STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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. Based on record review and interview, the facility failed to follow a physician's order related to wound treatments for 1 of 2 residents reviewed for pressure ulcers. (Resident 2)Findings include:The clinical record for Resident 2 was reviewed on 09/17/2025 at 1:43 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/13/2025, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, unspecified open wound of lower back and pelvis subsequent encounter, obstructive uropathy, paraplegia, depression, and bipolar disorder. The resident was dependent on staff for most care.A Wound Nurse Practitioner (NP) Note, dated 06/03/2025, indicated the resident had a wound to the left ischium (hip bone). The staff were to cleanse the wound with Dakin's (an antiseptic) solution; lightly pack the wound, including the undermining (eroded), with Calcium Alginate with silver; and cover the wound with a bordered gauze dressing, once a day.A physician's order, dated 06/04/2025 through 06/11/2025, indicated the staff were to cleanse the left ischium with Dakin's solution, pack the wound with Dakin's moist fluffed gauze, and cover the wound with a boarder gauze dressing.The June 2025 Electronic Treatment Administration Record (EMTAR) documentation of the treatment from 06/04/2025 though 06/11/2024 lacked the calcium alginate with silver to the resident's wound order. During an interview, on 09/19/2025 at 10:04 A.M., the Director of Nursing (DON) indicated the resident admitted to the facility with wounds to the coccyx (tailbone) and ischium. The Wound NP came to the facility weekly to see the resident. She would let the facility staff know if there were new orders. The facility wound nurse or herself would transcribe the orders into the resident's clinical record. The nurses working the floor would then follow the orders in the ETAR. The resident's order in June should have included the calcium alginate for the left ischium.The current facility policy titled, Alterations in Skin Integrity/Wound Management, was provided by the Administrator on 09/19/2025 at 1:13 P.M. The policy indicated, .to ensure that each resident receives care, consistent with professional standards of practice, and receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection.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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. Based on record review and interview, the facility failed to verify the accuracy of residents' healthcare physician/NP assessments related to the residents' current medical regimen for 2 of 13 resident records reviewed. (Residents 13 and 27)Findings include: 1. The clinical record for Resident 13 was reviewed on 09/18/2025 at 10:54 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/27/2025, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, heart failure, hypertension, Chronic Obstructive Pulmonary Disease (COPD), anxiety, and depression. The Facility Nurse Practitioner (NP) Progress Note, dated 09/11/2025 at 8:35 A.M., indicated the resident resided in (name of a different facility). The progress note lacked the correct facility name the resident was currently residing in. During an interview, on 09/19/2025 at 1:15 P.M., the Director of Nursing (DON) indicated the Facility NP's progress notes were read through during their morning meeting. Resident 13 was admitted to this facility on 06/18/2025. The error in the documentation should have been caught. 2. The clinical record for Resident 27 was reviewed on 09/18/2025 at 2:01 P.M. An Annual MDS assessment, dated 07/02/2025, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, Alzheimer's disease, anxiety, aphasia, and COPD.An open-ended physician's order, with a start date of 10/10/2024, indicated the resident was to receive Xanax 1 milligram (mg), twice a day for anxiety. The Facility NP's Progress Notes, dated 08/21/2025 at 8:31 A.M., 09/04/2025 at 4:28 P.M., and 09/18/2025 at 10:43 A.M. indicated the resident's medication list included, but was not limited to, Xanax 1 mg three times a day, in her progress note documentation. During an interview, on 09/19/2025 at 1:15 P.M., the DON indicated the Facility NP's Progress Notes were read through during their morning meeting. If the Facility NP were to write a new order it would have been written on a telephone order form. The error in documentation of the wrong medication dosage should have been caught. The resident received the correct dosage of twice a day; the progress notes were inaccurate. During an interview, on 09/19/2025 at 2:02 P.M., The DON indicated the facility did not have a policy related to reviewing documentation. 3.1-22(C)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to obtain laboratory (lab) specimens in a timely manner for 2 of 13 residents reviewed for lab services. (Residents 3 and 1) Findings include:1.The clinical record for Resident 3 was reviewed on 09/17/2025 at 2:25 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 09/10/2025, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, encounter for orthopedic aftercare following surgical amputation, coronary artery disease, heart failure, and respiratory failure. The Progress Notes included, but were not limited to: -An Interdisciplinary Team (IDT) Weekly Wound Review Note, dated 05/06/2025 at 2:00 P.M., indicated the resident had signs and symptoms of infection to the wound on their leg of Periwound (area around the wound) erythema (abnormal redness and inflammation) and heavy drainage. A Healing Partners Skin and Wound note, dated 05/06/2025, from the Wound Nurse Practitioner (NP), indicated the resident had an arterial ulcer to his right lower extremity that was assessed. The wound was a full thickness arterial ulceration and was weeping fluid. The Wound NP spoke to the Facility NP, recommended a wound culture due to some periwound erythema and heavy drainage, and the Facility NP was in agreement. The Lab Culture Report indicated the specimen from the resident's wound was not collected until 05/08/2025 at 10:50 A.M. The results indicated the wound was infected with bacteria. The SURVEILLANCE LOG OF RESIDENT INFECTIONS AND ANTIBIOTIC USE for May 2025, indicated the resident was not started on an antibiotic, Levaquin 500 milligrams daily, until 05/12/2025, six days after symptom onset. The Electronic Medication Administration Record (EMAR) for May 2025, indicated the resident received the first dose of the prescribed Levaquin on 05/12/2025 at 8:00 P.M. During an interview, on 09/18/2025 at 9:54 A.M., the Facility Wound Nurse indicated the resident had his leg amputated due to a lack of circulation in his lower extremities. He had a wound on his shin that would not heal. During an interview, on 09/22/2025 at 10:39 A.M., the Director of Nursing (DON) indicated when they received an order for a wound culture, the specimen could be collected and sent out in the same day. Resident 3 had an arterial wound on his shin that was infected and treated with an antibiotic. During an interview, on 09/22/2025 at 11:26 A.M., the DON, in reference to the IDT note from May 6, 2025, indicated the IDT team was aware of the signs and symptoms of infection in the resident's wound. The facility staff could call the Wound NP anytime during the day. 2a. The clinical record for Resident 1 was reviewed on 09/17/2025 at 11:05 A.M. A Significant Change MDS assessment, dated 08/06/2025, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, chronic kidney disease, benign prostatic hyperplasia, urinary tract infection, and malnutrition. The resident was dependent on staff for toileting hygiene and was frequently incontinent of bladder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Progress Note, dated 04/01/2025 at 11:48 A.M., indicated the resident was reporting of having increased frequency, burning, and hurting with urination. The resident's urine was dark yellow with foul odor. The NP was notified, and a new order was obtained for a Urinalysis with Culture and Sensitivity (UA C&S) if indicated. The resident was educated to drink more extra fluids. A Progress Note, dated 04/03/2025 at 9:44 A.M., indicated they staff were awaiting the results of the residents UA C&S. A Progress Note, dated 04/06/2025 at 5:09 P.M., indicated the on-call triage was notified secondary to an abnormal UA C&S results and the resident continued with burning and pain with urination. A new order was obtained for Bactrim (an antibiotic). A UA C&S for the resident indicated it was collected on 04/02/2025 at the facility, received in the lab on 04/03/2025, and reported results to the facility on [DATE]. 2b. A Progress Note, dated 08/05/2025 at 12:00 P.M., indicated the resident was voicing that he was having increased in frequency and a burning sensation with urination and only urinating small amounts. The physician was notified, and a new order was obtained for a UA C&S. A Progress Note, dated 08/05/2025 at 4:52 P.M., indicated the resident's urine was obtained and the facility was waiting for the lab to pick it up. A Progress Note, dated 08/06/2025 at 1:46 A.M., indicated the lab was in the facility to obtain the resident's urine sample. A Progress Note, dated 08/07/2025 at 12:25 P.M., indicated the resident had a new order for Cipro (an antibiotic) 500 milligrams (mg), twice a day for seven days, related to a UA. A Progress Note, dated 08/10/2025 at 9:48 P.M., indicated the resident continued antibiotics. The resident was having burning with urination and increased frequency. A Progress Note, dated 08/11/2025 at 1:33 P.M., indicated the NP was notified of the culture and sensitivity was not susceptible to Cipro. A new order was obtained to discontinue the Cipro and start Bactrim, twice a day for five days. A UA C&S for the resident indicated it was collected on 08/05/2025 at the facility, received in the lab on 08/06/2025, and reported results to the facility on [DATE]. During an interview, on 09/19/2025 at 1:28 P.M., the Facility Infection Preventionist indicated when a resident had signs or symptoms of a UTI, the facility will obtain the residents vital signs and what signs and symptoms the resident was having and contact the physician. The NP was available Monday through Friday from 9:00 A.M. to 5:00 P.M., and then there was an on-call physician that was available. If the resident needed a UA or wound culture completed those would be obtained in the facility and the lab would come and pick them up. The lab recently switched to coming Monday, Wednesday, and Fridays. The other days the labs had to be sent by a mail carrier service that would get them to the lab within a few hours. The facility had access to get the results of the labs instantly as they are posted directly to the resident's record. The facility would let the NP know that the labs were available to view. The turnaround time for a UA C&S and starting and antibiotic would be three days. If the UA comes back the NP sometimes started them on an antibiotic to cover the resident until (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the culture results came back. Once the culture results come back then the NP would adjust if need to. She believed it would take two to three days for wound cultures to come back. She believed the Wound NP would give orders to obtain a wound culture the same day she was there for a visit if the resident was having symptoms, but she was unsure as she didn't complete wound rounds. The current facility policy titled, Guidelines for Lab and Radiology Tracking, was provided by the Administrator on 09/19/2025 at 2:40 P.M. The policy indicated, .Daily order checks by medical records or designee will ensure all orders have been entered. The designated person will run the appropriate lab tracking report(s)daily. If any lab and/or radiology test ordered are not resulted as expected, investigate and take the necessary steps to obtain the results. 3.1-49(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow appropriate infection control guidelines related to indwelling urinary catheter management for 1 of 13 residents reviewed for infection control. (Resident 14) Findings include:During an observation, on 09/17/2025 at 10:24 A.M., Resident 14 was propelling himself in his wheelchair from his room and into the Main Dining Room. The tubing from the resident's indwelling urinary catheter was dragging on the floor.During an observation, on 09/17/2025 at 12:48 P.M., the resident was propelling himself in his wheelchair in the hallway and going into his room. Two to three inches of his indwelling urinary catheter tubing were dragging on the floor. During an interview and observation, on 09/18/2025 at 1:05 P.M., Licensed Practical Nurse (LPN) 2 indicated the resident required the assistance of two staff members and the use of a mechanical lift for transfers to his wheelchair. A staff member exited the resident's room followed by LPN 2 entering the room to administer a medication to the resident. Four to six inches of his urinary catheter tubing were touching the floor, and an inch of his catheter bag was touching the floor. During an observation and interview, on 09/19/2025 at 9:38 A.M., the resident was propelling himself down the hallway in his wheelchair. A mechanical lift harness was in the chair underneath him. Four to five inches of his indwelling urinary catheter tubing were dragging on the floor. The Director of Nursing (DON) indicated the tubing should not be touching the floor.The clinical record for Resident 14 was reviewed on 09/17/2025 at 2:30 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 07/09/2025, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, hypertension and obstructive uropathy. The resident had not had a urinary tract infection in the last 30 days.The current Nursing Department Infection Control policy, with a revised date of 12/2024, was provided by the Administrator on 09/22/2025 at 12:50 P.M . The policy indicated, .nursing staff shall follow infection control guidelines to prevent the spread of infection .Urinary drainage bags should have a barrier such as a urinary drainage bag cover or a wash basin underneath them to prevent catheter bags or tubing from touching the ground . The current Infection Prevention and Control Program policy, with a revised date of 05/2023, was provided by the Administrator on 09/22/2025 at 11:36 A.M. The policy indicated, .The facility shall establish and maintain infection prevention and control program.designed to .help prevent the development .of .infections . 3.1-18(b)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Greensburg	1620 N Lincoln St Greensburg, IN 47240

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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, record review and interview, the facility failed to have recent State survey results available and accessible for the publics review for 1 of 1 observations of right to survey results. Findings include:During an observation and record review, on 09/17/2025 at 1:32 P.M., the State Survey binder was available at the front door. Inside the binder contained a sheet of paper that indicated, .The previous 3 years of State Department of Health surveys.are available in the Administrators office. Please see the Administrator to view these reports. The last dated survey in the binder was 10/18/2022.During an interview, on 09/17/2025 at 1:38 P.M., the Administrator indicated the State Survey binder should have been up to date.During an interview, on 09/18/2025 at 9:53 P.M., the Administrator indicated they did not have a policy referencing the State Survey binder. The facility would follow the regulation related to the State Survey Results.3.1-3(b)(1)