

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Crawfordsville		STREET ADDRESS, CITY, STATE, ZIP CODE 817 N Whitlock Ave Crawfordsville, IN 47933	
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>35317</p> <p>Based on interview and record review, the facility failed to ensure that personal funds were available on the weekends for 1 of 16 residents reviewed for personal funds (Resident 19).</p> <p>Finding includes:</p> <p>During an interview, on 5/17/24 at 11:36 a.m., Resident 19 indicated she was not able to get money on the weekends and hadn't been able to for a while.</p> <p>Resident 19's record was reviewed on 5/22/24 at 2:00 p.m. A quarterly Minimum Data Set (MDS) assessment, dated 5/1/24, indicated the resident was cognitively intact.</p> <p>During an interview, on 5/22/24 at 2:30 p.m., the Business Office Manager (BOM) indicated the residents could obtain their money out of their personal funds Monday through Friday. She was not at the facility on the weekends and had not been employed by the facility for very long. She wasn't aware of the procedure for the weekends.</p> <p>During an interview, on 5/22/24 at 2:33 p.m., the Corporate Business Office Specialist indicated a money bag should be kept at the nurse's station so the residents could obtain the money on the weekends. She was not sure where it was kept exactly at this facility. She indicated they had not had consistent business office staff at the facility for a while. Staff and residents needed to be educated on the procedure for obtaining personal funds on the weekends.</p> <p>During an interview, on 5/22/24 at 2:39 p.m., Licensed Practical Nurse (LPN) 6 indicated she was not aware of any money bag being at the nurse's station on the weekends for the residents to have personal funds.</p> <p>During an interview, on 5/22/24 at 2:41 p.m., Registered Nurse 3 indicated there had not been a money bag or cash box at the facility for personal funds. She indicated the Director of Nursing had recently purchased a cash box that she thought was for personal funds, but they had not been educated on the process yet.</p> <p>On 3/22/24 at 3:01 p.m., the Regional Director of Clinical Services provided an undated document titled, Resident Trust Overview, and indicated it was the policy currently used by the facility. The policy indicated, Funds should be available to residents 24 hours a day and 7 days a week. A method for distributing funds after hours and on weekends must be established</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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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.1-6(a)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34525</p> <p>Based on observation, interview, and record review, the facility failed to ensure dependent residents were shaved, for 2 of 16 residents reviewed for Activities of Daily Living (ADLs- activities related to personal care) (Residents 30 and 17).</p> <p>Findings include:</p> <p>1. During the initial observation, on 5/17/24 at 2:17 p.m., Resident 30 was observed with long facial hair. At the same time, the resident indicated he had not been shaved for quite a while. The staff had told him the facility had run out of razors. His preference was to be shaved when he received his shower. He did not wish to shave himself because of his seizure disorder and his fear of having a seizure while shaving.</p> <p>During a random observation, on 5/20/24 at 11:18 a.m., The resident was observed sitting in the dining room waiting on his lunch meal to be served. The resident was observed to be unshaven.</p> <p>Resident 30's record was reviewed on 5/23/24 at 10:11 a.m. The profile indicated the resident's diagnoses included, but were not limited to, other sequelae of cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area) and epilepsy, unspecified (brain condition that causes recurring seizures [a burst of uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movements such as twitching, stiffness, or limpness]).</p> <p>An admission Minimum Data Set (MDS) assessment (part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes), dated 2/26/24, indicated the resident had moderate cognitive deficit, had no documented behaviors of rejection of care, and required partial to moderate assistance with bathing or showers.</p> <p>A care plan, dated 2/23/2024, indicated the resident required assistance with ADLs. Interventions included, but were not limited to, assist with bathing per resident preference and offer showers two times per week, with partial bath in between and assist with hygiene.</p> <p>A care plan, dated 2/23/2024, indicated the resident was at risk for bleeding related to use of an antiplatelet medication (medicines that stop blood cells from sticking together and forming a blood clot).</p> <p>A care plan, dated 2/23/2024, indicated the resident was at risk for bleeding due to the use of an anticoagulant medication (medication used to prevent and treat blood clots in blood vessels and the heart).</p> <p>A physician's order, dated 2/21/24, indicated to administer aspirin (antiplatelet medication), 81 milligrams (mg) chewable once a day.</p> <p>A physician's order, dated 2/21/24, indicated to administer Eliquis (apixaban-anticoagulant medication), tablet; 5 milligrams (mg) two times a day.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 30's May 2024 shower sheets indicated shaving was a part of the bathing and/or showering process. The shower sheets indicated the resident had not been shaved from 5/9/24 through 5/19/24. A shower sheet, dated 5/20/24, indicated the resident had been shaved on that date.</p> <p>2. During an initial observation, on 5/17/24 at 2:18 p.m., Resident 17 was observed with long facial hair. At the same time, the resident indicated he had not been shaved for several days. The staff had told him the facility had run out of razors. He desired to be shaved regularly and did not want to have a beard. He was unable to shave himself and depended on the staff to do it for him when he received his shower or bed bath.</p> <p>During a random observation, on 5/20/24 at 11:22 a.m., the resident was observed in his bed watching TV. The resident's long facial hair was still observed. At the same time, the resident indicated the staff had been told that the facility had ordered razors, but they had not come in yet.</p> <p>During a random observation, on 5/22/24 at 12:20 p.m., the resident was observed to be clean shaven. At the same time, the resident indicated the facility had finally received some razors and he was shaved last evening. It had been 4-5 days since he had last been shaved. He again indicated that he wished to be shaved every time he gets his baths.</p> <p>Resident 17's record was reviewed on 5/22/24 at 1:56 p.m. The profile indicated the resident's diagnoses included, but were not limited to, hypertensive heart and chronic kidney disease with heart failure (high blood pressure and damage to the heart caused by damage to the kidneys) and type 2 diabetes mellitus with diabetic chronic kidney disease (a decrease in kidney function that occurs in some people who have diabetes [uncontrolled blood sugar levels]).</p> <p>A significant change Minimum Data Set MDS assessment (part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes), dated 6/15/23, indicated the resident had no cognitive deficit and required total assistance with bathing and extensive assistance with personal hygiene.</p> <p>A quarterly MDS, dated [DATE], indicated the resident had no cognitive deficit and had no documented behaviors for rejection of care.</p> <p>A care plan, dated 9/2/2022, indicated the resident required assistance with ADLs. Interventions included, but were not limited to, assist with bathing per resident preference and offer showers two times per week, with partial bath in between and assist with hygiene.</p> <p>A care plan, dated 2/23/2024, indicated the resident was at risk for bleeding related to use of an antiplatelet medication (medicines that stop blood cells from sticking together and forming a blood clot).</p> <p>A physician's order, dated 5/10/24, indicated to administer aspirin (antiplatelet medication), 81 milligrams (mg) chewable once a day.</p> <p>Resident 17's May 2024 shower sheets indicated shaving was a part of the bathing and/or showering process. The shower sheets indicated the resident had not been shaved from 5/16/24 to 5/21/24. A shower sheet, dated 5/22/24, indicated the resident had been shaved on that date.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 5/22/24 at 2:46 p.m., the Regional Director of Clinical Services (RDCS) indicated that it often took the facility several days to receive their supply order. She had been made aware that the facility had only 1 box of razors. She was unsure as to why the residents had not been shaved. It was possible that the facility could have gone to pick up some razors at a local store.</p> <p>During an interview, on 5/23/24 at 10:02 a.m., Certified Nursing Assistant (CNA) 10 indicated she was aware that there had been at least one day when the facility did not have any razors. It had been reported to the nurses so that some could be ordered.</p> <p>During an interview, on 5/23/24 at 10:05 a.m., the Administrator (ADM) indicated the facility had some issues with the ordering process. The Director of Nursing (DON) had taken on the process in hopes of getting the issues resolved. He had not been made aware that the facility was out of razors or of the residents not getting shaved. Someone could have gone to a local store to purchase razors to ensure the facility had them on hand for use.</p> <p>During an interview, on 5/23/24 at 10:19 a.m., the ADM indicated he was not able to locate a policy specific on razors or supplies being in stock. The expectation was that the facility would always have enough supplies on hand, to meet the needs of the residents.</p> <p>3.1-38(a)(3)(D)</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>49068</p> <p>Based on record review and interview, the facility failed to ensure a Registered Nurse was in the facility for 8 consecutive hours during a 24-hour period for 2 of 3 months of the first quarter of 2024 reviewed for sufficient staffing (10/23, 10/29, 12/3, 12/9, 12/10, 12/14, 12/16, 12/17, 12/23, 12/24, 12/25, and 12/30).</p> <p>Findings include:</p> <p>A Payroll-Based Journal (PBJ) Staffing report, for the first quarter (October 1-December 31) of 2024, indicated the facility failed to have Registered Nurse (RN) coverage for 8 consecutive hours on 10/23, 10/29, 12/3, 12/9, 12/10, 12/14, 12/16, 12/17, 12/23, 12/24, 12/25, and 12/30.</p> <p>During an interview on 5/22/24 at 11:37 a.m., the Regional Director of Clinical Services (RDCS) indicated they had reviewed the PBJ and she could not verify if the information on the PBJ was correct and would pull staffing reports. She indicated the facility submitted the PBJ data to the home office who reviewed and submitted it for them.</p> <p>During an interview on 5/22/24 at 12:14 p.m., the RDCS provided staffing schedules and indicated they did not have RN coverage for 10/23, 10/29, 12/3, 12/9, 12/10, 12/14, 12/16, 12/17, 12/23, 12/24, 12/25, and 12/30.</p> <p>During a record review, on 5/22/24 at 12:15 p.m., the actual worked staffing schedules indicated there was no RN coverage for 10/23, 10/29, 12/3, 12/9, 12/10, 12/14, 12/16, 12/17, 12/23, 12/24, 12/25, and 12/30.</p> <p>During an interview on 5/22/24 at 2:01 p.m., the RDCS indicated the reason why there was not an RN on duty for 10/23, 10/29, 12/3, 12/9, 12/10, 12/14, 12/16, 12/17, 12/23, 12/24, 12/25, and 12/30 was because they did not have a Director of Nursing Services (DNS), they had a float DNS at that time, but they were not there on those days.</p> <p>During an interview on 5/22/24 at 2:05 p.m., the RDCS indicated the facility did not have a policy related to RN coverage.</p> <p>3.1-17(b)(3)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>35317</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were labeled properly and the facility failed to ensure expired medications were disposed of for 2 of 2 medication carts reviewed for medication storage (Residents 22, 11, and 8).</p> <p>Findings include:</p> <p>1. On 5/22/24 at 10:19 a.m., the front hall medication cart contained an undated and opened bottle of eye drop solution. The eye drops solution bottle contained a label that indicated it was for Resident 22.</p> <p>During an interview, on 5/22/24 at 10:20 a.m., Qualified Medication Aide (QMA) 9 indicated eye drops were good for 28 days once opened and should have an open date on the bottle when opened by staff.</p> <p>Resident 22's record was reviewed on 5/22/24 at 10:48 a.m. A physician order, dated 5/17/24, indicated to administer Refresh Optive Advanced (relieves dry, burning, and irritated eyes) 0.5-1-0.5%, 2 drops in each eye twice a day.</p> <p>2. On 5/22/24 at 10:25 a.m., the back hall medication cart contained an undated and opened insulin pen. The insulin pen contained a label that indicated it was for Resident 11.</p> <p>Resident 11's record was reviewed on 5/22/24 at 11:00 a.m. The profile indicated the resident's diagnosis included, but were not limited to, type 2 diabetes mellitus with diabetic neuropathy (a complication of diabetes mellitus that occurs when high blood sugar damages the peripheral nervous system).</p> <p>A physician order, dated 3/25/24, indicated to administer Fiasp (insulin medication) FlexTouch 100 unit/ml (milliliter) 3ml by injecting 7 units subcutaneous (under the skin) three times a day.</p> <p>3. On 5/22/24 at 10:27 a.m., the back hall medication cart contained an open insulin pen with an open date of 1/9/24. The insulin pen contained a label that indicated it was for Resident 8.</p> <p>During an interview, on 5/22/24 at 10:27 a.m., Licensed Practical Nurse (LPN) 6 indicated she thought insulin pens were good for 60 days once opened but she was not sure and would have to check the policy.</p> <p>During an interview, on 5/22/24 at 10:29 a.m., Regional Director of Clinical Services indicated insulin pens were good for 28 days once opened.</p> <p>Resident 8's record was reviewed on 5/22/24 at 11:10 a.m. The profile indicated the resident's diagnosis included, but were not limited to, type 2 diabetes mellitus without complications (a chronic condition that affects the way the body processes blood sugar).</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician order indicated to administer Novolog (insulin medication) FlexPen 100unit/ml (3ml) by injecting per sliding scale subcutaneously three times a day at 8:00 a.m., 12:00 p.m., and 5:00 p.m.</p> <p>On 5/22/24 at 10:31 a.m., the Regional Director of Clinical Services, provided a document as a current facility policy titled, LTC Facility's Pharmacy Services and Procedures Manual, revised date of 7/21/22. The policy indicated, .5.3 If a multi dose vial of an injectable medication has been opened or accessed, the vial should be dated and discarded within 28 days .5.4 When an ophthalmic solution or suspension has a manufactures' shortened beyond use date once opened, facility staff should record the date opened and the date to expire on the container</p> <p>On 5/22/24 at 10:52 a.m., the Regional Director of Clinical Services, provided an undated document as a currently facility policy, titled, Storage Recommendations for Injectable Diabetes Mediations. The policy indicated, .Fiasp cartridge or pen .expiration date at room temperature was 28 days .Novolog cartridge or pen .expiration date at room temperature was 28 days</p> <p>3.1-25(j)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34525</p> <p>Based on observation, interview, and record review, the facility failed to ensure dining meal service was completed in a sanitary manner, for 1 of 2 dining service observations.</p> <p>Findings include:</p> <p>During the initial dining meal service observation, on 5/17/24 at 12:36 p.m., Registered Nurse (RN) 3 was observed assisting Resident 9 to cut her sandwich. The nurse was observed to hold a portion of the sandwich with her ungloved left index finger while cutting the sandwich.</p> <p>On 05/17/24 at 12:37 p.m., Certified Nursing Assistant (CNA) 4 was observed assisting Resident 24 with cutting her sandwich. The CNA was observed to push down on the resident's sandwich with her ungloved hand as she cut the sandwich for the resident.</p> <p>During an interview, on 5/22/24 at 2:50 p.m., the Regional Director of Clinical Services (RDCS) indicated it was not appropriate for staff to touch resident food items with ungloved hands. The facility would follow the Indiana retail food guidelines.</p> <p>Section 410 IAC 7-24-171 of the Indiana Department of Health Retail Food Establishment Sanitation Requirements, effective November 13, 2004, indicated, Preventing contamination from hands .Sec. 171 (c) Food employees shall minimize bare hand .contact with exposed food</p> <p>3.1-21(i)(3)</p>