

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at New Castle		STREET ADDRESS, CITY, STATE, ZIP CODE 901 N 16th Street New Castle, IN 47362	

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 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>45291</p> <p>Based on interview and record review, the facility failed to develop and implement care plans for the utilization of oxybutynin and NicoDerm for Resident 7, dementia medication for Resident 13, and iron, Jardiance, and omeprazole for Resident 14. This affected 3 of 5 residents reviewed for medication management.</p> <p>Findings include:</p> <p>1. The clinical record for Resident 7 was reviewed on 4/4/2024 at 11:45 a.m. The medical diagnosis included acute and chronic respiratory failure with hypoxia.</p> <p>A Significant Change Minimum Data Set (MDS) Assessment, dated 3/6/2024, for Resident 7 indicated she was cognitively intact.</p> <p>A physician order, dated 2/29/2024, indicated for Resident 7 to utilize Ditropan 5 milligrams (mg) daily.</p> <p>A physician order, started on 3/7/2024 and discontinued on 4/4/2024, indicated for Resident 7 to utilize a NicoDerm transdermal patch daily.</p> <p>No care plans were developed and implemented to address the utilization of the aforementioned medications for Resident 7.</p> <p>2. The clinical record for Resident 13 was reviewed on 4/3/2024 at 1:30 p.m. The medical diagnosis included dementia.</p> <p>A Quarterly MDS Assessment, dated 2/7/2024, indicated that Resident 13 was moderately cognitively impaired and had a progressive neurological condition.</p> <p>A physician order, dated 8/22/2023, indicated for Resident 13 to utilize donepezil 5 mg daily for dementia.</p> <p>A physician order, dated 8/22/2023, indicated for Resident 13 to utilize memantine 5 mg twice daily for dementia.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A dementia care plan for Resident 13, dated 11/22/2022, did not indicate the utilization of medication. This dementia care plan was revised on 4/5/2024 at 10:34 a.m.</p> <p>3. The clinical record for Resident 14 was reviewed on 4/3/2024 at 11:35 a.m. The medical diagnosis included gastro-esophageal reflux disease (GERD).</p> <p>A Quarterly MDS Assessment, dated 2/20/2024, indicated that Resident 14 was cognitively intact.</p> <p>A physician order, dated 10/14/2023, indicated for Resident 14 to utilize ferrous sulfate 325 mg daily.</p> <p>A physician order, dated 10/14/2023, indicated for Resident 14 to utilize Jardiance 10 mg daily.</p> <p>A physician order, dated 10/15/2023, indicated for Resident 14 to utilize omeprazole 20 mg daily.</p> <p>No care plans were developed and implemented to address the utilization and monitoring of the aforementioned medications for Resident 14.</p> <p>An interview with the Administration on 04/05/24 at 10:40 a.m. indicated that she had spoken with the MDS Coordinator regarding the care plans for Resident 7, 13, and 14. The facility did not have care plans in place for the utilization of oxybutynin and NicoDerm for Resident 7, dementia medication for Resident 13, nor for iron, Jardiance, and omeprazole for Resident 14, but the MDS coordinator would develop care plans for those medications for those residents.</p> <p>A policy, entitled IDT Comprehensive Care Plan Policy, was provided by the Administrator on 4/5/2024 at 10:45 a.m. The policy indicated, .The care plan must include measurable goals and resident specific interventions base on the resident needs and preferences to promote the resident's highest level of functioning including medical, nursing, mental and psychological well-being .</p> <p>3.1-35(a)</p> <p>3.1-35(b)(1)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>45291</p> <p>Based on interview and record review, the facility failed to ensure there was Registered Nurse (RN) coverage for at least eight consecutive hours a day, seven days a week for 14 of 31 days reviewed. This had the potential to affect 27 residents.</p> <p>Findings include:</p> <p>Review of the schedule and RN time sheets from 3/1/2024 to 4/1/2024, indicated that eight hours of RN coverage were not completed on 3/6/2024, 3/7/2024, 3/8/2024, 3/9/2024, 3/10/2024, 3/16/2024, 3/17/2024, 3/24/2024, 3/25/2024, 3/26/2024, 3/27/2024, 3/28/2024, 3/30/2024, and 3/31/2024.</p> <p>An interview with the Director of Nursing on 4/4/2024 at 11:25 a.m. verified that eight hours of RN coverage was not provided on the 14 aforementioned dates.</p> <p>An interview with the Director of Nursing on 4/4/2024 at 11:35 a.m. indicated that there was no specific policy to RN coverage, but the facility would follow the federal regulation of RN coverage of at least eight consecutive hours a day, seven days a week.</p>