

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Sunset		STREET ADDRESS, CITY, STATE, ZIP CODE 1109 S Indiana Street Greencastle, IN 46135	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>34525</p> <p>Based on observation, record review, and interview, the facility failed to ensure the dignity of a resident during meal service for 1 of 2 dining observations (Resident B).</p> <p>Findings include:</p> <p>During observation of the lunch meal in the main dining room, on 9/5/24 at 12:22 p.m., Resident B was sitting at a table along with Resident C. Both residents required physical assistance with eating their meals. Both residents had been provided drinks and were being assisted with their drinks by an unidentified staff member.</p> <p>On 9/5/24 at 12:42 p.m., Resident C received her meal tray and was assisted to eat by the unidentified staff. No tray was served to Resident B. Nursing Assistant in Training (NAIT) 5 sat at the table to assist Resident B with her drink.</p> <p>On 9/5/24 at 12:58 p.m., Resident B requested that she get at least something to eat. At the same time, the resident indicated that she had requested a hamburger as a substitute for the scheduled meal way before she had been brought into the dining room, so the kitchen should have had plenty of time to prepare it for her. NAIT 5 went to the kitchen station to check on the resident's meal tray.</p> <p>On 9/5/24 at 1:02 p.m., NAIT 5 brought Resident B's meal tray to the table and began to assist her with her meal.</p> <p>Resident B's record was reviewed on 9/11/24 at 9:42 a.m. The profile indicated the resident's diagnoses included, but were not limited to, quadriplegia (a type of paralysis that affects all four limbs and the torso) and dysphasia (difficulty swallowing).</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 7/23/24, indicated the resident had no cognitive deficit and was dependent with substantial/maximum assistance with eating.</p> <p>A care plan, dated 4/11/23, indicated the resident required assistance with activities of daily living (ADL-the basic tasks people do to care for themselves and live independently) which included, but were not limited to eating. Interventions included, but were not limited to, assist with eating and drinking.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 9/5/24 at 2:31 p.m., Resident B indicated having to wait for her meal at lunch had upset her. The kitchen knew she wanted a hamburger instead of what was being served way before she was brought into the dining room. The kitchen staff told her they had to go out to buy hamburger and prepare it for her. She felt that was odd because she understood they had just had a delivery earlier in the morning.</p> <p>During an interview, on 9/10/24 at 11:10 a.m., the Certified Food Manager (CFM) indicated, on 9/5/24, the resident had requested hamburger for a lunch meal alternative. They had a delivery come that morning, but hamburger was not on the delivery. She had to run out to get the hamburger, to fix it for the resident. The resident was offered something else but had declined.</p> <p>During an interview, on 9/10/24 at 12:32 p.m., the Executive Director (ED) indicated her understanding was that the staff had offered the resident her cottage cheese while she was waiting for her hamburger on the lunch meal on 9/5/24.</p> <p>During an interview, on 9/10/24 at 1:41 p.m., Resident B indicated she did not remember anyone offering her anything to eat. If staff would have offered her cottage cheese she would have taken it, because she always ate her cottage cheese.</p> <p>On 9/10/24 at 2:25 p.m., the ED provided an undated document, titled, Your Rights and Protections as a Nursing Home Resident, and indicated it was the policy currently being used by the facility. The policy indicated, .You have the right to be treated with dignity .You have the right to decide .your meals</p> <p>This citation relates to Complaint IN00442280.</p> <p>3.1-3(a)</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** 49068</p> <p>Based to observation, interview, and record review, the facility failed to ensure medications and biologicals were dated when opened, and failed to properly dispose discontinued medication, for 1 of 2 medication carts and 1 of 1 medication rooms observed for medication storage (Residents 256, 51, and 33).</p> <p>Findings included:</p> <p>1. On [DATE] at 9:50 a.m., the West/North medication cart contained an opened and undated bottle of Brimonidine eyedrops (used to lower pressure in the eyes). The bottle contained a label that indicated it was for Resident 256.</p> <p>During an interview with Registered Nurse (RN) 4, she indicated that it was their policy not to use eyedrops after 30 days of opening.</p> <p>Resident 256's record was reviewed on [DATE] at 10:18 a.m., her diagnoses included, but were not limited to, type two diabetes (a chronic condition that occurs when the body doesn't produce enough insulin or doesn't use insulin properly).</p> <p>A physician's order, dated [DATE], indicated to administer Brimonidine drops 0.2%, 1 drop in each eye, twice daily.</p> <p>During an interview on [DATE] at 2:29 p.m., the DON indicated that the expiration date for eyedrops, after opening, depended on what the medication was.</p> <p>2. On [DATE] at 9:50 a.m., Registered Nurse (RN) 4 pulled a medication bottle from the West/North medication cart drawer. The medication, observed it to be an opened bottle of Latanoprost eyedrops (used to lower pressure in the eyes) with an opened date of [DATE]. The bottle contained a label that indicated it was for Resident 51.</p> <p>During an interview with RN 4, she indicated the eyedrops were not good anymore. She was not sure if the medication had been administered after the use by date.</p> <p>Resident 51's record was reviewed on [DATE] at 10:19 a.m., her diagnoses included, but were not limited to, glaucoma (eye condition where the optic nerve, which connects the eye to the brain, becomes damaged).</p> <p>A physician's order, dated [DATE], indicated to administer Latanoprost drops, 0.005%, one drop in each eye at bedtime.</p> <p>3. On [DATE] at 9:50 a.m., the West/North medication cart contained and opened and undated bottle of Refresh Relieva eyedrops (used to relieve eye discomfort and prevent irritation). The label indicated it was for Resident 51.</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 - Few</p>	<p>Resident 51's record was reviewed on [DATE] at 10:19 a.m., her diagnoses included, but were not limited to, glaucoma (eye condition where the optic nerve, which connects the eye to the brain, becomes damaged).</p> <p>The record lacked documentation of a current physician's order for Refresh Relieva eyedrops.</p> <p>A historical physician's order, with a beginning date of [DATE] and a discontinuation date of [DATE], indicated to administer Refresh Relieva drops 0XXX,d+[DATE].9%, one drop into both eyes at bedtime.</p> <p>On [DATE] at 10:35 a.m., Registered Nurse (RN) 4 indicated she could not find a current order for Resident 51's Refresh Relieva eyedrops, and they should have been discarded after [DATE].</p> <p>4. On [DATE] at 9:50 a.m., the West/North medication cart contained and opened and undated multidose vial of Lidocaine HCL 1% solution. The bottle contained a label that indicated it was for Resident 33.</p> <p>During an interview with Registered Nurse (RN) 4, she indicated that the Lidocaine was used to reconstitute Resident 33's Ceftriaxone (antibiotic) injection and should have been dated when opened.</p> <p>Resident 33's record was reviewed on [DATE] at 1:40 p.m., her diagnoses included, but were not limited to, urinary tract infection.</p> <p>A nursing progress note, dated [DATE], indicated urinalysis with culture and sensitivity was reported to the on call and a new order was received, to administer Ceftriaxone, one gram daily, intramuscularly (injected by needle into the muscle), for five days.</p> <p>A physician's order, with a beginning date of [DATE] and a discontinuation date of [DATE], indicated to administer Ceftriaxone, reconstituted solution, one gram injection, once daily.</p> <p>5. On [DATE] at 9:10:05 a.m., the back hall medication room had a container with five vials of Tuberculin solution (a medication used to test for tuberculosis [serious bacterial infection]), one of the five vials had been opened and not dated.</p> <p>During an interview with Registered Nurse (RN) 4, she indicated that the vial of tuberculin solution should have been dated when opened and was only good for 30 days after opening.</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 - Few</p>	<p>On [DATE] at 3:30 p.m., the Director of Nursing (DON) provided the policy titled, Storage and Expiration Dating of Medications and Biologicals, with a revision date of [DATE], and indicated the policy was the one currently used by the facility. The policy indicated, .11. Once any medication or biological package is opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the primary medication container (i.e., vial, bottle, inhaler) when the medication has a shortened expiration date once opened or opened .11.1 Facility staff may record the calculated expiration date based on date opened on the primary medication container .11.3. If a multi-dose vial of an injectable medication has been opened or accessed (i.e. needle punctured), the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. 11.4. When an ophthalmic solution or suspension has a manufacturer shortened beyond use date once opened, facility staff should record the date opened and the date to expire on the container .21. Facility should ensure that medications and biologicals for expired or discharged or hospitalized residents are stored separately, away from use, until destroyed or returned to the provider. 21. Facility should destroy or return all discontinued, outdated/expired, or deteriorated medications or biologicals in accordance with pharmacy return/destruction guidelines and other applicable law</p> <p>On [DATE] at 3:30 p.m., the DON provided the policy titled, Disposal/Destruction of Expired or Discontinued Medication, with a revision date of [DATE], and indicated the policy was the one currently used by the facility. The policy indicated, .2. Once an order to discontinue a medication is received, facility staff should remove this medication from the resident's medication supply</p> <p>On [DATE] at 3:30 p.m., the DON provided an undated document titled, Omnicare, Medication Storage Guidance, and indicated the policy was the one currently used by the facility. The policy indicated, . Multiple-Dose Vials for Injection, Date when opened and discard unused portion after 28 days .Tuberculin Tests: Aplisol Injection; Tubersol Injection .Date when opened and discard unused portion after 30 days . Xalatan Ophthalmic Solution (latanoprost) .Date when opened and discard after 6 weeks</p> <p>On [DATE] at 3:30 p.m., the DON provided an undated document titled, Brimonidine Tartrate 0.2% w/v Eye Drops, and indicated it was the manufacturers guidelines currently used by the facility. The policy indicated, . 6.3 Shelf Life .After first opening: 28 days</p> <p>On [DATE] at 3:30 p.m., the DON provided an undated document titled, Refresh Tears - carboxymethylcellulose sodium solution/drops Allergan, inc., and indicated it was the manufacturers guidelines currently used by the facility. The policy indicated, .Refresh Tears .discard 90 days after opening</p> <p>3XXX,d+[DATE](j)</p> <p>3XXX,d+[DATE](o)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 proper handwashing procedure during meal service for 1 of 2 dining observations.</p> <p>Findings include:</p> <p>During an observation of the lunch meal service, on 9/5/24 at 12:27 p.m., Nursing Assistant in Training (NAIT) 5 was observed to wash hands for less than 20 seconds and to turn off the water faucet without using a paper towel as a barrier. She then proceeded to serve trays to multiple residents in the dining room.</p> <p>During an interview, on 9/10/24 at 3:08 p.m., the Director of Nursing (DON) indicated all staff should all be aware of proper handwashing technique. The NAIT had been trained on handwashing and should have known better.</p> <p>On 9/10/24 at 2:25 p.m., the Executive Director (ED) provided a skills competency document, with a revision date of 7/2022, titled, Hand Hygiene, and indicated it was the policy currently being used by the facility. The policy indicated, .Procedure Steps: .6. Vigorously rub hands for at least 20 seconds .10. Use paper towel to turn off faucet</p> <p>3.1-21(i)(3)</p>		