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	03/12/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to ensure resident care plans were revised to reflect only the accurate code status for 2 of 24 residents reviewed for care plan accuracy. (Resident 4, Resident 62)Findings include:1. The clinical record for Resident 4 was reviewed on 3/8/26 at 12:50 p.m. The diagnoses included, but were not limited to, dementia and type 2 diabetes.An active physician's order, with a start date of 7/1/25 and with no stop date, indicated that Resident 4's code status was DNR (Do Not Resuscitate).An Indiana Physician Orders for Scope of Treatment (POST) form, signed and dated by the resident's representative and the physician on 3/13/25, indicated Resident 4 had elected a DNR code status.A care plan, dated 6/25/25, regarding Resident 4 as a new admission to the facility included an approach with a start date of 6/25/25 which stated, Honor resident wishes including discharge goal: LTC, code status: full code.A care plan, dated 7/1/25, stated, Resident/legal representative has formulated an advanced directive: DNR.2. The clinical record for Resident 62 was reviewed on 3/8/26 at 12:10 p.m. The diagnoses included, but were not limited to, chronic kidney disease and transient ischemic attack.An active physician's order, with a start date of 12/3/25 and with no stop date, indicated that Resident 62's code status was DNR.An Indiana Physician Orders for Scope of Treatment (POST) form, signed and dated by the resident's representative on 12/2/25 and signed and dated by the physician on 12/3/25, indicated Resident 62 had elected a DNR code status.A care plan, dated 12/2/25, regarding Resident 62 as a new admission to the facility included an approach with a start date of 12/2/25 which stated, Honor resident wishes including discharge goal: home, code status: Full code.A care plan, dated 12/3/25, stated, Resident/legal representative has formulated an advanced directive: DNR.During an interview on 3/10/26 at 1:50 p.m., the Administrator indicated the care plans should have been revised to reflect only the current DNR code status preferences for both Resident 4 and Resident 62.On 3/10/26 at 2:10 pm., the DON (Director of Nursing) provided a copy of a policy titled IDT Baseline Care Plan, and indicated it was the policy currently in use by the facility. A review of the policy indicated, Baseline Care Plan is considered an updatable, working care plan; serving as a building block for the Comprehensive Care Plan. The problems, goals and interventions will be updated as needed based on assessment findings, changes in resident condition, and/or preferences.On 3/12/26 at 9:00 a.m., the Administrator provided a copy of a policy titled IDT Comprehensive Care Plan Policy, and indicated it was the policy currently in use by the facility. A review of the policy indicated, Care plan problems, goals, and interventions must be reviewed and revised by the interdisciplinary team periodically and following completion of each OBRA [Omnibus Budget Reconciliation Act] MDS [Minimum Data Set] assessment.410 IAC (Indiana Administrative Code) 16.2-3.1-35(d)(2)(B)

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