

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Indian Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Beechmont Dr Corydon, IN 47112	

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>34231</p> <p>Based on observation, interview and record review, the facility failed to ensure staff to resident abuse did not occur for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/25/24 at 10:39 a.m. The resident's diagnoses included, but were not limited to, dementia with other behavioral disturbance, anxiety and depressive episodes.</p> <p>On 11/25/24 at 11:53 a.m., an investigation conducted on 1/30/24 and provided for review where NAIT (nurse aide in training) 4 sent a photograph of Resident B through social media. The photograph was observed to showed Resident B from her head to her feet, sitting a commode with her pants down to her thighs. The resident's side view of the right side of her face was visible. NAIT 4 sent the photo and video to another staff member (CNA 6) and an outside person not employed by the facility. NAIT 4 admitted she had sent the photo and video of the resident to CNA 6, but not to anyone else.</p> <p>The incident report, dated 1/30/24 and reported to the Indiana Department of Health on 11/25/24, indicated the facility was contacted related to a possible photo taken of a resident (Resident B) in the bathroom.</p> <p>During an interview on 11/25/24 at 2:34 p.m., CNA (Certified Nurse Aide) 5 indicated it was not ok or allowed to take pictures or videos of any residents or to put them on social media.</p> <p>On 11/25/24 at 12:10 p.m., the current policy titled Unauthorized Disclosure of Resident Images dated 8/10/2016 included, but was not limited to, Policy .It is the policy of .to provide resident centered care that inhibits employees from taking photos and/or distributing photographs in any fashion .including but not limited to posting on social media sites .that demean or humiliate a resident .Use of such videos or photographs will be treated a a form of abuse</p> <p>On 11/25/24 at 11:53 a.m., the Director of Nursing provided a current, undated copy of the document titled INDIANA Abuse & Neglect & Misappropriation of Property. It included, but was not limited to, Mistreatment . defined a staff treating a resident inappropriately or exploiting a resident .Examples .taking unauthorized photos</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Indian Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Beechmont Dr Corydon, IN 47112	
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>The Past noncompliance began on 1/30/24 at 3:24 p.m. The deficient practice was corrected by 1/30/24 after the facility implemented a systemic plan that included the following actions: All staff were educated on abuse and neglect (1/30/24); all staff were educated on Unauthorized Disclosure of Resident Images (1/30/24); Quality Assurance monitoring on abuse, neglect and unauthorized disclosure of resident images were implemented and ongoing (1/30/24).</p> <p>This Citation relates to Complaint IN00445147</p> <p>3.1-27(a)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Indian Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Beechmont Dr Corydon, IN 47112	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>34231</p> <p>Based on observation, interview and record review, the facility failed to report an allegation of abuse to the proper agencies, including the Indiana Department of Health, for 1 of 8 facility reported incidents reviewed.</p> <p>Findings include:</p> <p>During an interview on 11/25/24 at 10:52 a.m., the Director of Nursing indicated when she first took over, there was a staff member (NAIT 4) who put a picture on snap chat of Resident B. It was not reported because the resident was not identifiable. The facility knew who the resident was, but no one else would have known.</p> <p>During an interview on 11/25/24 at 12:15 p.m., the RDCO (Regional Director of Clinical Operations) indicated the incident was not reported due to there was no intent to harm or abuse the resident. The resident had no psychosocial changes. The NAIT 4 was terminated due to her actions.</p> <p>The incident report, dated 1/30/24 and reported to the Indiana Department of Health was on 11/25/24, indicated the facility was contacted related to a possible photo taken of a resident (Resident B) in the bathroom.</p> <p>The clinical record for Resident B was reviewed on 11/25/24 at 10:39 a.m. The resident's diagnoses included, but were not limited to, dementia with other behavioral disturbance, anxiety and depressive episodes.</p> <p>On 11/25/24 at 11:53 a.m., the facility provided a copy of an investigation conducted on 1/30/24 where NAIT (nurse aide in training) 4 sent a photograph of Resident B through social media. The photograph was viewed and showed Resident B from her head to her feet, sitting a commode with her pants down to her thighs. The resident's side view of her face, her hair style, and her clothing were visible.</p> <p>On 11/25/24 at 12:10 p.m., the current policy titled Unauthorized Disclosure of Resident Images dated 8/10/2016 included, but was not limited to, Policy .It is the policy of .to provide resident centered care that inhibits employees from taking photos and/or distributing photographs in any fashion .including but not limited to posting on social media sites .that demean or humiliate a resident</p> <p>On 11/25/24 at 1:36 p.m., the RDCO provided a current, undated copy of the document titled Occurrence Incident Reporting. It included, but was not limited to, It is the policy of this facility to provide resident centered care that meets the psychosocial .of the resident. Safety is a primary concern for our residents . State reportable incidents will be reported as required</p> <p>This Citation relates to Complaint IN00445147</p> <p>3.1-28(a)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Indian Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Beechmont Dr Corydon, IN 47112	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.1-28(c)</p> <p>3.1-28(e)</p>