

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLCREST VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>203 SPARKS AVE JEFFERSONVILLE, IN 47130</b>	
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 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure a resident's (Resident G) family was notified when the resident became unresponsive and was sent to the hospital for 1 of 3 residents reviewed for family notification. Findings include: The clinical record for Resident G was reviewed on [DATE] at 1:38 p.m. [DIAGNOSES REDACTED]. The progress note, dated [DATE] at 3:37 p.m., indicated LPN 5 entered Resident G's room to administer a breathing treatment. The resident was unresponsive and a code (initiation of Cardiopulmonary [MEDICAL CONDITION] Resuscitation) was called as well as 911. The resident was sent to the emergency room. A call was placed to the number on file for the resident and the number was invalid. Another call was placed to the second number on file which was answered by a voicemail. The progress note, dated [DATE] at 6:09 a.m., indicated the hospital had called and informed the facility the resident had expired. The clinical record lacked any other attempt to notify the family of the resident's change in condition or that the resident had expired. During an interview on [DATE] at 2:20 p.m., the family member indicated she was notified that Resident G passed by the assistant coroner on [DATE]. During an interview on [DATE] at 12:05 p.m., LPN (Licensed Practical Nurse) 5 indicated she was unable to reach either of the contacts listed and had asked day shift to reach out to the family and follow up. On [DATE] at 12:36 p.m., the Director of Nursing provided a current copy of the document titled Resident Change of Condition Policy dated [DATE]. It included, but was not limited to, It is the policy of this facility that all changes in resident condition will be communicated to the family/responsible party. Life Threatening Change. The licensed nurse will notify the family/responsible party of resident change of condition. This Federal tag relates to Complaint IN 229 3XXX,[DATE](a)(2)		
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.