

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Hickory Creek at Columbus		STREET ADDRESS, CITY, STATE, ZIP CODE  5480 E 25th Street Columbus, IN 47203	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>38769</p> <p>Based on record review and interview, the facility failed to notify the physician of blood glucose levels per the physician's order for 1 of 14 residents reviewed for notification of change. (Resident 8)</p> <p>Findings include:</p> <p>The clinical record for Resident 8 was reviewed on 08/28/24 at 2:25 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 08/21/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, heart failure, hypertension, diabetes, anxiety, and depression.</p> <p>A current physician's order, with a start date of 03/20/24, indicated the resident was to be administered insulin lispro per a sliding scale. The physician was to be notified if the resident's blood glucose level was greater than 350.</p> <p>The June, July, and August 2024, EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) indicated the resident's blood glucose levels were greater than 350 on the following dates and times:</p> <ul style="list-style-type: none"> <li>- On 06/10/24 at 11:00 A.M., the resident's blood glucose level was 368,</li> <li>- On 06/20/24 at 11:00 A.M., the resident's blood glucose level was 355,</li> <li>- On 06/25/24 at 11:00 A.M., the resident's blood glucose level was 367,</li> <li>- On 07/08/24 at 11:00 A.M., the resident's blood glucose level was 399,</li> <li>- On 07/21/24 at 11:00 A.M., the resident's blood glucose level was 389,</li> <li>- On 08/19/24 at 7:00 A.M., the resident's blood glucose level was 358, and</li> <li>- On 08/19/24 at 11:00 A.M., the resident's blood glucose level was 394.</li> </ul> <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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident's clinical record lacked any documentation the physician was notified of the blood glucose levels.</p> <p>During an interview on 08/29/24 at 2:09 P.M., LPN (Licensed Practical Nurse) 2 indicated the resident's blood glucose levels were documented on the EMAR/ETAR. If the blood glucose was out of the parameter and if the nurse was required to call the physician it would be documented on the EMAR/ETAR and in a progress note. They would document if there were any new orders in a progress note.</p> <p>During an interview on 08/29/24 at 2:55 P.M., the DON (Director of Nursing) indicated the resident did not suffer any ill effects related to the physician not being notified of the blood glucose levels.</p> <p>The current facility policy titled, Blood Glucose Monitoring, with a revision date of 2/2015, was provided by the DON on 08/29/24 at 2:45 P.M. The policy indicated, .The physician will be notified when the resident's blood glucose is outside the physician stated parameters .</p> <p>3.1-5(a)(2)</p>		

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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>38769</p> <p>Based on record review and interview, the facility failed to monitor a resident's blood pressure as ordered by the physician's for 1 of 14 residents reviewed for quality of care. (Resident 7)</p> <p>Findings include:</p> <p>The clinical record for Resident 7 was reviewed on 08/27/24. A Quarterly MDS (Minimum Data Set) assessment, dated 08/05/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension, diabetes, depression, and insomnia.</p> <p>A current physician's order, with a start date of 06/13/24, indicated the staff were to obtain the resident's blood pressure daily and to notify the physician's office if the systolic (top number) was less than 100. The blood pressure record was to be taken to the next appointment on 12/13/24.</p> <p>The June, July, and August 2024, EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) lacked any documented blood pressures.</p> <p>The Vitals Report for June, July, and August 2024, lacked documented blood pressures for Resident 7 on the following dates: 06/15/24, 06/16/24, 06/18/24, 06/20/24, 06/21/24, 06/24/24, 06/25/24, 06/29/24, 06/30/24, 07/27/24, 07/28/24, 07/31/24, 08/01/24, 08/02/24, 08/05/24, 08/06/24, 08/10/24, 08/11/24, 08/15/24, 08/16/24, 08/19/24, 08/20/24, and 08/22/24.</p> <p>During an interview on 08/29/24 at 11:05 A.M., LPN (Licensed Practical Nurse) 2 indicated when a resident had an order to monitor their blood pressure it would be documented on the EMAR/ETAR.</p> <p>During an interview on 08/29/24 at 11:08 A.M., the DON (Director of Nursing) indicated the resident's blood pressure should have been monitored daily per the physician's order.</p> <p>The current facility policy titled, Documenting Guidelines for Nursing with a revision date of 7/24, was provided by the DON on 08/29/24 at 2:45 P.M. The policy indicated, .To accurately document in an organized manner all information related to the resident in the medical record .</p> <p>3.1-37(a)</p>