

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155406</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HICKORY CREEK AT PERU</b>		STREET ADDRESS, CITY, STATE, ZIP <b>390 W BOULEVARD PERU, IN 46970</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 0554  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Allow residents to self-administer drugs if determined clinically appropriate.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure a resident had a physicians' order to self administration medications and failed to assess the resident for the abilities to self administer medications for 1 of 1 residents reviewed for medication administration. (Resident 15) Finding includes: During an interview, on 10/19/2020 at 12:28 P.M., RN 4 indicated when she had given Resident 15's nebulizer treatment, she would put the liquid medication in the nebulizer, turn on the machine and Resident 15 would put the mask on his face and do the treatment. RN 4 indicated, since the resident can do it himself, she leaves the room and will come back in 10 minutes to check on him. RN 4 indicated she was unaware if the resident had a Self Administration Medication assessment or a physician's orders [REDACTED]. A Self Administration Medication assessment, dated 4/29/2020, indicated Resident 15 was not safe to self administer the listed medications. The form lacked any listed medications. Written on the evaluation section was Resident 15 was unable to correctly administer inhalant medications according to procedure. On section C-3a, was documented physician order: a). Resident may NOT self administer medications. Date of order 4/29/2020. Resident 15's clinical record lacked a physicians' order to self administer medications and/or not to self administer medications, and lacked a recent quarterly assessment to show if the resident was able to self administer medications safely. During an interview, on 10/19/2020 at 12:36 P.M., RN 4 indicated the resident should have had a physicians order and an updated self administration of medication assessment. On 10/19/2020 at 1:26 P.M., the Administrator provided the policy titled, Medications-General Policies, dated 5/2013, and indicated the policy was the one currently used by the facility. The policy indicated . Self Administration of Medications. 3. A physicians order will be obtained, allowing the resident to self administer medications. Residents who self administer medications will be re-evaluated on a quarterly basis to determine their ability to continue this practice . 3.1-11(a)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation and interview, the facility failed to ensure current CDC (Center for Disease Control) guidance related to prevention of COVID-19 was being followed related to doors being closed for residents in quarantine or residents in quarantine wore masks if their doors were open, residents wore masks while sitting in a common area, staff providing care for residents in quarantine wore the appropriate face mask, or that staff screening for COVID-19 was conducted appropriately and thoroughly for 5 of 5 residents and 3 of 3 staff reviewed for infection control. (Residents 13, 16, 10, 12 and 14, CNA 2, CNA 5 and Activity staff 6) Findings include: 1. During an interview, on 10/19/2020 at 9:18 A.M., the Administrator indicated there were 2 residents in quarantine due to being new admissions/return admissions from the hospital. On 10/19/2020 at 9:38 A.M., signs were observed posted on the wall outside of Resident 13's room relating to droplet precautions and the application and removal of PPE (personal protective equipment). A small 3 drawer plastic bin with PPE in it was beside the door. The door to Resident 13's room was opened all the way with 2 residents laying in their beds without masks on. During an interview, on 10/19/2020 at 10:08 A.M., QMA (qualified medication aide) 1 indicated the doors to quarantine rooms should be kept closed. On 10/19/2020 at 10:12 A.M., the door to Resident 13's room was wide open with no masks on either resident. On 10/19/2020 at 10:42 A.M., the door to Resident 13's room was wide open with no masks on either resident. On 10/19/2020 at 11:15 A.M., the door to Resident 13's room was wide open with no masks on either resident. During an interview, on 10/19/2020 at 12:00 P.M., CNA (certified nursing assistant) 5 indicated the door should not be open, but the resident likes it open. CNA 5 indicated the residents should have a mask on if the door is opened. 2. On 10/19/2020 at 9:28 A.M., the door to Resident 16's room was closed. Signs related to droplet precautions and applying/removing PPE ( personal protective equipment) were posted on the wall outside of the room, indicating these residents were in quarantine. On 10/19/2020 at 11:58 A.M., Resident 16 was sitting in his wheelchair in his room with the door wide open, and was not wearing a face mask. During an interview, on 10/19/2020 at 12:00 P.M., CNA 5 indicated the door should not be opened and if it was opened the resident should have a mask on. The residents clinical records lacked the documentation of any reason why the door was opened (resident being a fall risk or having a condition requiring close supervision) and lacked the documentation of educating the residents about wearing face masks if their doors were open. 3. During a facility walk through, from 9:16 A.M. to 9:45 A.M., Resident 10 was observed sitting in a wheel chair, across from the nurses station, with her breakfast tray sitting on an over the bed table, not eating and with no mask on. On 10/19/2020 at 9:52 A.M., Resident 10 was observed sitting in her wheelchair in the hallway sleeping, and no face mask on. A clinical record review was completed on 10/19/2020 at 11:12 A.M., and indicated Resident 10's [DIAGNOSES REDACTED]. A physicians order, dated 5/19/2020, indicated to offer the resident a mask to wear when she comes out of the room and encourage to wear it, every shift for Prevention related to COVID-19 virus. During an interview, on 10/19/2020 at 10:12 A.M., RN 4 indicated Resident 10 does not wear a face mask because she had dementia, and she will refuse to wear it. A care plan problem, dated 3/25/2020, indicated Resident 10 was at risk for infection related to the [MEDICAL CONDITION] outbreak. Interventions included, but were not limited to: have me eat meals in my room to decrease interaction with other residents who might be ill and when leaving the room offer her a mask and encourage her to wear it. The October treatment record indicated Resident 10 refused to wear the mask only one time on 10/18/2020. The nursing progress notes, dated 10/1/2020 through 10/19/2020, lacked the documentation to show the resident had refused to wear the mask. 4. On 10/19/2020 at 10:11 A.M., Resident 12 was observed sitting on a love seat in the hallway with no mask on. On 10/19/2020 at 10:48 A.M., Resident 12 was observe sitting on a love seat in the hallway with no mask on. A clinical record review was completed on 10/19/2020 at 11:4 A.M., and indicated Resident 12's [DIAGNOSES REDACTED]. An admission MDS (Minimum Data Set) assessment, dated 9/1/2020, indicated Resident 12's BIMS (Brief Interview for Mental Status) score was 12, moderate cognitive impairment. A physician's orders [REDACTED]. A care plan problem, dated 8/24/2020, indicated the resident was at risk for infection related to the [MEDICAL CONDITION]. Interventions included, but were not limited to: when leaving the room offer a face mask and encourage him to wear it. The October treatment record indicated the resident refused to wear the mask one time only on 10/17/2020. The nurse's progress notes, dated October 1st through October 19, lacked the documentation of the resident refusing to wear the mask and any education provided to the resident about wearing the face mask when out of his room. 5. On 10/19/2020 at 9:17 A.M., Resident 14 was observed sitting on a couch with no mask on. On 10/19/2020 at 9:55 A.M., Resident 14 was observed sitting on a couch with no mask on. During an interview, on 10/19/2020 at 10:12 A.M., RN 4 indicated Resident 14 does not wear a face mask because of being [MEDICAL CONDITION], and she refuses to wear it. A clinical record review was completed on 10/19/2020 at 1:07 P.M., and indicated Resident 14's [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. The October treatment record indicated the resident refused to wear the mask one time only on 10/17/2020. Nurses progress notes, dated 10/1 through 10/19/2020, lacked the documentation of refusing to wear the mask and any education provided to the resident about wearing the face mask when out of her room. During an interview, on 10/19/2020 at 11:30 A.M., the Administrator indicated the facility follows CDC and CMS guidelines. 6. On 10/19/2020 at 10:42 A.M., Resident 13's door was observed to be open with the call light flashing. C.N.A (certified nursing assistant) 5,		
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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>with a blue surgical mask on, was observed to apply an isolation gown, gloves, goggles and white coverings for her shoes, then enter Resident 13's room and close the door. During an interview, on 10/19/2020 at 1:45 P.M., CNA 5 indicated she gets a new mask (surgical) every time she comes out of Resident 13's room. She indicated they did not have N95 masks to wear. During an interview, on 10/19/2020 at 1:46 P.M., CNA 2 indicated she did not know they should be wearing N95 masks for the quarantine residents and indicated the plastic bins were not stocked with any. CNA 2 indicated she wears a surgical mask only. During an interview, on 10/19/2020 at 2:22 P.M., the Administrator indicated the facility had N95 masks but was keeping them in case they got a COVID-19 positive resident. 7. During an interview, on 10/19/2020 at 9:30 A.M., C.N.A 2 indicated she gets screened every morning when she comes to work and she does the screening on herself. CNA 2 indicated she takes her temperature and documents it on the log sheet and completes the rest of the form. During an interview, on 10/19/2020 at 10:45 A.M., Activity Staff 6 indicated she did her own screening this morning and filled out the log sheet and does it that way every day she works. During an interview, on 10/19/2020 at 12:10 P.M., the Administrator indicated the staff do their own screening prior to starting work, and the policy does not state that they can't screen themselves. It's an honor system.: On 10/19/2020 at 12:46 P.M., the Administrator provided the policy titled, Employee, Resident, and Visitor Screening Processes for Reporting Results-COVID-19, dated 10/2020, and indicated the policy was the one currently used by the facility. The policy indicated . It is the policy of this facility to screen all visitors, employees, and residents for COVID-19 as per current guidelines, regulations, and information distributed by the state and federal agencies On 10/19/2020 at 12:10 P.M., the Administrator provided the policy titled, Transmission Precautions, dated 3/2020, and indicated the policy was the one currently used by the facility. The policy indicated . Policy: This facility will follow appropriate transmission precautions as indicated by the physician, in conjunction with the guidelines given from CMS and CDC. Droplet Precautions: Use droplet precautions for residents known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a resident who is coughing, sneezing, or talking. 1. Source control- put a mask on the resident. 3. The resident will always be required to wear a mask to limit transmission to the roommate. Airborne Precautions: Use airborne precautions for residents with known or suspected infections with pathogens transmitted by airborne route (e.g. [MEDICAL CONDITION], [DIAGNOSES REDACTED], chickenpox, disseminated [MEDICAL CONDITION], COVID-19. 2. Ensure appropriate resident placement without a roommate and keep the door shut CDC guidance - Preparing for COVID-19 in Nursing Homes, updated 6/25/2020 indicated .Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .HCP should wear an N95 or higher-level respirator .when caring for these residents 3.1-18(b)(1)</p>		