STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155419	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Crawfordsville	817 N Whitlock Ave Crawfordsville, IN 47933

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on observation, interview, and record review, the facility failed to ensure medications were administered by manufacturer's specifications for not altering extended release and enteric coated medications during 4 of 32 medications observed being administered (Residents S and U). Findings include:1. Observation of a medication pass in the main dining room included:On 1/13/26 at 8:11 a.m., Qualified Medication Aide (QMA) 10 was observed to spoon feed Resident S his morning medications crushed and served in applesauce. The medications included Memantine (medication used to treat symptoms of moderate to severe Alzheimer's disease). Review of Resident S's clinical record was completed on 1/13/26 at 9:41 a.m. Diagnoses on Resident S's profile included vascular dementia. Physician's orders included:a. On 11/28/24, memantine 10 milligram (mg) tablet, give 1 by mouth twice daily.b. On 4/17/25, may crush appropriate medications and mix with applesauce or other food source as needed. A quarterly Minimum Data Set (MDS), completed 12/5/25, assessed the resident as having severe cognitive impairment. The resident had signs or symptoms of difficulty or pain with swallowing. Medication reference from the Mayo Clinic website, located at http://www.mayoclinic.org, (1998-2026), indicated Memantine (oral dose) should not be crushed, chewed, or divided. Crushing the medication can cause it to release into the body too quickly, which may lead to serious side effects. 2. On 1/13/26 at 8:27 a.m., Qualified Medication Aide (QMA) 10 was observed to spoon feed Resident U her morning medications crushed and served in applesauce. The medications included Aspirin EC (enteric coated), Jardiance (film coated), and Potassium ER (extended release). Review of Resident U's clinical record was completed on 1/13/26 at 9:05 a.m. Diagnoses on Resident U's profile included cardiovascular accident (stroke) and vascular dementia. Physician's orders included:a. On 9/30/24, may crush appropriate medications and mix with applesauce or other food source as needed.b. On 10/1/24, aspirin EC (enteric coated/delayed release) 81 mg give 1 tablet daily.c. On 10/1/24, Jardiance (empagliflozin) 10 mg give 1 tablet daily.d. On 10/6/24, potassium chloride ER (extended release) 10 milliequivalents (meq) give 1 twice daily. A quarterly MDS assessment, completed on 12/12/25, assessed the resident as having severe cognitive impairment. The resident had no signs or symptoms of a possible swallowing disorder. During an interview on 1/13/26 at 10:23 a.m., QMA 10 indicated Resident S's medications were crushed and administered in applesauce because he had swallowing problems, but Resident U's medications were crushed and served in applesauce because she took them better that way. QMA 10 indicated, she always crushed all their medications and administered them mixed together in applesauce. An article from the Institute for Safe Medication Practices (ISMP) at https://www.ismp.org/sites/default/files/attachments/2018-04/LTC201704.pdf, titled Crushing or splitting the wrong tablet can be a deadly error, indicated enteric-coated (ER) medications should not be crushed or dissolved to administer. Enteric-coated pills are designed to dissolve in the small intestine, not in the stomach. Dissolving them can destroy the drug's protective coating and cause the medication to be absorbed too quickly or too slowly by the body, potentially leading to improper dosing or irritation to the mouth, throat, or stomach. Guidance from the (continued on next page)

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
	155419	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Crawfordsville	817 N Whitlock Ave Crawfordsville, IN 47933

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Food and Drug Administration (FDA), dated 2014, indicated Jardiance (empagliflozin tablets) Jardiance could be crushed and mixed with soft food for administration, for people with swallowing difficulties. However, Jardiance should never be crushed, split, or chewed when combined with other medications, especially extended-release formulas, which can cause an unsafe and ineffective immediate release of the drug. Guidance from the FDA, dated 2014, indicated potassium chloride extended-release tablets (K-TAB) was a solid oral dosage form of potassium chloride in a film-coated wax matrix tablet. These formulations were intended to slow the release of potassium so that the likelihood of a high localized concentration of potassium chloride within the gastrointestinal tract was reduced. On 1/13/26 at 11:55 a.m., the Regional Nurse Consultant indicated to her knowledge the facility did not have a formal policy for crushing medications. There was, however, a list provided by the pharmacy of medications that should not be crushed. On 1/13/26 at 12:35 p.m., the Regional Nurse Consultant provided a General Dose Preparation and Medication policy, revised date 11/15/24. The policy indicated, 1. Prior to preparing or administering medications, authorized and competent facility staff should follow facility's infection control policy .2.7 Facility staff should crush oral medications only in accordance with pharmacy guidelines as set forth in Resource: Oral Dosage Forms that Should Not Be Crushed and/or facility policy. A Common Oral Dosage Forms That Should Not Be Crushed list provided by the contracted pharmacy, dated 2022, included memantine, aspirin EC, and potassium ER in the list of medications not to be crushed. Abbreviations for release characteristics of drug products included CC= coat core, CD= controlled dose, CR= controlled release, DR== delayed release, EC enteric coated, ER= extended release, LA== long acting, SR sustained release, XL= extended release, XR= extended release, and XT= extended release. This citation relates to Intake 2699551. 3.1-48(c)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155419	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Crawfordsville	817 N Whitlock Ave Crawfordsville, IN 47933

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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure hand hygiene was completed according to infection control practices for 5 of 6 residents reviewed for medication administration (Residents E, R, S, T, and U).Findings include, On 1/13/26 at 7:50 a.m., Qualified Medication Aide (QMA) 10 was observed passing medications during breakfast service in the main dining room. QMA 10 handed Resident R a cup of medications, and while she waited for the resident to swallow her medications, she reached to remove a piece of bacon from Resident X's shirt. QMA 10 lifted her long hair from her neck, scratched her head, and ran her fingers through her hair. When Resident R had finished taking her medications, QMA 10 returned to the medication cart. QMA 10 did not wash or sanitize her hands before she started setting up medications for Resident S. On 1/13/26 at 8:11 a.m., QMA 10 was observed to spoon feed Resident S his medications crushed in applesauce. As QMA walked back to the medication cart, she tweaked the shoulder of Resident U's shirt as she joked with her. QMA 10 did not wash or sanitize her hands before she started setting up medications for Resident T. On 1/13/26 at 8:21 a.m., QMA 10 was observed administering medications to Resident E, then returned to the medication cart. QMA 10 did not wash or sanitize her hands before she started setting up medications for Resident U. On 1/13/26 at 8:27 a.m., QMA 10 was observed administering medications to Resident U. She did not wash or sanitize her hands before she started setting up the next medication. On 1/13/26 at 12:35 p.m., the Regional Nurse Consultant provided a General Dose Preparation and Medication policy, revised date 11/15/24. The policy indicated, 1. Prior to preparing or administering medications, authorized and competent facility staff should follow facility's infection control policy. 1.1 Appropriate hand hygiene should be performed before and after direct resident contact. This citation relates to Intake 2699551. 3.1-18(b)(1)