

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Peru		STREET ADDRESS, CITY, STATE, ZIP CODE 390 W Boulevard Peru, IN 46970	

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 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p>38845</p> <p>Based on interview and record review, the facility failed to ensure the Surety Bond amount was sufficient to cover the Resident's personal fund account. This deficient practice had the potential to effect 31 of 31 residents in the facility.</p> <p>Finding includes:</p> <p>During an interview, on 9/30/2024 at 10:38 A.M., the Business Office Manager (BOM) indicated the Surety Bond amount was \$25,000.00 and the resident funds accounts totaled \$28,511.66 in June and \$26,803.46 in July The Business Office Manager indicated the amount of the surety bond would not cover the total amount in the resident funds account.</p> <p>During an interview, on 9/30/2024 at 1:25 P.M., the Administrator indicated the surety bond would not always cover the total amounts in the resident fund account.</p> <p>She indicated she did not have a policy for the surety bond.</p> <p>3.1-6(i)</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49229</p> <p>Based on observation, record review and interview, the facility failed to develop a comprehensive person-centered care plan for a resident with positioning issues for 1 of 17 residents reviewed. (Resident 11)</p> <p>Finding includes:</p> <p>During an observation, on 9/25/2024 at 11:30 A.M., Resident 11 was leaned over to the left side of his wheelchair while in the dining room and there was a stuffed animal placed in between Resident 11's left arm and the armrest of his wheelchair.</p> <p>The medical record for Resident 11 was reviewed on 9/26/2024 at 3:32 P.M. Diagnoses included but were not limited to: diffuse traumatic brain injury, hemiplegia and hemiparesis following cardiovascular accident, conversion disorder with seizures, anxiety, depression, hypertension, chronic pulmonary obstructive disease, pulmonary embolism, cardiac arrest, contracture of left shoulder, difficulty in walking and coronary artery disease.</p> <p>The record lacked a person-centered care plan for the resident's positioning issues.</p> <p>During an interview, on 9/27/2024 at 9:21 A.M., CNA (Certified Nursing Assistant) 2 indicated if staff noticed Resident 11 was leaning to the left, staff would put the resident in bed and lay him down.</p> <p>During an interview, on 9/27/2024 at 9:28 A.M., the DON (Director of Nursing) indicated facility staff just used pillows to prevent Resident 11 from leaning to the left in his wheelchair. The DON indicated a half-lap tray to prevent the resident from leaning to the left was previously utilized, but Resident 11's mother had requested they quit using the tray. The DON indicated staff should have placed pillows between the resident's wheelchair and his left arm to prevent pressure. The DON indicated preventing Resident 11 from leaning to his left side with pillows should have been included in the resident's current care plan.</p> <p>On 9/30/2024 at 10:28 A.M., the Social Service Director provided a policy titled, IDT Comprehensive Care Plan Policy, dated 8/2023 and indicated the policy was the one currently used by the facility. The policy indicated .each resident will have an interdisciplinary comprehensive person-centered care plan developed and implemented .must include measurable goals and resident specific interventions based on resident needs .</p> <p>3.1-35(a)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38845</p> <p>Based on record review and interview, the facility failed to revise care plans for fluid consumption for 1 of 17 residents whose care plans were reviewed. (Resident 4)</p> <p>Finding includes:</p> <p>The record for Resident 4 was reviewed on 9/26/2024 at 1:46 P.M. Diagnoses included, but were not limited to, heart failure, end stage renal disease, diabetes and bipolar disorder.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 6/28/2024, indicated the resident received dialysis.</p> <p>Current Physician's Orders included an order for regular diet and dialysis every Monday, Wednesday and Friday.</p> <p>A current Care Plan, initiated on 5/12/2023, indicated the resident was at risk for a fluid imbalance due to end stage renal disease, heart failure, hypo-osmolality and hyponatremia. Interventions included, but were not limited to: administer medications as ordered and encourage fluids.</p> <p>A current Care Plan, initiated on 5/12/2023, indicated the resident was at risk for constipation due to end stage renal disease, decreased mobility and polypharmacy (multiple drug use). Interventions included, but were not limited to:</p> <p>administer medications as ordered and encourage fluids.</p> <p>A current Care Plan, initiated on 5/15/2023, indicated the resident was at risk for altered nutritional status related to diagnoses of end stage renal disease, morbid obesity and diabetes type 2. Interventions included, but were not limited to: attends dialysis 3 x/week. regular diet. No water pitcher at bedside and communicate with the dialysis Register Dietician.</p> <p>A current Care Plan, initiated on 8/27/2024, indicated the resident had bruising to her left upper arm. Interventions included, but were no limited to: encourage fluids.</p> <p>The care plans for Resident 4 related to fluids contradicted themselves and were not revised to accurately reflect the resident's fluid needs and physician orders.</p> <p>During an interview, on 9/30/2024 at 9:30 A.M., the Director of Nursing indicated the care plans were not updated to and should have been. She indicated previously Resident 4 was consuming too much water.</p> <p>On 9/30/2024 at 10:38 A.M. the Social Service staff provided the policy titled, IDT Comprehensive Care Plan Policy, dated 8/2023, and indicated the policy was the one currently use by the provider. The policy indicated .Care plan problems, goals, and interventions must be reviewed and revised by the interdisciplinary team periodically and following completion of each MDS assessment</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.1-35(d)(2)(B)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>38845</p> <p>Based on record review and interview, the facility failed to ensure a resident received the appropriate therapeutic diet for 1 of 1 residents reviewed for reviewed for dialysis. (Resident 4)</p> <p>Finding includes:</p> <p>The record for Resident 4 was reviewed on 9/26/2024 at 1:46 P.M. Diagnoses included, but were not limited to, heart failure, end stage renal disease, diabetes and bipolar.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 6/28/2024, indicated the resident received dialysis.</p> <p>Resident 4's admission orders initiated 5/12/2023, indicated the diet order was: 3-4 GM (grams) NA (sodium) CCD (controlled carbohydrate diet), no orange or tomato juices or bananas. May have 8 oz milk every day, low NA bologna sandwich 1-2 times week if does not like what is served.</p> <p>A dialysis note/order, dated 10/11/2023, indicated the resident was to receive a diet-1GM K (potassium), 23 GM phosphorus, 2 GM or less NA and 48 oz. fluid restriction.</p> <p>A current Physician's Order Sheet, initiated on 10/25/2023, from the dialysis unit indicated a new order for Nephro (dietary supplement) twice a day until patient starts eating better.</p> <p>Resident 4's current Physician's Orders, dated 9/30/2024, included a regular diet, ordered on 5/12/2023, and there was no order for the Nephro.</p> <p>Resident 4's record lacked the documentation to show the diet order from admission on 5/12/2023 and the Nephro supplement order form 10/25/2023 had been followed.</p> <p>During an interview, on 9/30/2024 at 12:42 P.M., the Director of Nursing indicated she could not provide any further documentation for why the diet had been changed. She indicated the admission diet and the Nephro orders had not been transcribed correctly, and the resident had not received the Nephro supplement.</p> <p>On 9/30/2024 at 12:45 P.M. the Director of Nursing provided the policy titled, Dialysis Care, dated 11/207, and indicated the policy was the one currently used by the facility. The policy indicated . The facility will ensure that each resident receives care and services for the provision of hemodialysis and/or peritoneal dialysis consistent with professional standards of practice including: Ongoing communication and collaboration with the dialysis facility regarding dialysis care and services . 5. The nurse in charge at time of return will review paperwork for new orders and/or notes accompanying the resident</p> <p>3.1-46</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>45120</p> <p>Based on observation and interview, the facility failed to post daily nurse staffing data timely.</p> <p>Finding includes:</p> <p>During an observation on 9/25/2024 at 10:43 A.M., the nurse staffing data posting form was observed to be dated 9/24/2024.</p> <p>During an observation on 9/27/2024 at 8:02 A.M., the nurse staffing data posting form was observed to be dated 9/26/2024.</p> <p>During an observation on 9/30/2024 at 8:34 A.M., the nurse staffing data posting form was observed to be dated 9/27/2024.</p> <p>During an interview on 9/30/2024 at 10:44 A.M., the Executive Director indicated the Director of Nursing was responsible for posting the nurse staffing data every morning.</p> <p>A policy was provided by the Regional Director of Nursing on 9/30/2024 at 1:04 P.M. The policy, titled, Posted Staffing Data and Retention Requirements, indicated, .To allow public access to posted nursing staffing data per federal regulations .It is the policy of [facility organization name] to make staffing information readily available in a readable format and publicly posted to residents and visitors at any given time</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38845</p> <p>Based on observation, interview and record review, the facility failed to ensure medication carts were free from loose pills and failed to ensure medications were labeled in 1 of 2 medication storage areas observed. (Front hall medication cart)</p> <p>Finding includes:</p> <p>During an observation of the front hall medication cart, on 9/30/2024 at 10:28 A.M. with RN 4, the following was observed:</p> <ul style="list-style-type: none"> - an opened bottle of Dr. Love [NAME] dietary supplement with no resident identifiers. - opened containers of Equate allergy relief, Equate gas relief and a container of Relaxium sleep tablets all with no resident identifiers. - and there were 3 loose pills in the medication cart drawers. <p>During an interview, on 9/30/2024 at 10:36 A.M., RN 4 indicated the pill containers should have had labels on them and there should be no loose pills in the medication cart.</p> <p>On 9/30/2024 at 12:45 P.M., the Director of Nursing provided a printed sheet titled Clinical Nurse Highlight-Medication Storage, and indicated this was the policy currently used by the facility. The policy indicated . Medication storage areas should always be clean and orderly . Medications are properly labeled with patient name, lot #, and expiration date. Over-the-counter med's for individual patients should have the patients name and expiration date noted on the medication (follow state regulations)</p> <p>3.1-25(j)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>38845</p> <p>Based on observation and interview, the facility failed to ensure infection control practices were followed when administering insulin for 1 of 1 resident reviewed for insulin administration. (Resident 13)</p> <p>Finding includes:</p> <p>During an observation, on 9/27/2024 at 7:33 A.M., RN 4 washed her hands and applied gloves. She cleansed Resident 13's left outer arm with an alcohol pad and with an opened hand, she fanned the area she had just cleansed.</p> <p>During an interview, on 9/27/2024 at 7:35 A.M., RN 4 indicated she should not have fanned the area.</p> <p>On 9/30/2024 at 12:45 P.M., the Director of Nursing provided a Skills Competency titled Insulin Pen Administration, dated 10/2019, and indicated the policy was the one currently used by the facility. The policy indicated .14. Cleanse injection site with alcohol swab and allow to dry</p> <p>3.1-18(a)</p>