

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 06/13/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview and record review, the facility failed to ensure an intervention was in place related to staff monitoring the placement and functionality of a resident's bed alarm for 1 of 3 residents reviewed for development and implementation of a care plan interventions. (Resident B)</p> <p>Findings include:</p> <p>During an observation, on 6/13/25 at 10:13 a.m., a bed alarm was observed in place on Resident B's bed.</p> <p>The clinical record for Resident B was reviewed on 6/13/25 at 9:17 a.m. The resident's diagnoses included, but were not limited to, epilepsy and convulsions.</p> <p>The care plan, initiated on 5/16/25 and revised on 6/8/19, indicated the resident was at risk for falls related to seizures and the resident was to have a bed alarm in place for safety.</p> <p>The Internal Dispute Resolution note, dated 5/19/25 at 10:36 a.m., indicated Resident B had an unwitnessed fall. The resident was found lying on the floor next to the bed. The resident's bed alarm cord was ripped from the alarm. The resident's care plan was updated with a new cordless alarm placed on resident's bed.</p> <p>The physician's order, dated 6/13/25, indicated the resident had a bed alarm in place and staff were to check the placement and verify functioning every shift.</p> <p>The clinical record lacked documentation of an order for staff to check the placement and function of the bed alarm every shift prior to 6/13/25.</p> <p>During an interview, on 6/13/25 at 11:15 a.m., the Regional Director of Clinical Operations indicated the facility did not have a policy on bed alarms.</p> <p>During an interview, on 6/13/25 at 11:25 a.m., the Director of Nursing indicated staff should be checking the placement and function of the alarm every shift.</p> <p>This Citation relates to Complaint IN00459799</p> <p>3.1-35(b)(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
---	-------	-----------