| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155417 | A. Building<br>B. Wing | 12/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hickory Creek at Scottsburg | 1100 N Gardner Ave<br>Scottsburg, IN 47170 |

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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>Based on observation, interview and record review, the facility failed to ensure a resident's (Resident B) pain medication was available, in a timely manner, for 1 of 3 residents reviewed for pharmacy services.Findings include:The clinical record for Resident B was reviewed on 12/4/25 at 9:20 a.m. The resident's diagnoses included, but were not limited to, depression and pain. The quarterly MDS (Minimum Data Set) assessment, dated 10/7/25, indicated the resident's cognition was intact. The care plan, dated 6/10/23, indicated the resident was at risk for pain and staff were to administer the resident's pain medication as ordered. During an interview, on 12/3/25 at 6:20 p.m., Resident B was observed with a Fentanyl Duragesic patch (pain patch) to her right upper chest with a date of 12/3/25. Resident B indicated she had not had her pain patch for 2 days. It was due on 12/1/25 and she had just received it today. The physician's order, dated 10/29/25, indicated the resident was to receive a Fentanyl Duragesic patch 12 mcg (micrograms)/hr (hour) every 3 days in the morning. The November 2025 medication administration record indicated the resident received the medication patch on 11/28/25. The December 2025 medication administration indicated on 12/1/25, the resident's pain patch was due. The resident did not receive the medication on 12/1/25 as the drug item was marked unavailable. The progress noted, dated 12/2/25, indicated the prescription for the resident's Fentanyl Duragesic patches was sent to the pharmacy, the staff were awaiting approval from the pharmacist and the medication should be delivered this evening. The clinical record lacked any documentation of physician or pharmacy notification prior to 12/2/25, one day after the medication should have been given. During an interview, on 12/4/25, the Director of Nursing indicated it was the responsibility of the facility to ensure medications were available for the residents. On 12/4/25 at 3:24 p.m., the Executive Director provided a current copy of the document titled Medication Shortages/Unavailable Medications dated 8/1/24. It included, but was not limited to, Procedure.Upon discovery that Facility had an inadequate supply of a medication to administer to a resident, Facility staff should immediately initiate action to obtain the medication from Pharmacy. If the medication shortage is discovered at the time of medication administration, Facility staff should immediately notify the Pharmacy. 3.1-25(a) |

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 |
|---|---|---|---|
| | 155417 | A. Building<br>B. Wing | 12/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hickory Creek at Scottsburg | 1100 N Gardner Ave<br>Scottsburg, IN 47170 |

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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>Based on interview and record review, the facility failed to ensure a resident's (Resident B) medication administration record accurately reflected the administration of as needed narcotic pain medication for 1 of 3 residents reviewed for medical records.Findings include: The clinical record for Resident B was reviewed on 12/4/25 at 9:20 a.m. The resident's diagnoses included, but were not limited to, depression and pain. The physician's order, dated 10/29/25, indicated the resident was to receive the narcotic pain medication, Percocet (oxycodone-acetaminophen) 5-325 mg (milligrams) every 6 hours as needed for pain. Review of the October 2025 and November 2025 controlled substance record indicated the resident received the medication on the following dates and times:-10/30/25 at 5:10 p.m.-10/30/25 at 11:00 p.m.-10/31/25 at 5:00 a.m.-10/31/25 at 11:00 a.m.-10/31/25 at 11:00 p.m.-11/01/25 at 5:00 a.m.-11/01/25 at 11:00 a.m.-11/04/25 at 5:00 p.m.-11/13/25 at 11:00 a.m.-11/20/25 at 11:00 p.m. The October 2025 and November 2025 medication administration records lacked documentation of the administration of the as needed narcotic pain medication. During an interview, on 12/4/25 at 2:41 p.m., Licensed Practical Nurse (LPN) 5 indicated when a narcotic pain medication was administered, both the medication administration record and the controlled substance record should be signed by the nurse. On 12/4/25 at 2:24 p.m., the Executive Director provided a current copy of the document titled General Dose Preparation and Medication Administration dated 11/15/24. It included, but was not limited to, Procedure.Document the administration of controlled substances in accordance with applicable law. 3,1-50(a)(2) |