

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 10/14/2020
NAME OF PROVIDER OF SUPPLIER HICKORY CREEK AT SUNSET		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based interview, observations, and record review, the facility failed to ensure new residents and re-admissions were on droplet isolation precautions for 2 of 2 admissions reviewed (Residents 1 and 2) and failed to ensure facility residents were assessed for all COVID-19 signs and symptoms of new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and more than two temperatures greater than 99.0 degrees Fahrenheit (F) for 3 of 3 residents reviewed for infection control (Residents 1, 2, and 3). Findings include: During the entrance conference, on 10/14/20 at 10:15 a.m., the Administrator (ADM) indicated, the facility followed the Centers for Disease Control and Prevention (CDC) guidelines with updates for the CDC's guidance updated to the facility through their corporate headquarters office. The facility currently had two residents who were in the yellow unit with isolation precautions for 14 days, because Resident 1 was a re-admission to the facility from the hospital, Resident 2 was a new admission to the facility, and Resident 3 was in contact isolation precautions due to a wound infection. All staff at the facility wore surgical masks, while working in the facility. Staff caring for the isolation residents, donned (put on) gowns and gloves, prior to entering their isolations rooms, and doffed (took off) the gown and gloves, prior to exiting the isolation rooms. The ADM, on 10/14/20 at 10:25 a.m., provided the facility color-coded floor plan, which revealed Resident 1 and Resident 2 were in YELLOW = ISOLATION PRECAUTIONS rooms. Resident 3's room, on the floor plan, indicated Resident 3 was in NONCOVID ISOLATION. During an initial tour of the facility, on 10/14/20 at 10:54 a.m., Resident 1's room was observed with a Contact Precautions sign by the door. Across the hall, Resident 2's room was observed with a Contact Precautions sign by her door. The Contact Precautions sign indicated, .STOP .Everyone must: .Clean their hands, including before entering and when leaving the room .Providers and staff must also: .Put on gloves before room entry. Discard gloves before room exit .Put on gown before room entry. Discard gown before room exit On 10/14/20 at 10:58 a.m. Licensed Practical Nurse (LPN) 6, wearing a surgical mask, indicated Resident 1 and Resident 2 were contact isolation precautions. Before she entered Resident 1's or Resident 2's room, she put on a gown, gloves and a hairnet. LPN 6 indicated she doffed the gown and gloves prior to exiting the isolation rooms. On 10/14/20 at 12:20 p.m., Housekeeper 8, wearing a surgical mask, sanitized her hands, donned a gown and gloves, and then entered Resident 1's room with a lunch tray. Resident 1 was lying in bed with a bedside table next to the bed. Housekeeper 8 placed the lunch tray onto Resident 1's bedside table, sanitized her hand, doffed the gown and gloves, exited the room, shut the door, and then sanitized her hands again. Housekeeper 8 was not observed to wear a face shield nor goggles when in the isolation room. On 10/14/20 at 12:22 p.m., Housekeeper 9, wearing a surgical mask, sanitized her hands, donned a gown and gloves, and then entered Resident 2's room with a lunch tray. Resident 2 was lying in bed with a bedside table next to the bed. Housekeeper 9 placed the lunch tray onto Resident 2's bedside table, sanitized her hand, doffed the gown and gloves, exited the room, and then sanitized her hands again. Housekeeper 9 was not observed to wear a face shield nor goggles when in the isolation room. On 10/14/20 at 12:45 p.m. Certified Nursing Assistant (CNA) 7 and CNA 10, observed wearing surgical masks, donned gowns and gloves, then entered Resident 2's room, and shut the door. The CNAs were not observed to wear face shields nor goggles, when entering the isolation room. On 10/14/20 at 12:54 p.m., CNA 7 and CNA 10 exited Resident 2's room, and had already doffed their gowns and gloves in the room. CNA 10 indicated (Resident 2's name) needed assistance of two staff to use the bed pan. CNA 7 indicated, staff were to don a gown and gloves before entering an isolation room and doff prior to leaving an isolation room. CNA 7 nor CNA 10 were not observed to wear a face shield nor goggles when in the isolation room. 1. Resident 1's medical record was reviewed, on 10/14/20 at 11:40 a.m. Resident 1 was readmitted to the facility from the hospital, on 10/2/20. Diagnoses, on the profile, included, but were not limited to, [MEDICAL CONDITION] and Hypertension (high blood pressure.) A physician's orders [REDACTED]. A physician's orders [REDACTED]. The record lacked documentation of a physician's orders [REDACTED].>99.0oF. 2. Resident 2's medical record was reviewed, on 10/14/20 at 12:32 p.m. Resident 2 was admitted to the facility on [DATE]. Diagnoses, on the profile, included, but were not limited to, [MEDICAL CONDITION] and heart failure. A physician's orders [REDACTED]. A physician's orders [REDACTED]. A physician's orders [REDACTED]. The record lacked documentation of a physician's orders [REDACTED].>99.0oF and the resident was placed in contact isolation precautions, not COVID-19 droplet isolation precautions per CDC guidance for new admissions. 3. Resident 3's medical record was reviewed, on 10/14/20 at 2:25 p.m. Resident 3 was admitted to the facility on [DATE]. Diagnoses, on the profile, included, but were not limited to, complete traumatic amputation of right midfoot and [MEDICAL CONDITION]. A physician's orders [REDACTED]. A physician's orders [REDACTED]. The record lacked documentation of a physician's orders [REDACTED].>99.0oF. On 10/14/20 at 3:30 p.m., the ADM indicated the facility's corporation provided CDC COVID-19 updates to the facility. The facility had not received an update from the corporation that all residents in the facility should be assessed for symptoms of new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and more than two temperatures greater than 99.0 degrees Fahrenheit and residents be placed into droplet isolation precautions required the use of an N95 face mask and the use of a face shield or goggles. The ADM provided and identified as a current facility policy, titled Infection Control, dated 6/29/20 and revised 7/29/20, which indicated, .The facility will place new admissions and re-admissions in transmission-based precautions to prevent transmission of COVID-19 for 14 days after admission/readmission The CDC guidance, updated 6/25/20, indicated, .Actively monitor all residents upon admission and at least daily for fever (T>100.0oF) and symptoms consistent with COVID-19. Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0oF might also be a sign of fever in this population The CDC guidance, updated 10/5/20, indicated, .To align with updated Centers for Disease Control and Prevention (CDC) updated guidance on potential transmission by aerosol transmission, Indiana Department of Health is now recommending the use of eye protection as a standard safety measure to protect long-term care (LTC) healthcare personnel (HCP) who provide essential direct care within 6 feet of the resident in all levels of care in all LTC and AL .This is for all zones: green, yellow and red for COVID outbreak control. This includes the delivery of direct care for All residents in All facilities in LTC, AL and Residential buildings .This already includes residents who are on COVID positive units and symptomatic, or are quarantined (14 days) in transmission-based precautions for droplet-contact .Universal Surgical Mask, and Universal Eyewear/Face shield or goggles in all direct care less than 6 feet, gloves, hand hygiene, and standard precautions, including hand hygiene in all zones .N 95 mask, universal eyewear/face shields or goggles, gowns and gloves 3.1-18(b)(2)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.