

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 05/12/2026
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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete a discharge Minimum Data Set (MDS) assessment for 1 of 33 accuracy of assessments reviewed. (Resident 90) Findings include: The clinical record for Resident 90 was reviewed on 5/11/26 at 10:23 a.m. The resident's census indicated they were admitted to the facility on [DATE] and discharged on 2/10/26 to an acute care hospital. The MDS listings lacked a completed discharge assessment for Resident 90. During an interview, on 5/11/26 at 12:55 p.m., the Minimum Data Set (MDS) assessment Coordinator indicated when a resident discharged from the facility, a discharge assessment should be completed. There was no reason why the MDS assessment was missed upon discharge. During an interview, 5/11/26 at 1:07 p.m., the Executive Director indicated that there was no policy regarding MDS assessments. The assessments were completed using the Resident Assessment Instrument (RAI) manual. 410 IAC (Indiana Administrative Code) 3.1-31(d)</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
---	-------	-----------