STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155203	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Village	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)
F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care by qualified persons according to each resident's written plan of care. Based on interview and record review, the facility failed to ensure qualified medications aides practiced within the scope of practice for 3 of 4 residents reviewed for qualified personnel. (Residents D, E and F) Findings include: 1.The clinical record for Resident D was reviewed on 4/13/26 at 1:55 p.m. The resident's diagnoses included, but were not limited to, rheumatoid arthritis (autoimmune disease where the immune system mistakenly attacks the lining of joints causing painful inflammation, swelling and potential joint deformity); chronic pain and osteoarthritis (joint disease, characterized by the progressive breakdown of articular cartilage). The physician's order, dated 2/24/26, indicated the resident was to received Oxycodone (narcotic pain medication) 5 mg (milligrams) every 4 hours as needed (PRN) for pain. The March 2026 controlled substance record and the March 2026 medication administration record, indicated on 3/18/26 at 9:16 a.m., Qualified Medication Aide (QMA) 9 administered the prn narcotic pain medication to the resident. The clinical record lacked documentation of a licensed nurse initials on the controlled substance record, a documented assessment of the resident by the licensed nurse and permission granted prior to administration of the narcotic pain medication. On 4/14/26 at 11:39 a.m., during an interview with Licensed Practical Nurse (LPN) 12, she indicated when the QMA's reports requested as needed pain medication, the licensed nurse assesses the resident prior to the administration and documents the assessment on the medication administration record and signs off on the controlled substance record with the QMA. 2. The clinical record for Resident E was reviewed on 4/14/26 at 10:42 a.m. The resident's diagnosis included, but was not limited to, a sacrum stage 4 pressure ulcer (a severe, full-thickness wound with exposed muscle, tendon, or bone, often accompanied by necrotic tissue, black dead skin, and deep tissue destruction). The physician's order, dated 12/3/25, indicated staff were to cleanse the resident's sacrum/coccyx wound with normal saline, pack the wound with Dakin's (used for debridement) soaked/fluffed 4 by 4 gauze, cover with an abdominal pain (ADB) and secure with tape twice a day on each shift. Review of the April 2026 treatment administration record (TAR) indicated the following:-On 4/03/26, night shift, from 7:00 p.m. - 7:00 a.m., QMA 10 signed off the TAR as completing the stage 4 treatment to the sacrum The physician's order, dated 8/14/25, indicated nursing staff were to monitor the resident's sacrum wound for signs and symptoms of infection and/or decline. Review of the April 2026 TAR indicated the following:-On 4/09/26, day shift, from 7:00 a.m. to 7:00 p.m., QMA 11 signed off the TAR as completing the monitoring of the resident's Stage 4 wound on the sacrum. 3. The clinical record for Resident F was reviewed on 4/14/26 at 11:18 a.m. The resident's diagnoses included, but were not limited to, diabetes and major depression. The physician's order, dated 3/27/26, indicated the resident was to receive Hydrocodone-Acetaminophen (narcotic pain medication) 5-325 mg every 8 hours as needed for pain. The April 2026 controlled substance record and April 2026 medication administration record indicated on 4/3/26 at 2:27 p.m., the resident was administered the as needed narcotic pain medication by QMA 9. The clinical record lacked documentation of a licensed nurse initials on the controlled substance record, a documented assessment of the resident by the licensed nurse and permission granted prior to administration of the narcotic pain medication. During an interview, on 4/14/26 at 12:46 p.m., QMA 9 indicated licensed nurses assesses the residents prior to the administration of any as needed medication. The licensed (continued on next page)

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
	155203	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Village	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)
F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nurse then gives permission to the QMA's to administer. The QMA's could not sign off on the treatment administration record for any wound/pressure ulcer higher than a stage 1 (early, reversible injury characterized by intact, non-blanchable redness which is not an open wound). The QMA Scope of Practice that indicated .Administer previously ordered .(PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call. If authorization is obtained, the QMA must do the following: .Document in the resident resident record that the facility's licensed nurse was contacted, symptoms were described, and permission was granted to administer the medication, including the time of contact .Ensure that the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift, or if the nurse was on call, by the end of the nurse's next tour of duty .Apply topical medication to minor skin conditions .stage one decubitus ulcer On 4/14/26 at 12:40 p.m., the Director of Nursing provided a current copy of the document titled QMA Parameters and Scope of Practice dated 11/2025. It included, but was not limited to, Can QMA perform? .Yes/No.Assess a resident's condition.No.Administer previously ordered PRN medication, only if authorization is obtained from the licensed nurse on duty or on call. If authorization is obtained, the QMA must perform the following.Document in the resident record that the licensed nurse was contacted, symptoms were described, and permission was granted to administer the medication, including the time of contact.Ensure the resident's record is co-signed by the licensed nurse who gave permission by the end of the nurse's shift, or if the nurse was on call, by the end of the nurse's next tour of duty.Yes.Administer a treatment that involves advanced skin conditions, including Stage II, III and IV pressure ulcers.No. 410 IAC (Indiana Authorization Code) 16.2-3.1-35(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155203	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Village	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to ensure a resident's (Resident D) blood pressure medication was held when the blood pressure was out of parameter for 1 of 5 residents reviewed for quality of care. Findings include:The clinical record for Resident D was reviewed on 4/13/26 at 1:55 p.m. The resident's diagnosis included, but was not limited to, hypotension (low blood pressure).The physician's order, dated 3/3/26, indicated the resident was to receive Midodrine (medication used to raise blood pressure) 5 mg (milligrams) three times a day at 7:00 a.m., 11:00 a.m. and 4:00 p.m. The medication was to be held with a systolic blood pressure (maximum pressure in your arteries when the heart contracts and pumps blood) greater than 140. The March 2026 medication administration record indicated the resident received the Midodrine medication on the following dates and times:-On 3/05/26 at 11:00 a.m., the resident received the Midodrine with a systolic blood pressure of 157.-On 3/11/26 at 11:00 a.m., the resident received the Midodrine with a systolic blood pressure of 150. During an interview, on 4/14/26 at 11:39 a.m., Licensed Practical Nurse 12 indicated blood pressure medications should not be administered if not within the parameters ordered by the physician. On 4/14/26 at 2:34 p.m., the Director of Nursing indicated the facility did not have a policy related to medication parameters. This Citation relates to Intake 2974549 410 IAC (Indiana Authorization Code) 16.2-3.1-37

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155203	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Village	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on interview and record review, the facility failed to ensure wound treatments were completed, as ordered by the physician (Resident C and Resident D) and failed to ensure the treatment administration record reflected the completion of wound treatments (Resident C, Resident D and Resident E) for 3 of 4 residents reviewed for pressure ulcers. Findings include:1. The clinical record for Resident C was reviewed on 4/13/26 at 11:06 a.m. The resident's diagnosis included, but was not limited to, Stage 4 pressure ulcer (severe, full-thickness wound with exposed muscle, tendon or bone, often accompanied by necrotic tissue, black, dead skin and deep tissue destruction) of the sacral region. The physician's order, dated 3/30/26, indicated staff were to cleanse the resident's sacral wound with normal saline, pat dry, apply bacitracin, pack the wound with Dakin's (debridement solution) moistened gauze, skin prep the peri wound and cover with a bordered dressing (multi-layered sterile, and absorbent dressing) every shift. The anonymous complaint, during the survey process, indicated Resident C had requested multiple times on night shift to have his treatment completed by Registered Nurse (RN) 8. RN 8 never completed Resident C's treatment. Review of the April 2026 treatment administration record (TAR) indicated the resident's wound treatment had been completed on 4/2/26 by the night shift staff (RN 8). During an interview, on 4/13/26 at 12:12 p.m., Certified Nursing Assistant (CNA) 5 indicated on or around 4/3/26, Resident C reported that his wound care was not completed the night before. The CNA indicated the resident was very upset. CNA 5 reported Resident C's concern to Registered Nurse (RN) 4. During an interview, on 4/13/26 at 1:46 p.m., RN 4 indicated it was reported to her that Resident C's treatment had not been completed on the night shift as prescribed. RN 4 spoke with Resident C who was visibly upset. When RN 4 went to complete the treatment for day shift, on 4/3/26, she removed the treatment that had been completed on day shift (4/2/26) the previous day. RN 8 had signed that she had completed the treatment on the TAR for night shift, but had not because the dressing RN 4 had removed was initialed from the day shift nurse on 4/2/26. During an interview, on 4/14/26 at 11:39 a.m., Licensed Practical Nurse (LPN) 12 indicated that when the nurse's completed a resident's wound treatment, it was to be signed off by the nurse that completed the treatment. 2. The clinical record for Resident D was reviewed on 4/13/26 at 1:55 p.m. The resident's diagnoses included, but were not limited to, chronic non-pressure ulcer of the left heel and mid-foot and a Stage 4 pressure ulcer to the left buttock. The physician's order, dated 2/26/26, indicated staff were to paint the resident's left heel wound with betadine, allow to dry and cover with heel Optifoam (absorbent, polyurethane foam wound dressing designed to manage drainage, maintain a moist wound environment) every shift. Review of the March 2026 TAR lacked documentation the resident's wound treatment was completed on night shift, 3/5/26 and on day shift, 3/18/26. The physician's order, dated 4/8/26, indicated staff were to cleanse the resident's wound to the left buttock with wound cleanse, pat the wound dry, pack the wound with normal saline moistened gauze, skin prep the peri wound and cover with bordered dressing every shift. During an interview, on 4/13/26 at 9:44 a.m., Resident D indicated his wound treatment on his bottom was not completed on night shift, 4/12/26. During an interview, on 4/13/26 at 12:10 p.m., CNA 6 indicated Resident D reported that his wound treatment was not completed last night, 4/12/26. She reported the concern to RN 4. During an interview, on 4/13/26 at 1:46 p.m., RN 4 indicated it was reported to her that Resident D's treatments were not completed on night shift, 4/12/26. Resident D and his family member reported the wound treatments were not completed. When RN 4 went to complete the resident's wound treatment and she removed the treatment completed by the day shift nurse on 4/12/26 and not a wound dressing initialed by the night shift nurse (RN 8). Review of the April 2026 TAR indicated the resident's wound treatment had been completed on night shift, 4/12/26, by RN 8. 3. The clinical record for Resident E was reviewed on 4/14/26 at 10:42 a.m. The resident's diagnosis included, but was not limited to, Stage 4 pressure ulcer to the coccyx/sacral region. The physician's order, dated 12/3/25, indicated staff were to cleanse the resident's coccyx wound with (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155203	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Village	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	normal saline, skin prep the peri wound, pack with wound with Dakin's (a diluted solution used as a topical antiseptic to clean and treat infected skin wounds) soaked and fluffed 4 by 4 gauze, cover with an abdominal pad (ABD) and secure with tape every shift. Review of the March 2026 and April 2026 TAR lacked documentation of the completion of the resident's wound treatment on the follow dates and shifts: 3/17/26 on night shift; 3/25/26 on night shift; 4/09/26 on day shift; and 4/10/26 on night shift This Citation relates to Intake 2974549 410 IAC (Indiana Authorization Code) 16.2-3/1-40(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155203	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Village	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to ensure medication administration records reflected the administration of narcotic pain medication (Residents C, D, E and F) for 4 of 5 residents reviewed for medical records. Findings include: 1. The clinical record for Resident C was reviewed on 4/13/26 at 11:06 a.m. The resident's diagnoses included, but were not limited to, osteomyelitis (bone infection) of the vertebra and necrotizing fasciitis (rapidly progressing bacteria infection). The physician's order, dated 3/24/26, indicated the resident was to receive Oxycodone-Acetaminophen (narcotic pain medication) 5-325 mg (milligrams) every 4 hours as needed for pain. Review of the March 2026 and April 2026 controlled substance record indicated the medication was administered on the following dates and times:-3/25/26 at 10:00 p.m.-3/27/26 at 7:00 a.m.-3/27/26 at 4:50 p.m.-3/28/26 at 11:00 a.m. and 4:00 p.m.-3/29/26 at 9:15 a.m. and 3:00 p.m.-3/31/26 at 1:00 a.m.-4/02/26 at 8:00 a.m.-4/3/26 at 8:00 a.m., 12:00 p.m. and 6:00 p.m. The March 2026 and April 2026 medication administration record (MAR) lacked documentation of the administration of the narcotic pain medication. During an interview, on 4/14/26 at 11:39 a.m., Licensed Practical Nurse (LPN) 12 indicated any narcotic medication should be signed off on the controlled substance record and the MAR. 2. The clinical record for Resident D was reviewed on 4/13/26 at 1:55 p.m. The resident's diagnoses included, but were not limited to, rheumatoid arthritis (autoimmune disease where the immune system mistakenly attacks the joints and lining, causing painful inflammation) and chronic pain syndrome (a condition where pain lasts for more than 3 to 6 months). The physician's order, dated 2/24/26, indicated the resident was to receive Oxycodone (narcotic pain medication), 5 mg, every 4 hours as needed for pain. Review of the March 2026 controlled substance record indicated the resident received the Oxycodone medication on the following dates and times:-3/14/26 at 9:00 p.m.-3/18/26 at 8:00 p.m.-3/19/26 at 8:29 a.m. and 8:00 p.m.-3/20/26 at 1:00 a.m., 8:00 a.m. and 8:00 p.m. The March 2026 MAR lacked documentation of the administration of the above listed Oxycodone medication. 3. The clinical record for Resident E was reviewed on 4/14/26 at 10:42 a.m. The resident's diagnosis included, but was not limited to, multiple sclerosis (autoimmune disease of the central nervous system where the immune system attacks the protective sheath surrounding nerves) and generalized anxiety. The physician's order, dated 7/1/25, indicated the resident was to receive Oxycodone-Acetaminophen, 10-325 mg, every 4 hours at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. The March 2026 MAR lacked documentation of the administration of the narcotic pain medication on 3/16/26 at 8:00 a.m., 3/18/26 at 8:00 a.m. and 3/19/26 at 8:00 p.m. The physician's order, dated 7/13/25, indicated the resident was to receive Lorazepam (narcotic anti-anxiety medication), 0.5 mg, twice daily at 5:00 a.m. and 5:00 p.m. The March 2026 MAR lacked documentation of the administration of the Lorazepam medication on 3/9/26 at 5:00 p.m. and 3/18/26 at 5:00 a.m. 4. The clinical record for Resident F was reviewed on 4/14/26 at 11:18 a.m. The resident's diagnoses included, but was not limited to, diabetes, depression and peripheral vascular disease (progressive circulation disorder involving narrowing, blockage, or spasms of blood vessels, most commonly affecting the legs and feet). The physician's order, dated 3/27/26, indicated the resident was to receive Hydrocodone-Acetaminophen (narcotic pain medication), 5-325 mg, every 8 hours as needed for pain. The April 2026 controlled substance record indicated the resident received the Hydrocodone-Acetaminophen medication on the following dates and times:-4/01/26 at 9:00 p.m.-4/02/26 at 8:30 p.m.-4/03/26 at 9:00 p.m.-4/06/26 at 2:10 a.m.-4/08/26 at 1:00 a.m. and 9:00 p.m.-4/09/26 at 3:15 a.m. and 9:00 p.m.-4/10/26 at 8:15 p.m.-4/11/26 at 11:55 p.m. The April 2026 MAR lacked documentation of the administration of the Hydrocodone-Acetaminophen medication. On 4/14/26 at 1:01 p.m., the Executive Director provided a current copy of the document titled Medication Administration dated 4/25. It included, but was not limited to, Procedure Steps.Medication Administration will be recorded on the EMAR after given. This Citation relates to Intake 2974549 410 IAC (Indiana Authorization Code) 16.2-3.1-50(a)(2)