

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER Forest Creek Village		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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 interview and record review, the facility failed to protect a resident's right to be free from mental abuse when a staff member took a picture of a cognitively impaired resident and posted the picture on a social media website for 1 of 3 residents reviewed for abuse. (Resident B, Activity Assistant) Findings include: On 12/16/25 at 8:48 a.m., the Administrator provided a copy of a facility reportable incident, dated 11/26/25 at 9:21 p.m. A review of the reportable incident indicated Resident B's picture had been posted online by an activity assistant that worked in the facility. During an interview on 12/16/25 at 10:40 a.m., the Administrator indicated an Activity Assistant posted a picture of Resident B online. The Activity Assistant was terminated because she violated a facility policy. The clinical record for Resident B was reviewed on 12/16/25 at 10:42 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, delusional disorder, and cognitive communication deficit. Resident B was severely cognitively impaired and resided on the secured memory care unit. On 12/16/25 at 10:55 a.m., the Administrator provided a copy of the facility's investigation that occurred when she was made aware of Resident B's picture that had been posted online. The facility investigation included the following:- A copy of the picture that showed Resident B sitting up in her wheelchair holding a baby doll. Resident B was staring at the camera but did not have a smile on her face in the picture. There was a caption on the middle of the picture that indicated her an [sic] this f***** baby this baby not real.-An employee communication form, dated 12/1/25, indicated the Activity Assistant posted a picture of Resident B on a social media website without authorization from the family and facility. The Activity Assistant was terminated because she violated the facilities Health Insurance Portability and Accountability Act (HIPAA) and confidential information policies. On 12/16/25 at 8:48 a.m., the Administrator provided a copy of a facility policy, dated 2/2010, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to provide an environment free of mental abuse. This deficient practice was corrected on 11/28/25 after the facility implemented a systemic plan of correction that included the following actions: all staff were educated on the use of cell phones and the prohibition of taking pictures, with ongoing monitoring. This citation relates to Intake 2682367.3.1-27(a)(1)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155241
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