

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER HICKORY CREEK AT SCOTTSBURG		STREET ADDRESS, CITY, STATE, ZIP 1100 N GARDNER AVE SCOTTSBURG, IN 47170	
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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation and interview, the facility failed to maintain accurate and timely medication records of controlled medications. Finding includes: During a random observation on 3/10/20 at 9:55 a.m., RN (Registered Nurse) 2 was signing off on all narcotics given earlier that morning. She indicated narcotics should be signed off on in the narcotic book when given. During an interview on 3/10/20 at 11:06 a.m., the DON (Director of Nursing) indicated when narcotics are given, they should be signed out on the narcotic book at the time they are given. The Administrator indicated the RN used to be the DON and knew she should have documented the medication on the narcotic count sheet when given. The current facility policy titled Medications - Storage and Labeling, and dated June 2004, was provided by the DON on 3/10/20 at 10:27 a.m. The Policy indicated, drugs and biologicals used in this facility .in accordance with currently accepted professional principles .for storage of controlled drugs .and other drugs subject to abuse .will be consistent with applicable Federal and State requirements and currently accepted pharmaceutical principles and practices . The Federal tag relates to Complaint IN 888. 3.1-25(b)(3)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure adequate infection control related to staff holding resident clothing next to the body, placing a trash can on a resident's bed, and not [MEDICATION NAME] proper hand hygiene for 3 random observations affecting 4 residents. (Residents E, F, G, and H) Findings include: 1. During an observation on 3/10/20 at 9:45 a.m., Housekeeper 3 was delivering residents' clean clothing on a covered cart. The front panel was over the top and the clothing was exposed. As the housekeeper moved the cart down the hall, the hanging clothing swung back and forth, touching her clothing. There was no hand hygiene observed. She removed some clothing for Resident E and carried it next to her body, placed the clothing in the closet and removed empty hangers. She then moved down the hall with clothes swinging and touching her clothing. No hand hygiene was observed between rooms. She removed clothes for Resident F, held the clothing against her body and placed them in the closet. She indicated it was not appropriate to have resident clothing against her body as it causes cross contamination. 2. During an observation on 3/10/20 at 9:50 a.m., Housekeeper 4 gloved with no hand hygiene, entered Resident G's room, removed a chair and bedside table, placed the resident's trash can on top of the bed, on top of blankets. She indicated at that time it was probably not appropriate to place the trash can from the floor to the resident's bed. She then cleaned the bed, wiped surfaces, swept and mopped, placed a wet floor sign in the room, and removed her gloves. No hand hygiene was observed. 3. During an observation on 3/10/20 at 10:00 a.m., the Activity Director was observed entering Resident F's room with no hand hygiene performed. He was holding hands with Resident F and touching her lap blanket, he exited the room with no hand hygiene performed. He then entered Resident H's room at 10:05 a.m., sat on the bedside with Resident H lying in bed, touched the bedside table and TV remote, exited the room, and no hand hygiene was observed. He indicated he should have washed his hands before and after resident contact. The current facility policy titled Laundry, and not dated, was provided by the DON on 3/10/20 at 10:27 a.m. The Policy indicated, .Clean Linen Handling .before working with the clean linen, workers should wash their hands . The current facility policy, titled, Handwashing/Alcohol-Based Hand Rub/Hand Hygiene and dated June 2004, was provided by the DON on 3/10/20 at 10:27 a.m. The Policy indicated, .Purpose: Medical asepsis to control infection. To reduce transmission of organisms from nursing staff to resident .5 basic moments when staff should make sure that hand hygiene is performed: 1. Before touching a resident .5. After touching a resident . This Federal tag relates to Complaint IN 888. 3.1-18(l)		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.