STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure refrigerated items were labeled with a received dated and disposed of by the discard date in 2 of 2 reach-in refrigerators reviewed in the kitchen. This deficient practice had the potential to affect 81 of 81 residents who received food from the kitchen. Findings include:During an observation and interview, on 1/5/26 at 9:47 a.m., five (5) gallons of 2% milk were in the reach-in refrigerator and did not a have a receive date label. Culinary manager 12 indicated she would place received dates on them. During an observation and interview, on 1/5/26 at 9:50 a.m., there was one (1) cottage cheese container which had a use by date of 12/29/25 and another cottage cheese container which was not labeled with a received date and had a best by date of 12/28/25. Neither had been discarded. Culinary manager 12 indicated both containers should have been discarded.During an interview, on 1/9/26 at 10:36 a.m., the Director of Nursing indicated there were no residents in the building with a nothing by mouth (NPO) diet. A current facility policy, titled Labeling and Dating, dated 5/2018 and received from the Director of Nursing on 1/8/25 at 11:25 a.m., indicated .Any refrigerated opened item that has not been cooked can be stored for 7 days. Label with the date item is placed in storage and the date of discard - add 6 to today's date. *Examples: canned fruit, cottage cheese, sour cream, yogurt and milk 3.1-21(i)(3)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure staff wore the appropriate Personal Protective Equipment when entering isolation rooms and to ensure a 2-Step tuberculosis test was documented as completed in the recommended timeframe for 4 of 8 residents and 1 of 5 new employees reviewed for infection control. (Resident 44, 48, 53, 56 and Activity Assistant 7)Findings include:During a telephone interview, on 1/6/26 at 8:30 a.m., a resident's family member indicated one of their concerns was the facility had a Covid outbreak and the staff were not wearing PPE such as gowns and masks when entering the rooms.1. During an observation, on 1/5/26 at 10:53 a.m., an isolation cart was observed outside the residents' room and signs indicated the room was a droplet/contact precaution isolation room. The sign indicated, in addition to standard precautions, everyone must wear a gown, an N95 Respirator (a specific mask), eye protection, and gloves. The room was a double occupancy room shared by Resident 44 and 48.During an observation, on 1/5/26 at 3:31 p.m., QMA 6 was observed to enter the room wearing a surgical mask only.During an interview, on 1/5/26 at 3:33 p.m., QMA 6 indicated she did not have a reason why she did not use the PPE required to enter the room.a. The clinical record for Resident 48 was reviewed on 1/9/26 at 9:21 a.m. The diagnoses included, but were not limited to, basal cell carcinoma of the skin, dementia with other behavioral disturbance, and schizoaffective disorder. A nursing progress note, dated 12/27/25 at 9:09 p.m., indicated the resident was on Covid precautions due to exposure.b. The clinical record for Resident 44 was reviewed on 1/5/26 at 10:54 a.m. The diagnoses included, but were not limited to, coronary artery disease, hypertension, and anemia.The resident was documented to be Covid positive until 1/6/26.2. During an observation, on 1/5/26 at 10:40 a.m., an isolation cart was observed outside the residents' room and signs indicated the room was a droplet/contact precaution isolation room. The sign indicated, in addition to standard precautions, everyone must wear a gown, an N95 Respirator (a specific mask), eye protection, and gloves. The room was a double occupancy room shared by Resident 53 and 56.During an observation, on 1/5/26 at 3:27 p.m., CNA 4 was observed entering the residents' room wearing a surgical mask and gloves. CNA 4 was not observed to use a gown, N95 mask, or eye protection.During an interview, on 1/5/25 at 3:39 p.m., CNA 4 indicated she was not aware both residents were positive for Covid and thought it was only Resident 53.a. The clinical record for Resident 53 was reviewed on 1/5/26 at 10:40 a.m. The diagnoses included, but were not limited to, alcohol dependence with alcohol-induced persisting dementia, 2019-nCoV acute respiratory disease, and major depressive disorder.A physician's order, dated 12/28/25, indicated Resident 53 was on droplet precautions for Covid 19 until 1/6/26.b. The clinical record for Resident 56 was reviewed 1/9/26 at 9:09 a.m. The diagnoses included, but were not limited to, Alzheimer's dementia, hyperlipidemia, and major depressive disorder.A physician's order, dated 12/28/25, indicated Resident 53 was on droplet precautions for Covid 19 until 1/8/26.3. The employee records were reviewed on 1/7/26 and 1/8/26.Activity Assistant 7 was hired on 3/26/25. The employee received the first tuberculosis test on 2/24/25 at 12:00 p.m. The results were read on 2/26/25 at 2:00 p.m.The employee received the second tuberculosis test on 4/8/25 at 1:00 p.m. The results were read on 4/10/25 at 2:00 p.m.During an interview, on 1/8/26 at 11:03 a.m., the Director of Nursing indicated the wrong date was documented on the form for the tuberculosis second step test.During an interview, on 1/8/26 at 3:11 p.m., the Director of Nursing indicated new employees were to have a first step tuberculosis test and then between 1-3 weeks later the second tuberculosis test. She indicated the wrong date was documented on the form it should have been documented as completed in March, not April. During the exit conference, on 1/9/26 beginning at 11:17 a.m., the Director of Nursing indicated the wrong date was documented on the tuberculosis testing paperwork. The facility was unable to provide additional documentation.A current facility policy, titled Standard and Transmission-Based Precautions (Isolation) Policy, dated as last revised in 2/2025 and received from the Director of Nursing on 1/7/26 at 11:10 a.m., indicated .DROPLET/CONTACT PRECAUTIONS.is (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	used to designate transmission-based precautions beyond droplet precautions for residents who meet criteria for transmission-based precautions associated with COVID-19, which includes the use of N-95 respirator.Use of Personal Protective Equipment.HCP (health care provider) should wear an N95 or higher-level respirator, eye protection (i.e., goggles or face shield that covers the front and sides of the face), gloves and gown.A current facility policy, titled Tuberculosis Control Program, dated as last revised 1/2022 and received from the Director of Nursing on 1/8/26 at 3:07 p.m., indicated .maintain a program to identify suspected or known TB infection or disease in residents and staff 3.1-18(b)(2)3.1-18(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review, the facility failed to ensure a resident or the resident's representative was informed of the risks and benefits of a medication, all available treatment options, and to document their chosen treatment option for 3 of 5 residents reviewed for unnecessary medications. (Resident 72, 73 and 24)Findings include:1. The clinical record for Resident 72 was reviewed on 1/7/25 at 12:01 p.m. The diagnoses included, but were not limited to, vascular dementia with anxiety, depressive disorder, anxiety disorder, opioid dependence, chronic pain, severe bipolar disorder with psychotic features, Wernicke's encephalopathy, insomnia, and alcohol dependence in remission. A physician's order, dated 10/16/24, indicated to administer sertraline (an antidepressant medication) 150 milligrams (mg) once a day. A physician's order, dated 12/18/24 and discontinued 5/20/25, indicated to administer Depakote Sprinkles (a seizure medication also used to treat manic episodes related to bipolar disorder) 125 mg twice a day. A physician's order, dated 5/20/25, indicated the Depakote Sprinkles increased to 250 mg twice a day. A physician's note, dated 8/5/25 at 5:37 p.m., indicated Resident 72 and staff denied needs at the time and had no concerns. The resident was walking in the hall with her water bottle to get more ice water. The current prescribed medications include Depakote Sprinkles 125 mg twice a day and 150 mg of sertraline once a day. The note indicated there were no problems with behaviors per the nursing documentation and there was no plan for medication changes or additions. The physician's note did not reflect the increase of the Depakote Sprinkles from 125 mg twice a day to 250 mg twice a day which occurred on 5/20/25. A psychiatric nurse practitioner progress note, dated 8/13/25, indicated Resident 72 was assessed in her room and was resting soundly in bed. She was not easily aroused by name or touch. The staff reported the resident was at her neurocognitive baseline and was not displaying acute changes in mood or worsening depression. The plan was to continue current medications and to plan discontinuation of the Depakote Sprinkles at a future visit. An acute care physician's progress note, dated 8/27/25, indicated the physician did not have any plan to adjust the resident's medications for dementia, bipolar, depression, or anxiety. It did not indicate any increase in behaviors or psychotic symptoms. A physician's order, dated 9/2/25, indicated the Depakote Sprinkles 250 mg was increased from twice a day to three (3) times a day. A physician's order, dated 9/2/25, indicated olanzapine (an atypical antipsychotic medication) 2.5 mg at bedtime was added to Resident 72's medication regimen. The physician's order for sertraline 150 milligrams once a day was changed to 50 mg once a day, on 9/10/25. On 10/7/25, the sertraline was then increased to 100 mg once a day. A new order document, dated 9/2/25 at 10:56 a.m., indicated Resident 72's representative was notified of an increase in Depakote Sprinkles, decrease in sertraline, and the start of olanzapine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Documentation of a discussion related to alternative measures, risks vs. benefits, or black box warnings for olanzapine was not included in the document. A psychiatric nurse practitioner progress note, dated 9/16/25, indicated the staff had reported an increase in attention-seeking behaviors. Resident 72 was calm and cooperative, denied depression, anxiety or hallucinations. The resident was now on an antipsychotic medication, olanzapine, which had started before the psychiatric visit. An informed consent explaining the risk verses benefits of the prescribed psychotropic medication use, associated black box warnings for the prescribed psychotropic medications, and/or alternative treatment options to the resident's representative could not be found in the electronic health record. During an interview, on 1/8/26 at 11:35 a.m., the Director of Nursing (DON) indicated the facility's procedure was to hold an interdisciplinary team (IDT) meeting with the clinical staff and social services to discuss new medications or medication changes. The psychiatric provider often talked with the resident and family before starting medications, but she did not know who spoke with the resident's representative this time. There were no consents or documentation of anyone talking with the resident and her representative about alternative measures, risks versus benefits, or the black box warnings for any of the medication changes in September and October. The facility could not provide any further documentation of resident or family education or consent. 2. The clinical record for Resident 73 was reviewed on 1/7/26 at 8:33 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, dementia, altered mental status, and hyperlipidemia. A physician's order, dated 11/12/25, indicated to administer risperidone (an antipsychotic) 0.25 mg twice a day for dementia with severe agitation. A physician's order, dated 12/5/25, indicated to administer escitalopram oxalate (an antidepressant) 20 mg once a day. An informed consent explaining the risk verses benefits of the prescribed psychotropic medication use, associated black box warnings for the prescribed psychotropic medications, and/or alternative treatment options to the resident's representative could not be found in the electronic health record. During an interview, on 1/7/26 at 11:10 a.m., the Director of Nursing indicated the facility did not have informed consents for the medications. 3. The clinical record for Resident 24 was reviewed on 1/6/26 at 1:56 p.m. The diagnoses included, but were not limited to, anxiety disorder, major depressive disorder, and insomnia. A care plan, dated 10/22/25, indicated Resident 24 was at risk for adverse side effects related to the use of psychotropic medications; antianxiety, antidepressant, and hypnotics. A physician's order, dated 10/22/25, indicated to administer buspirone (an antianxiety medication) 7.5 mg three times a day. A physician's order, dated 11/20/25, indicated to administer Trazodone (an antidepressant medication) 50 mg twice a day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A physician's order, dated 11/11/25 and an increase in dosage dated 12/10/25, indicated to administer Zoloft (an antidepressant medication) 100 mg once a day. An informed consent explaining the risk verses benefits of the prescribed psychotropic medication use, associated black box warnings for the prescribed psychotropic medications, and/or alternative treatment options to the resident's representative could not be found in the electronic health record. During an interview, on 1/7/26 at 12:17 p.m., the DON indicated informed consents would be obtained by the resident or resident representative after receiving a physician's order and before initiating the medication. The facility did not obtain informed consents for Resident 24's prescribed psychotropic medications. During an interview, on 1/7/26 at 1:58 p.m., the DON indicated the facility did not have a policy related to obtaining informed consent but followed the interdisciplinary psychotropic medication new/changed order review guide. A facility document, titled IDT Psychotropic Medication New/Changed Order Review, undated and received from the DON on 1/7/26 at 2:05 p.m., indicated .Any New Or Increase of a psych medication.ex: Antidepressants, Anxiety, Antipsychotic, Mood Stabilizer, Hypnotic, PRN, and medication used to treat a bx [behavior] symptom or mood.Clinical indication for medication use.List non pharmacological interventions attempted prior.Expected benefits from medication use.Potential risks from medication use discussed with resident or resident representative.Black box warning for medication.Discussion of warning held with resident or resident responsible party.Name of resident or responsible party and their response to risk/benefit/alternatives.Informed consent documentation: indication for use.Non Pharmacological interventions attempted (the burden for this is on the IDT, NOT the psych provider! You should have these well documented in the plan of care, and IDT Behavioral Review and the Monthly Behavior Summary.Expected benefits.Potential risks.Resident/RP response. A current facility policy, titled Psychotropic Management, dated as last revised 7/2025 and received from the DON on 1/8/26 at 3:08 p.m., indicated .A psychotropic drug is any drug that affects brain activities associated with mental process and behavior.Anti-psychotics; Anti-depressant; Anti-anxiety; and Hypnotic.Prior to initiating a psychotropic medication, an assessment by the IDT/prescriber will be made of the resident including other potential causes of the behavior; as well as non-pharmacological interventions that have been attempted.The IDT Psychotropic New/Increase Order observation in Matrix should be used for increases or initiation of psychotropic medications.Prescribers should consider the potential risks, benefits and outcomes of psychotropic medications before prescribing.they should consult with the resident/responsible party to review the indication for use potential risks and benefits and respond to questions. 3.1-3(n)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on observation, interview and record review, the facility failed to document a resident's behaviors or distress which required the increase or addition of a psychotropic medication or the non-pharmaceutical interventions used to treat the behaviors for 1 of 5 residents reviewed for unnecessary medications. (Resident 72)Findings include:During an observation, on 1/5/26 at 10:57 a.m., Resident 72 was in bed with her eyes closed and her arm hanging off the bed. During an observation, on 1/5/26 at 2:47 p.m., Resident 72 was in bed with a flat effect and was speaking very slowly. During an observation, on 1/6/26 at 10:05 a.m. and 1:57 p.m., Resident 72 was in her bed with her eyes closed. During an observation, on 1/7/26 at 11:01 a.m. and 2:20 p.m., Resident 72 was asleep in her bed. During an observation, on 1/8/26 at 10:59 a.m., Resident 72 was lying on her side asleep in her bed. During an observation, on 1/9/26 at 10:38 a.m., Resident 72 was slowly ambulating to the bathroom without assistance. The clinical record for Resident 72 was reviewed on 1/7/25 at 12:01 p.m. The diagnoses included, but were not limited to, vascular dementia with anxiety, depressive disorder, anxiety disorder, opioid dependence, chronic pain, severe bipolar disorder with psychotic features, Wernicke's encephalopathy, insomnia, and alcohol dependence in remission. A physician's order, dated 10/16/24, indicated to administer sertraline (an antidepressant medication) 150 milligrams (mg) once a day. A physician's order, dated 12/18/24 and discontinued 5/20/25, indicated to administer Depakote Sprinkles (a seizure medication also used to treat manic episodes related to bipolar disorder) 125 mg twice a day. A physician's order, dated 5/20/25, indicated the Depakote Sprinkles increased to 250 mg twice a day. A physician's note, dated 8/5/25 at 5:37 p.m., indicated Resident 72 and staff denied needs at the time and had no concerns. The resident was walking in the hall with her water bottle to get more ice water. The current prescribed medications include Depakote Sprinkles 125 mg twice a day and 150 mg of sertraline once a day. The note indicated there were no problems with behaviors per the nursing documentation and there was no plan for medication changes or additions. The physician's note did not reflect the increase of the Depakote Sprinkles from 125 mg twice a day to 250 mg twice a day which occurred on 5/20/25. A psychiatric nurse practitioner progress note, dated 8/13/25, indicated Resident 72 was assessed in her room and was resting soundly in bed. She was not easily aroused by name or touch. The staff reported the resident was at her neurocognitive baseline and was not displaying acute changes in mood or worsening depression. The plan was to continue current medications and to plan discontinuation of the Depakote Sprinkles at a future visit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing progress note, dated 8/14/25 at 1:59 p.m., indicated Resident 72 came to the nurses' station multiple times to ask for water, ice, or a soft drink. A nursing progress note, dated 8/15/25 at 10:20 p.m., indicated Resident 72 had no changes in mood or behavior throughout the shift. A nursing progress note, dated 8/17/25 at 11:29 a.m., indicated Resident 72 had shown no signs or symptoms of obsessive-compulsive behavior during the shift and appeared comfortable. A nursing progress note, dated 8/17/25 at 8:37 p.m., indicated Resident 72 had shown no signs or symptoms of obsessive-compulsive behavior during the shift and appeared comfortable. A nursing progress note, dated 8/18/25 at 2:12 p.m., indicated Resident 72 was in her room resting with no new behaviors noted during the shift. A nursing progress note, dated 8/19/25 at 3:07 p.m., indicated Resident 72 was in her room resting with no new behaviors noted during the shift. A nursing progress note, dated 8/21/25 at 12:48 p.m., indicated Resident 72 was at the nurses' station multiple times asking for ice. An interdisciplinary team behavior note, dated 8/22/25 at 1:21 p.m., indicated Resident 72 had been exhibiting repetitive behaviors. The immediate interventions were to offer the resident reminders she had ice in her room and to provide ice as requested. A nursing progress note, dated 8/25/25 at 2:25 p.m., indicated Resident 72 had been given ice during the shift and had not exhibited any signs of repetitive behaviors. A nursing progress note, dated 8/25/25 at 10:28 p.m., indicated Resident 72 was in her room resting with no new behaviors noted this shift. An acute care physician's progress note, dated 8/27/25, indicated the physician did not have any plan to adjust the resident's medications for dementia, bipolar, depression, or anxiety. It did not indicate any increase in behaviors or psychotic symptoms. A physician's order, dated 9/2/25, indicated the Depakote Sprinkles 250 mg was increased from twice a day to three (3) times a day. A physician's order, dated 9/2/25, indicated olanzapine (an atypical antipsychotic medication) 2.5 mg at bedtime was added to Resident 72's medication regimen. The physician's order for sertraline 150 milligrams once a day was changed to 50 mg once a day, on 9/10/25. On 10/7/25, the sertraline was then increased to 100 mg once a day. A psychiatric nurse practitioner progress note, dated 9/16/25, indicated the staff had reported an increase in attention-seeking behaviors. Resident 72 was calm and cooperative, denied depression, anxiety or hallucinations. The resident was now on an antipsychotic medication, olanzapine, which had started before the psychiatric visit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	There were no progress notes, assessments or events documented in the electronic medical record to indicate Resident 72 had displayed psychotic behaviors, dangerous behaviors, hallucinations, delusions, or incidents where the resident was in distress, not redirectable, or warranted the increase of medication or the addition of an antipsychotic medication. During an interview, on 1/8/26 at 11:35 a.m., the Director of Nursing (DON) indicated the facility's procedure was to hold an interdisciplinary team (IDT) meeting with clinical staff and social work to discuss new medications or medication changes. The facility could not provide any further documentation of increased behaviors, or the non-pharmaceutical interventions attempted. During an interview, on 1/7/25 at 9:35 a.m., LPN 15 indicated behaviors were documented in the notes, and the physician should be informed. A current facility policy, titled Psychotropic Management, dated as revised 7/2025 and provided by the DON on 1/8/26 at 3:08 p.m., indicated .A psychotropic drug is any drug that affects brain activities associated with mental process and behavior.Anti-psychotics; Anti-depressant; Anti-anxiety; and Hypnotic .Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition.Prior to initiating a psychotropic medication, an assessment by the IDT/prescriber will be made of the resident including other potential causes of the behavior, as well as non-pharmacological interventions that have been attempted. Symptoms and therapeutic goals must be clearly documented prior to initiating or increasing.Prescribers should consider the potential risks, benefits and outcomes of psychotropic medications before prescribing.they should consult with the resident/responsible party to review the indication for use potential risks and benefits and respond to questions.For antipsychotic medications, diagnoses alone do not.warrant the use.Antipsychotic medications may be indicated if: a. behavioral symptoms present a danger to the resident or others; b. expressions or indications of distress that are significant distress to the resident; c. Non-pharmacological approaches have been attempted, but did not relieve the symptoms which are presenting a danger or significant distress. 3.1-3(w) 3.1-26(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Ombudsman was notified of residents' discharge for 2 of 4 residents reviewed for hospitalization. (Resident 21 and Resident 73)Findings include:The clinical record for Resident 73 was reviewed on 1/6/26 at 9:42 a.m. The diagnoses included, but were not limited to, hypertension, Alzheimer's dementia, and major depressive disorder. The clinical record indicated Resident 73 was discharged to a psychiatric facility on 10/29/25. There was no documentation to indicate the Ombudsman was notified of the transfer/discharge in the clinical record. The list of residents on the transfer/discharge notification to the Ombudsman, for October, November and December 2025, was reviewed on 1/6/26 at 3:50 p.m. Resident 73 was not found to be listed on the documents. 2. The clinical record for Resident 21 was reviewed on 1/7/26 at 11:47 a.m. The diagnoses included, but were not limited to, dementia, syncope and collapse, and hypertension. The clinical record indicated Resident 21 was discharged from the facility to the hospital on 3/7/25 and returned to the facility on 3/10/25. Resident 21 also discharged from the facility to the hospital on [DATE] and returned to the facility on [DATE]. There was no documentation to indicate the Ombudsman was notified of the transfer/discharge in the clinical record. The list of residents on the transfer/discharge notification to the Ombudsman, for September, October, November and December 2025, was reviewed and did not include Resident 21. During an interview, on 1/8/26 at 2:00 p.m., the Executive Director (ED) indicated the list of residents on the monthly discharge summary was every resident's discharge the Ombudsman was notified of. During an interview, on 1/8/26 at 3:45 p.m., Social Service 2 indicated when the Ombudsman was notified of discharges, a discharge summary report was pulled for the month, and the list of residents was populated automatically. Social Service 2 did not add or remove residents from the list and was not sure why the residents were not included in the discharge summary report. A document, titled Family of Social Service Administration, last updated October 2024, indicated .CMS requires nursing facilities to notify the Long-Term Care (LTC) Ombudsman of the majority of residents' transfers and discharges .When a resident is transferred on an emergency basis to an acute care facility and expected to return, the SLTCO must be notified. Information from facilities regarding emergency transfers should be provided in a monthly list to the SLTCO, which should include residents' names, dates of transfer, facilities to which residents were transferred, and reasons for the transfers The facility did not have a policy related to Ombudsman notification. 3.1-12(a)(6)(A)(iv)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a Minimum Data Set (MDS) tracking assessment was transmitted as required for 1 of 1 resident reviewed for MDS. (Resident 12)Findings include:The clinical record for Resident 12 was reviewed on [DATE] at 1:56 p.m. The diagnoses included, but were not limited to, dementia, heart failure, and generalized anxiety.A nursing progress note, dated [DATE], indicated Resident 12 had expired with his family at the bedside.The MDS tracking assessment for the death in the facility was not located in the medical record. During an interview, on [DATE] at 2:18 p.m., MDS Coordinator 1 indicated the assessment for death in the facility needed to be completed in seven days. If the assessment was not completed in seven days, it would be late. The resident should have had the MDS completed by [DATE].During an interview, on [DATE] at 12:18 p.m., the Director of Nursing indicated the facility did not have a policy for MDS. During an interview, on [DATE] at 9:36 a.m., MDS Coordinator 1 indicated the facility used the Resident Assessment Instrument manual for MDS.Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual ([DATE]) was retrieved on [DATE] from Centers for Medicare and Medicaid Services at CMS.gov. The guidance indicated the death in facility tracking record must be completed when the resident died in the facility or when LOA (leave of absence). It must be completed within 7 days after the resident's death, which was recorded in item A2000. It must be submitted within 14 days after the resident's death, which was recorded in item A2000. It may not be combined with any other type of assessment.3.1-31(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview and record review, the facility failed to ensure oxygen was set on the correct liter flow according to the physician's order for 1 of 4 residents reviewed for respiratory care. (Resident 62)Findings include:During an observation, on 1/6/26 at 10:10 a.m., Resident 62 was receiving oxygen, and it was set between 3 and 3.5 liters. During an observation, on 1/7/26 at 9:07 a.m., Resident 62 was receiving oxygen, and it was set on 3 liters. During an interview, on 1/7/26 at 9:10 a.m., Licensed Practical Nurse (LPN) 11 indicated she changed the setting from 3 liters of oxygen to 2 liters of oxygen. It was supposed to be on 2 liters of oxygen according to the physician's order.The clinical record for Resident 62 was reviewed on 1/6/26 at 12:15 p.m. The diagnoses included, but were not limited to, chronic respiratory failure and sleep apnea. A physician's order, dated 10/22/20, indicated to administer 2 liters of oxygen continuously when the resident was not wearing a BiPAP (Bilevel Positive Airway Pressure) machine. A care plan, dated 10/22/20, indicated the resident had the potential for impaired gas exchange and to administer oxygen at 2 liters as ordered. A vitals tab located in the electronic medical record indicated Resident 62 had the following oxygen documentation:On 12/10/25, 3 liters were administered.On 12/11/25, 3 liters were administered.On 12/12/25, 3 liters were administered.On 12/15/25, 3 liters were administered.On 12/24/25, 3 liters were administered.On 12/26/25, 3 liters were administered.During an interview, on 1/7/26 at 9:11 a.m., the Assistant Director of Nursing (ADON) indicated Resident 62 was supposed to be administered 2 liters of oxygen according to the physician's order.During an interview, on 1/7/26 at 12:17 p.m., the Director of Nursing (DON) indicated the facility used the medication administration policy for their oxygen policy.A current facility policy, titled Medication Administration (Medication Pass Procedure), dated as last revised on 4/2025 and received from the Director of Nursing on 1/7/26 at 12:17 p.m., indicated .The 5 rights of medication performed: Right Resident, Right Medication, Right Dose, Right Route, Right Time 3.1-47(a)(6)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure medication carts were free from loose pills, medications contained pharmacy labels, opened medications were labeled with the date the medication was opened, unopened medications which required refrigeration were stored properly, expired medications were not stored in the medication cart, and damaged medication packaging was not secured with tape for 2 of 2 medication carts reviewed for medication labeling and storage. (Willow Bend 2/Moving Forward cart and Augustes Cottage CB cart)Findings include:1. During an observation, on 1/8/26 at 10:03 a.m., the [NAME] Bend 2/Moving Forward medication cart had the following:a. Breztri Aerosphere inhalation (an aerosol respiratory inhaler) with 25 of 28 administrations remaining did not contain a pharmacy label, was not in the medication packaging, and was missing an open date.b. Latanoprost eye drops with instructions to keep the medication refrigerated until it was opened did not have an open date and the sealed medication cap was still present on the bottle.c. An opened haloperidol (an antipsychotic medication) 2 mg/ml (milligram per milliliter) bottle with no open date.d. An opened bottle of nitroglycerin (a medication used for chest pain) with no open date and without a pharmacy label.e. Bisacodyl 5 mg tablets with 26 of 33 doses remaining expired on 10/1/25.f. Fluticasone nasal spray was opened and missing an open date.g. Saline mist nasal spray was opened and was missing an open date.h. Azelastine nasal spray was opened and was missing an open date.i. In the bottom left drawer, there were 3 loose pills.j. Lispro (insulin) with an open date of 1/6/26. The medication seal cap was still present on the bottle with instructions to keep the medication refrigerated until it was opened.k. In the narcotic lock box, there were 3 medication cups with medications present in the cups. Written on medication cup 1 was a room number, written on medication cup 2 were initials, and there was no writing on medication cup 3. A blister pack of PRN (as needed) hydrocodone-acetaminophen (a controlled medication to control pain) was damaged and pocket 6 with the dose present was secured closed with clear tape.l. Sucralfate (a medication for ulcers) 1gm/10ml (gram per milliliter) and with 9 ml remaining was missing an open date.During an interview, on 1/8/26 at 10:16 a.m., LPN (Licensed Practical Nurse) 15 indicated the latanoprost eye drops were delivered on 1/6/26 during the night shift. The medication bottle had a second lid under the seal cap, and she was not sure if the bottle had been opened because the seal cap could be snapped back into place. The medication would be refrigerated until it was opened, and the bottle did not have an open date. LPN 15 was observed to write the date 1/8/26 on the bottle during the interview with the surveyor.In the same medication drawer, a second bottle of latanoprost for the same resident had the seal cap removed from the bottle was dated to have been opened on 1/8/26.During an interview, on 1/8/26 at 10:42 a.m., the ADON (Assistant Director of Nursing) indicated the 3 medication cups with medications present should not have been stored in the cart, expired medications were to be pulled out of the medication carts, unopened medications with instructions to be kept refrigerated would be stored per the instructions on the medication bottle, and when a nurse opened a new medication for administration they would write the date the medication was opened.During an interview, on 1/8/26 at 11:09 a.m., RN (Registered Nurse) 17 indicated the 3 medication cups were in the narcotic lock box because the residents were not in their rooms when she attempted to administer the medications.2. During an observation, on 1/8/26 at 11:29 a.m., Augustes Cottage CB medication cart had the following:a. In the bottom left drawer, there were 2 loose pills.b. In the narcotic lock box, a blister pack of lorazepam (a controlled medication for anxiety) contained clear tape on pocket 15, and the medication was not present in the pocket. A blister pack of tramadol (a controlled medication to control pain) contained clear tape on pocket 7, and the medication was not present in the pocket.During an interview, on 1/8/26 at 11:34 a.m., QMA (Qualified Medication Aide) 20 indicated he did not put the tape on the back of the blister packs, and the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications should have been disposed of.During an interview, on 1/9/26 at 11:02 a.m., the DON (Director of Nursing) indicated the facility followed their medication pass procedure and the facility did not have a policy for medication administration.A document, titled Medication Administration (Medication Pass Procedure), dated as last revised 4/2025 and received from the DON on 1/9/26 at 10:36 a.m., indicated .Procedure for all medications.Medications are not administered if the prescription label is missing.Medications administered are not expired. Medications with shortened expiration dates (e.g., insulin, eye drops) have date opened on the medication or label.A current facility policy, titled Medication Storage and Expiration Policy, dated 11/2024 and received from the DON on 1/8/26 at 3:07 p.m., indicated .The facility should store medications and monitor expiration dates of medications consistent with applicable state and federal laws and regulations.Once any medication is opened, the facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications.Facility staff should record the date opened on the primary medication container (vial, bottle inhaler) when the medication as a shortened expiration date once opened.Expired medications should be stored separately from other medications until destroyed or returned.Facility staff may record the calculated expiration date based on date opened on the primary medication container.When an ophthalmic solution or suspension has a manufacturer shortened beyond the use date once opened, facility staff should record the date open.Facility should destroy and reorder medications with soiled, illegible, worn, makeshift, incomplete, damaged, or missing labels or cautionary instructions.Medications should be stored in accordance with manufacturers' recommendations.Medications for each resident should be stored in the containers in which they were originally received.Medications that are expired, discontinued.should be stored separately, away from use, until destroyed or returned to the provider.Effect of Non-Compliance: May result in receipt of a federal deficiency.3.1-25(j)3.1-25(k)(1)3.1-25(k)(2)3.1-25(k)(3)3.1-25(k)(4)3.1-25(k)(5)3.1-25(k)(6)3.1-25(k)(7)3.1-25(o)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155149	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harcourt Terrace Nursing and Rehabilitation	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure furnishings remained in a safe and homelike condition in 1 of 1 dining room observed for environment. (Men's Memory Care Unit)Findings include:During an observation, on 1/5/26 at 11:58 a.m., a dining table placed in front of the nursing station and close to the window was observed to have approximately one quarter of the laminate coating torn off which exposed a composite board surface. A male resident was seated at the spot where the cover was missing and was running his hand on the loose material. There was no debris around the resident to indicate he had removed the table laminate.During an observation, on 1/6/26 at 12:11 p.m., the table was observed in use and in the same condition.During an interview, on 1/7/26 at 8:26 a.m., LPN 9 indicated she was not sure if the table had been reported to maintenance.During an interview, on 1/7/26 at 8:27 a.m., LPN 19 indicated she would put another maintenance request in for the table and the tabletop was peeled off last night (1/6/26).During an observation and interview, on 1/7/26 at 8:40 a.m., Maintenance Supervisor 14 examined the torn tabletop and indicated he was not aware of the concern until this morning. He indicated there could be potential for cuts depending on how someone moved their hand across the table. During an interview, on 1/7/26 at 2:05 p.m., the Director of Nursing indicated the facility did not have a policy on maintaining furnishings or a homelike environment. A current facility document, titled Maintenance Supervisor, updated 12/2014 and received from the Director of Nursing on 1/7/26 at 2:05 p.m., indicated .The Maintenance Supervisor is responsible for providing maintenance services to create a safe, sanitary, and homelike environment for residents, staff and the public 3.1-19(f)(5)