

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Rochester		STREET ADDRESS, CITY, STATE, ZIP CODE 340 E 18th Street Rochester, IN 46975	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38845</p> <p>Based on record review and interview, the facility failed to ensure an allegation of misappropriation of resident property was reported to the appropriate state agency for 1 of 2 residents reviewed for misappropriation of resident property. (Resident E)</p> <p>Finding includes:</p> <p>During an interview, on 4/15/2025 at 2:35 P.M., the Regional Director of Clinical Services (RDCS) indicated she had received a call from a facility nurse, on 3/8/2025, concerning an allegation of another nurse taking antibiotic medications from the medication room. The RDCS indicated there had been an investigation concerning the antibiotic medication, and [NAME] a result of the investigation, it was determined an antibiotic medication had been signed off every day as being administered to Resident F. The RDCS indicated there was no confirmed misappropriation of medication as a result of the investigation.</p> <p>During an interview, on 4/15/2025 at 3:30 P.M., the Administrator indicated she had not reported the allegation of misappropriation to the state because the result of the investigation was antibiotic medication for Resident F had been signed for and the resident had received all ordered doses of the antibiotic.</p> <p>During an interview, on 4/15/2025 at 3:32 P.M., the RDCS indicated no other residents on antibiotics were investigated because the allegation had described description of the container the facility nurse had given her only matched Resident F's medications.</p> <p>On 4/15/2025 at 3:42 P.M., the RDCS provided the policy titled, Long-Term Care Abuse and Reporting Policy ,</p> <p>dated 12/8/2023, and indicated the policy was the one currently used by the facility. The policy indicated . 9. Misappropriation of resident property: Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a residents belongings or money without the resident's consent . Abuse and incidents will be reported and submitted to the Indiana Department of Health in compliance with federal regulations and/or state rules and this policy, as applicable . B. Types of Incidents Reportable Under Federal and State Rules . 12. Misappropriation of resident property/exploitation .iii. Missing prescription medications</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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This citation relates to Complaint IN00455366 3.1-38(c)

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38845</p> <p>Based on record review and interview, the facility failed to ensure medication destruction form was completed for a resident that was hospitalized for 1 of 3 residents reviewed for medications. (Resident E)</p> <p>Finding includes:</p> <p>On 4/15/2025 at 11:48 A.M., the Regional Director of Clinical Services (RDCS) provided a Surveillance Log of Resident Infections and Antibiotic Use form, dated February 2025. The form indicated Resident E had a wound infection with an onset date of 2/17/2025. An antibiotic, Augmentin 875/125 mg (milligram) was ordered with a start date of 2/17/2025 and a stop dated of 2/27/2025.</p> <p>The record for Resident E was reviewed on 4/15/2025 at 2:00 P.M. Diagnoses included, but were not limited to paraplegia, psychosis, hypertension and fusion of the spine.</p> <p>A Physician's Order, dated 2/17/2025, indicated Resident E was to receive Amoxicillian-Clauvulante (Augmentin), an antibiotic, 875/125 mg 1 tablet twice a day for 20 doses.</p> <p>The Medication Administration Record (MAR) for February 2025 indicated Resident E had received the first dose of Augmentin on 2/17/2025 at 8:00 P.M. He had received another 13 doses from 2/18/2025 through 2/23/2025, and had refused the morning dose on 2/24/2025.</p> <p>Resident E was admitted to the hospital on 2/24/2025 and did not return until 3/7/2025. The current physician's orders did not include the Augmentin order.</p> <p>There should have been 6 remaining tablets that had not been administered of the antibiotic for Resident E.</p> <p>Resident E's record lacked the documentation to show a Drug Disposition form had been completed for the remaining antibiotic pills.</p> <p>During an interview, on 4/15/2025 at 2:21 P.M., RN 2 indicated if the nurses documented correctly, they should have filled out a drug destruction sheet and placed the form in the pharmacy bag, along with the medication. A copy of the form should have gone to the medical records staff so she could have scanned the form into the electronic chart. RN 2 checked the forms yet to be scanned into the records, but there were no sheets yet to be scanned in for Resident E. In addition, there were no scanned forms in Resident E's electronic chart for the medication disposition.</p> <p>The medication cart holding Resident E's medications was observed, on 4/15/2025 at 2:00 P.M. and no antibiotic medications were located in the cart for Resident E.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 4/15/2025 at 2:28 P.M., the Director of Nursing indicated there were no forms that needed to be scanned into charts at this time. The RDCS indicated she had completed some drug destructions recently but she could not provide a drug destruction sheet for Resident E's remaining Augmentin tablets.</p> <p>On 4/15/2025 at 3:40 P.M., the RDCS provided the policy titled, Drug Disposition Policy, dated 11.2024, and indicated the policy was the one currently used by the facility. The policy indicated .This policy provides procedural guidance on how to properly destroy, return or waste medications and document disposition of those medications . 1. When a non-controlled substance or medication is discontinued by physician's order it will be removed from the medication cart at time of order and placed in the designated location in the locked medication room. 2. The discontinued items need to either be destroyed or sent back to the pharmacy within 7 days via [name of pharmacy]</p> <p>This citation relates to Complaint IN00455366.</p> <p>3.1-50(a)</p>		