

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 06/02/2026
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)		
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assess and implement a wound treatment for a resident (Resident B), in a timely manner, for 1 of 3 residents reviewed for pressure ulcers. Findings include: The clinical record for Resident B was reviewed on 6/1/26 at 9:22 a.m. The resident's diagnosis included, but was not limited to, stage 4 lung cancer (cancer that has spread from its original location in the lung to distant parts of the body, such as the brain, bones, liver or adrenal glands). During a confidential interview, from 6/1/26 to 6/2/26, indicated a concern related to an area on Resident B's coccyx. A request was made on 5/10/26 at 7:46 p.m., for the nurse to observe the wound and the nurse never came to assess the area of concern. The nurse was Licensed Practical Nurse (LPN) 5. A progress note, dated 5/6/26 at 6:09 a.m., indicated the wound nurse completed a weekly skin assessment. The resident had bilateral upper extremity bruising which had improved. No other skin issues were documented. A progress note, dated 5/12/26 at 12:53 p.m., indicated the resident had an open area to the coccyx which measured 4.2 cm (centimeters) in length and 3 cm in width with slough (dead tissue). The clinical record lacked documentation of an assessment or progress note related to the newly identified reddened area or implementation of a treatment prior to 5/12/26. During an interview, on 6/1/26 at 9:49 a.m., Certified Nursing Assistant (CNA) 3 indicated on 5/10/26, at the end of her shift, she reported the area on Resident B's coccyx to Licensed Practical Nurse (LPN) 4. During a telephone interview, on 6/1/26 at 10:30 a.m., LPN 4 indicated a reddened area to the resident's bottom was reported to her by CNA 3 at the end of the shift. CNA 3 reported that barrier cream had been applied and the resident had been repositioned. CNA 3 told LPN 4 the area was not open, just red. Since it was the end of LPN 4's shift, she passed the information on to the night shift nurse, LPN 5. On 6/1/26 at 12:31 p.m. and 6/2/26 at 10:30 a.m., an attempt was made, via telephone, to reach LPN 5. A return call was requested via voicemail. No return phone call was received. During an interview, on 6/2/26 at 8:56 p.m., CNA 3 indicated the area she had reported to LPN 4 was open. The resident's wound area was a dark pink/red color around the wound. The wound looked greenish and scabby. During an interview, on 6/2/26 at 10:21 a.m., the Wound Nurse indicated if a CNA had reported a change in skin condition, the nurse should assess the area, complete a skin grid, implement a treatment, and document the area of concern in a progress note along with physician and family notification. Reddened areas should be assessed when reported to see if the area was blanchable and the same process completed related to documentation. On 6/2/26 at 11:14 a.m., the Executive Director provided a current, undated copy of the document titled Notification of Change in Condition. It included, but was not limited to, Policy. It is the policy of this facility to provide resident centered care that [NAME] the physical needs of the residents. This Citation relates to Intake 3012799,410 IAC (Indiana Authorization Code) 16.2-3.1-40(a)(2)		

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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