STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155241	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Creek Village	525 E Thompson Rd Indianapolis, IN 46227

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 44849 Based on observation, interview, and record review, the facility failed to ensure self-administration medication assessments were complete for 1 of 1 residents observed with medications at the bedside. (Resident E). Findings include: On 3/14/25 at 8:09 a.m., observed a small purple pill, a small white pill, and a yellow capsule sitting inside a small plastic medication cup on Resident E's bedside table. There was no staff in Resident E's room. During an interview on 3/14/25 at 8:25 a.m., LPN 1 indicated the three pills that were left in the plastic cup on Resident E's bedside table should not have been left in his room. On 3/14/25 at 9:29 a.m. Resident E's clinical record was reviewed. The diagnoses included, but were not limited to, diabetes and thyroid disorder. The clinical record lacked a self-administration medication assessment. On 3/14/25 at 12:10 p.m., the DON indicated Resident E did not have a self-administration medication assessment and the medications should not have been left at the bedside. On 3/14/25 at 9:15 a.m., the Director of Nursing (DON) provided a copy of a facility policy, titled Medication Storage and Expiration Policy, dated 11/2024, and indicated this was the current policy used by the facility. A review of the policy indicated medication should be stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors. This citation relates to Complaint IN00455414. 3.1-11(a)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 44849 Based on observation, interview, and record review, the facility failed to ensure residents were free of a medication error rate greater than 5 percent for 4 of 25 opportunities, resulting in a medication error rate of 16 percent. Resident B , Resident C) Findings include: 1. On 3/14/25 at 7:23 a.m., observed RN 1 administer Wixela 250/50 micrograms (mcg) (prescription metered dose inhaler used to treat asthma and chronic obstructive pulmonary disease) and Incruse Ellipta 62.5 mcg (prescription metered dose inhaler used to treat chronic obstructive pulmonary disease) to Resident B. RN 1 did not ask Resident B to rinse her mouth with water and spit the water out before RN 1 left Resident B's room. At that time, RN 1 indicated he had finished administering Resident B's medications. RN 1 didn't need to have Resident B rinse her mouth and spit after he administered Wixela nor Incruse. The instructions for use for Wixela 250/50 mcg were reviewed on 3/14/25 at 9:00 a.m. A review of the instructions indicated rinse mouth with water after breathing in the medicine. Spit out the water. Do not swallow. On 3/14/25 at 11:52 a.m., the Director of Nursing (DON) provided a copy of a skills competency, titled Meter Dose Inhaler Delivery, dated 9/2023, and indicated this was the current skills competency used by the facility. A review of the skills competency indicated once the medication is administered, have the resident wash their mouth out with water or mouthwash and spit it out. 2. On 3/14/25 at 7:45 a.m., observed RN 1 administer 34 units of Lantus Solostar 100 units/ml (milliliter) (prescription long acting insulin administered from an insulin pen) and 21 units of Humalog KwikPen 200 units/ml (prescription fast acting insulin administered from an insulin pen) to Resident C without priming either insulin pen. At that time, RN 1 indicated he did not need to prime the Lantus Solostar insulin pen nor the Humalog KwikPen before administering the insulin. The instructions for use of Lantus Solostar were reviewed on 3/14/25 at 9:09 a.m. A review of the instructions indicated dial a test dose of two units then press the injection button all the way in and check to see that insulin comes out of the needle. The instruction for use of Humalog KwikPen were reviewed on 3/14/25 at 9:10 a.m. A review of the instructions indicated prime before each injection. Priming the pen means removing the air from the needle and cartridge. If the pen is not primed the resident may receive too much or too little insulin. On 3/14/25 at 9:15 a.m., the DON provided a copy of a skills competency, titled Insulin Pen Administration, dated 10/2019, and indicated this was the current skills competency used by the facility. A review of the competency indicated prime the pen by dialing two units and push the end of the pen to push out the two units. A small drop of insulin should be visible. If insulin does not appear, repeat. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This citation relates to Complaint IN00455414. 3.1-48(c)(1)

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(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. 44849 Based on observation, interview, and record review the facility failed to ensure medications were dated when opened for 1 of 3 medication carts reviewed for medication storage. (200 Hall Medication Cart) Findings include: On 3/14/25 at 7:23 a.m., observed Wixela 250/50 mcg (micrograms) (prescription inhaler used for chronic obstructive pulmonary disease) sitting inside a clear baggy in the top drawer of the 200 hall medication cart. The label on the Wixela inhaler indicated Resident B, 60 doses were filled, on 1/22/25, and 47 doses remained. There was no opened date written anywhere on the inhaler package nor the inhaler itself. A Lantus Solostar 100 unit/ml (milliliter) insulin pen was observed sitting in the top drawer of the medication cart. The seal was broken on the Lantus Solostar insulin pen. There was no opened date written anywhere on the Lantus Solostar label nor on the insulin pen itself. During an interview on 3/14/25 at 7:47 a.m., RN (Registered Nurse) 1 indicated the Lantus Solostar insulin pen and the Wixela inhaler should have been dated when they were opened. On 3/14/25 at 9:15 a.m., the Director of Nursing provided a copy of a facility policy, titled Medication Storage and Expiration Policy, dated 11/2024, and indicated this was the current policy used by the facility. A review of the policy indicated the date opened should be documented on the primary medication container (vial, bottle, inhaler) when the medication had a shortened expiration date once opened. This citation relates to Complaint IN00455414. 3.1-25(j)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 44849 Based on observation, interview, and record review, the facility failed to implement infection control practices for 1 of 1 random observations. Staff did not perform hand hygiene prior to putting on and taking off gloves and did not remove gloves prior to exiting the room. (Resident D, LPN 1) Findings include: On 3/14/25 at 7:58 a.m., observed LPN (Licensed Practical Nurse) 1 walk into Resident D's room holding two insulin pens. LPN 1 told Resident D she was going to administer his insulin. LPN 1 put on a pair of clean gloves and administered the insulin to Resident D. No hand hygiene was observed. Then LPN 1 walked out of Resident D's room and removed the dirty gloves. At that time, LPN 1 indicated she should have performed hand hygiene before she put on the gloves and after she removed the gloves. LPN 1 should have removed the gloves before she left Resident D's room. On 3/14/25 at 9:15 a.m., the Director of Nursing (DON) provided a copy of a skills competency, titled Insulin Pen Administration, dated 10/2019, and indicated this was the current skills competency used by the facility. A review of the competency indicated 4. perform hand hygiene, 5. explain procedure, 6. put on gloves, 21. remove gloves and perform hand hygiene. On 3/14/25 at 9:15 a.m., the DON provided a copy of a facility policy, titled Infection Prevention and Control Program Policy, dated 5/2023, and indicated this was the current policy used by the facility. A review of the policy indicated prevention of the spread of infections is accomplished by the core principles of infection control including, but not limited to, hand hygiene and standard precautions. This citation relates to Complaint IN00455414. 3.1-18(b)(1)