

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Harcourt Terrace Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8181 Harcourt Rd Indianapolis, IN 46260	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a clean, sanitary, and homelike environment was provided for 1 of 12 rooms reviewed for environment. (room [ROOM NUMBER])</p> <p>Findings include:</p> <p>During an observation, on 7/2/25 at 9:18 a.m., room [ROOM NUMBER] had an old urine smell to it. There were approximately 7 different flies in the room. 2 flies were crawling on top of Resident B as he was sleeping. There were also 2 flies in his cup of juice and a sock on his bedside table. The bedside commode had a very small amount of dark yellow urine in the basin. In room [ROOM NUMBER]'s bathroom, there was a dried, dark brown substance smeared on the toilet with 2 flies crawling on the substance. There was also a puddle of liquid on the floor with dark yellow liquid on the trash can liner.</p> <p>Resident B and C resided in room [ROOM NUMBER].</p> <p>The clinical record for Resident B was reviewed on 7/2/25 at 10:15 a.m. The diagnoses included, but were not limited to, dementia, osteoarthritis, and encephalopathy (a brain disease which could cause confusion).</p> <p>A current care plan, last revised on 6/20/25, indicated Resident B required assistance with toileting due to decreased mobility, weakness, and incontinence. Interventions included, but were not limited to, assistance with incontinence care as needed.</p> <p>The clinical record for Resident C was reviewed on 7/2/25 at 10:15 a.m. The diagnoses included, but were not limited to, dementia, chronic kidney disease stage 3, and depressive episodes.</p> <p>A current care plan, last revised on 5/13/25, indicated Resident C required assistance with toileting due to decreased mobility, weakness, incontinence, and the diagnoses of dementia. Interventions included, but were not limited to, assistance with incontinence care as needed.</p> <p>During an interview, on 7/2/25 at 9:25 a.m., Qualified Medication Assistant (QMA) 2 indicated there were several flies in the room. Staff were supposed to clean out the basin after each use of the bedside commode.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 7/2/25 at 9:35 a.m., Certified Nursing Assistant (CNA) 3 indicated there was usually a liner placed in the bedside commode and staff would change it after each use. When CNA 3 went into the bathroom, she was observed to shoo away a fly and indicated the dark brown substance on the toilet appeared to be feces.</p> <p>During an interview, on 7/2/25 at 9:38 a.m., Housekeeper 4 indicated she was not sure the last time the bathroom was cleaned. She was usually just a fill in and it appeared to her that the dark brown substance on the toilet appeared to be feces.</p> <p>During an interview, on 7/2/25 at 10:10 a.m., the Executive Director (ED) indicated the housekeepers cleaned up messes, but the CNAs could clean up if the resident had an incontinence episode.</p> <p>During an interview, on 7/2/25 at 12:15 p.m., the ED indicated they did not have a policy which included providing a homelike environment, but it was a mission for the facility.</p> <p>A current facility policy, titled Resident Rights, dated as last reviewed on 7/2023 and received from the Director of Nursing on 7/2/25 at 11:50 a.m., indicated .All staff members recognize the right of residents at all times and residents assume their responsibilities to enable dignity, wellbeing, and proper delivery of care</p> <p>This citation relates to Complaint IN00462246.</p> <p>3.1-19(f)(5)</p>		