets and capsules into a medication cup. She took the resident's liquid lactulose (a laxative) medication from the cart and poured it into another medication cup. The dosage marks indicated there were 15 mls (milliliters) of lactulose in the cup. She then poured the lactulose from the medication cup into a larger cup and indicated the resident preferred to take the medication from a bigger cup. She prepared the resident's Lispro (short acting) insulin pen, dialing up 25 units of insulin. The LPN indicated the resident's blood sugar was only 106 that morning and she wanted to wait and see if the resident ate all of her breakfast before she administered the insulin. The LPN entered the resident's room and determined the resident ate her breakfast. She did not recheck the resident's blood sugar. She gave the resident her oral medications including the lactulose and injected the Lispro insulin into the resident's right arm. The clinical record for Resident 10 was reviewed on 10/07/24 at 1:47 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/13/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and depression. The resident had received insulin for seven of seven days during the review period. The resident's current physician's orders were reviewed and included the following orders: - An open-ended order, with a start date of 07/09/24, to administer lactulose,10 gm (grams) per 15 ml. Amount to administer, 30 mls, twice a day, and, - An open-ended order, with a start date of 07/12/24, to administer insulin Lispro, 25 units, three times a day. The staff were to hold (not administer) the insulin if the resident's blood sugar was less than 120. During an interview on 10/09/24 at 9:47 A.M., LPN 2 indicated she should have given the resident 30 mls of the lactulose. Regarding the insulin, she talked to the NP (Nurse Practitioner) the other day and she said as long as the resident ate her breakfast, ate some protein, and her blood sugar was not under 100, it was ok to give her the scheduled insulin. She didn't change the special instructions on the order in the EMAR (Electronic Medication Administration Record) to reflect the changes. She should have changed the special instructions to reflect the new order. Normally, she would have made a progress note too. It was a couple of weeks ago, she was not sure if she made any notes about it. If a resident had hold parameters for insulin, she would obtain the blood sugar and hold the medication per the order if the blood sugar was too low. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The current facility policy, titled General Dose Preparation and Medication Administration, with a revision date of 04/30/24, was provided by the DON (Director of Nursing) on 10/09/24 at 2:33 P.M. The policy indicated, .Verify each time a medication is administered that it is the correct medication, at the correct does, at the correct route, at the correct rate, at the correct time, for the correct resident . Cross Reference F757 3.1-48(c)(1) 3.1-48(c)(1)