

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2026
NAME OF PROVIDER OR SUPPLIER  Hillcrest Village		STREET ADDRESS, CITY, STATE, ZIP CODE  203 Sparks Ave Jeffersonville, IN 47130	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, interview and record review, the facility failed to ensure staff to resident abuse did not occur for 1 of 3 residents reviewed for abuse. (Resident B) Findings include: The clinical record for Resident B was reviewed on 2/5/26 at 11:50 a.m. The resident's diagnoses included, but were not limited to, traumatic brain injury (brain injury that was caused by an outside force), anoxic brain damage (loss of oxygen supply, causing brain cells to die within minutes, leading to severe cognitive, physical, and emotional impairments), schizophrenia (a chronic, severe brain disorder that affects how a person thinks, feels, and acts) and quadriplegia (paralysis affecting all four limbs). During an observation, on 2/5/26 at 11:02 a.m., the resident was observed resting in his reclining high back wheelchair. He was well groomed with no visible injuries to the facial area. The incident report, dated 12/23/25, indicated it was reported to the Executive Director (ED) that Certified Nursing Assistant (CNA) 6 made contact with Resident B while providing care. The Wound Management Detail Report, dated 12/23/25, indicated the following assessments for Resident B: -Right forehead scratch that measured 2 cm (centimeters) in length with a width of 0.1 cm and no depth-Right eyebrow scratch that measured 0.1 cm in length with a width of 0.5 cm and no depth-Swollen area of the right top lip that measured 0.3 cm in length with a width of 1.8 cm and no depth During a telephone interview, on 2/5/26 at 11:29 a.m., CNA 6 indicated on 12/23/25 she was sitting at the desk charting when Resident B was brought out of the dining room. CNA 6 asked CNA 7 to assist her with lying Resident B down. During the process, Resident B punched her in the face. Resident B spit on her 4 times and the spit went in her mouth. CNA 6 then smacked Resident B on the right side of the face. After that, she (CNA 6) exited the room and self-reported the incident to the ED. CNA 6 was just mad at Resident B for hitting and spitting on them and hit the resident. During a telephone interview, on 2/5/26 at 12:00 p.m., CNA 7 indicated on 12/23/25 she assisted CNA 6 with transferring Resident B to his bed. Resident B cursed CNA 6, called her a h*e and a dirty h*e. That must have triggered CNA 6. CNA 6 went up to Resident B and smacked him multiple times with an open hand on the right side of his face. Before CNA 7 could get around the bed to intervene, Resident B spit on CNA 6, at which time, CNA 6 hit the resident again, in the mouth, with an open hand. It all happened within seconds. After that, CNA 6 left the room. During a telephone interview, on 2/5/26 at 2:25 p.m., the Unit Manager indicated she assessed Resident B after the incident. The resident had a scratch to his forehead, a scratch by his right brown and his upper lip was swollen and discolored. On 2/5/26 at 10:46 a.m., the ED provided a current copy of the document titled Abuse Prohibition, Reporting, and Investigation dated June 2023. It included, but was not limited to, Policy. It is the policy to provide each resident with an environment that is free from abuse. This includes physical abuse. Definitions. Willful means the individual must have acted deliberately. Abuse. Physical Abuse. A willful act against a resident by another staff member. Examples may include but not be limited to hitting, slapping. The Past noncompliance began on 12/23/25. The deficient practice was corrected by 12/24/25</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>after the facility implemented a systemic plan that included the following actions: Resident interviews were completed with no other allegations of abuse (12/24/25); Staff interviews were completed with no other allegations of abuse (12/24/25); All staff were educated on the abuse policy and care of dementia residents with behaviors which is ongoing (12/24/25); Skin sweeps were completed for residents unable to be interview with no abnormal findings (12/24/25); All employee files were reviewed to ensure abuse in service was provided upon hire (12/24/25); Emergency Resident Council Meeting held to identify concerns and educate on abuse and reporting (12/24/25); All staff were educated related to working with residents with behaviors which is ongoing (12/24/25); Staff were educated on working with residents who had experienced a traumatic brain injury (12/24/25).This Citation relates to Intake 27008753.1-27(a)(1)</p>		