

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  01/30/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>35099</p> <p>Based on observation, interview, and record review, the facility failed to ensure potentially hazardous materials were kept secure behind locked doors to prevent resident's access to the materials for 2 of 2 observations.</p> <p>Finding included:</p> <p>On 1/27/25 at 9:05 a.m., observed the door to the Soiled Utility Room on the west hall across from the laundry room to be unlocked with no staff in the immediate area. In the room, four full sharps containers were observed. One sharps container was not secured and was lying on its side with used needles exposed.</p> <p>During an interview on 1/27/25 at 9:10 a.m., the Maintenance Director indicated that the door to the Soiled Utility Room was supposed to be locked.</p> <p>During an observation on 1/27/25 at 10:00 a.m., the door to Soiled Utility Room was observed to be unlocked with no staff in the area.</p> <p>During an interview on 1/27/25 at 10:11 a.m., Director of Nursing (DON), indicated that the door was supposed to be locked.</p> <p>On 1/27/25 at 10:52 a.m., the DON provided, a copy of American Senior Communities Policy title: Bloodborne Pathogens Exposure Control Plan (ECP), revised date of, 12/2023, and indicated it was the current document in use by the facility. A review of the Policy documented, . The facility will provide a safe and healthy work environment for all personnel. The Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standards . and . Procedure 1, section 6, Infectious Waste indicated, .a. Properly seal sharps container .</p> <p>3.1-45(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
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>36746</p> <p>Based on interview and record review, the facility failed to document the drug dispositions for 2 of 3 residents reviewed for drug disposition. (Resident 295, Resident 91)</p> <p>Findings included:</p> <p>1. On 1/29/25 at 10:35 a.m., the clinical record of Resident 295 was reviewed. The diagnoses included, but were not limited to, Alzheimer's disease and transient cerebral ischemic attack.</p> <p>A physician's order summary report of medications, dated for active orders as of 6/16/24, included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- Eliquis 6 mg (milligrams) for transient cerebral ischemic attack</li> <li>- Norvasc 10 mg for hypertension</li> <li>- Vitamin D3 for vitamin D deficiency</li> </ul> <p>A progress note, dated 12/27/24 at 3:04 p.m., indicated Resident 295 was transferred to another facility along with her medications.</p> <p>Resident 295's clinical record lacked documentation listing any name, type, or amount of medications that were sent home with the resident or resident's representative.</p> <p>During an interview on 1/29/25 at 10:50 a.m., the Regional Director of Nursing indicated that the facility lacked documentation for drug dispositions for Resident 295.</p> <p>2. On 1/29/25 at 10:35 a.m., the clinical record of Resident 91 was reviewed. The diagnoses included, but were not limited to, schizophrenia and anxiety disorder.</p> <p>A physician's order summary report of medications, dated for active orders as of 9/3/24, included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- Clozapine 200 mg for schizophrenia</li> <li>- Miralax 17 gram for constipation</li> <li>- Terbinafine HCl 250 mg for fungal infection</li> <li>- Sertraline 50 mg for depression</li> </ul> <p>A progress note, dated 12/2/24 at 8:00 a.m., indicated Resident 91 was discharged home with family.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The clinical record lacked documentation listing any name, type, or amount of medications that were sent home with the resident or resident's representative.</p> <p>During an interview on 1/29/25 at 10:50 a.m., the Regional Director of Nursing indicated the facility lacked documentation for drug dispositions for Resident 91.</p> <p>On 1/28/25 at 2:30 p.m., the Director of Nursing provided a policy titled Drug Disposition Policy, dated November, 2024, and indicated it was the current policy being used by the facility. A review of the policy indicated Procedure: 6. The record of Product Destruction form will be printed and signed by the licensed nurse and witness. 7. The record of Product Destruction form will be placed in the resident's clinical record.</p> <p>3.1-25(s)(2)</p> <p>3.1-25(s)(5)</p>		