STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155424	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Columbus	5480 E 25th Street Columbus, IN 47203

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, record review, and interview, the facility failed to ensure care planned interventions were implemented for 2 of 12 residents reviewed for Care Plans. (Residents 19 and 7)Findings include:1. Resident 19's room was observed on 09/10/2025 at 1:35 P.M. The resident's call light was observed near her bed. The call light was white, and there was no bright colored tape attached to the call light.The resident was observed on 09/11/2025 at 9:07 A.M. The resident was in her room in bed. The resident's call light was within reach. There was no brightly colored tape attached to the call light. The resident's clinical record was reviewed on 09/10/2025 at 2:27 P.M. An Annual Minimum Data Set (MDS) assessment, dated 07/02/2025, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, hemiplegia and hemiparesis following a cerebral infarction affecting the right dominant side, hypertension, and seizure disorder. The resident used a wheelchair and was dependent on staff for mobility. The resident experienced one fall without injury and one fall with an injury that was not major since the last assessment. The resident's Fall Care Plan, with a start date of 08/04/2023, included the following interventions:- A current intervention, with a start date of 11/04/2024, that indicated the resident was to have brightly colored tape on her call light.During an interview, on 09/11/2025 at 1:53 PM, Certified Nurse Aide (CNA) 3 indicated staff used pocket sheets that reflected the resident's current interventions. CNA 3 reviewed the current pocket sheet, dated 09/11/2025. The pocket sheet indicated there should be brightly colored tape on the resident's call light. The resident's room was observed with CNA 3 on 09/11/2025 at 1:59 P.M. The resident's call light was observed in an open drawer near the bed. There was no brightly colored tape on the call light. 2. Resident 7 was observed on 09/08/2025 at 9:44 A.M. The resident was in her room in a high-backed wheelchair next to her bed. The resident's call light was attached to the wall but was not visible or within reach of the resident. The resident indicated she could not call for assistance because she didn't have a call light within reach.The resident was observed on 09/10/2025 at 9:30 A.M. The resident was in her room in a high-backed wheelchair. The resident's overbed table was in front of her and she was holding a washcloth in each hand. The resident indicated she needed assistance, but she didn't have her call light. A soft touch call light was observed in the top drawer of the resident's nightstand behind the resident's wheelchair. The resident indicated she was capable of using the soft touch call light. CNA 4 entered the resident's room and was asked about the call light. CNA 4 indicated the resident didn't use the call light, but she would go ahead and place the call light in the resident's lap. She then assisted the resident with putting her eyeglasses on, placed and then repositioned the resident's neck pillow, and began looking for the resident's peppermint candies at the resident's request. The resident's record was reviewed on 09/12/2025 at 2:00 P.M. A Quarterly MDS assessment, dated 08/18/2025, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, Parkinson's disease, anxiety, and depression. The resident did not have a limited range of motion of her upper or lower extremities. The resident did use a wheelchair and was dependent on staff for most activities of daily living.A Behavior Care Plan, with a start date of 09/11/2023 and a revision date of 08/14/2025, indicated the resident used her call light excessively. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The goal was for the resident to use her call light to notify staff that she was requesting help as needed, and included the following intervention:- A current intervention, with a start date of 09/11/2023, to ensure the call light was within the resident's reach when she was in her room.During an interview, on 09/12/2025 at 10:30 A.M., the Director of Nursing indicated the facility did not have a policy for following care plans.During an interview, on 09/12/2025 at 2:01 P.M., the Administrator indicated the facility did not have a policy for call lights related to call light usage. Call lights should be available for residents' use.3.1-35(g)(2)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review and interview, the facility failed to provide physician prescribed medications in a timely manner for 2 of 6 residents reviewed for medications. (Residents 6 and 29) Findings include:1.The clinical record for Resident 6 was reviewed on 09/11/2025 at 10:24 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 07/16/2025, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, Chronic Obstructive Pulmonary Disease, anxiety, and depression. The Electronic Medication Administration Record (EMAR) indicated the resident was to receive the medication Paxlovid 100/150 milligrams (mg), twice a day, once from 7:00 A.M. to 11:00 A.M., and once from 5:00 P.M. to 10:00 P.M., for a diagnosis of COVID-19, with a start date of 08/31/2025, and a discontinued date of 09/04/2025. The record indicated the medication was not administered due to being unavailable on the following dates and times: -08/31/2025 at 7:00 A.M. to 11:00 A.M., -08/31/2025 at 5:00 P.M. to 10:00 P.M., -09/01/2025 at 7:00 A.M. to 11:00 A.M., -09/01/2025 at 5:00 P.M. to 10:00 P.M., and -09/02/2025 at 7:00 A.M. to 11:00 A.M. The Progress Notes from 08/30/2025 through 09/08/2025, were provided by the Administrator on 09/12/2025 at 10:49 A.M., and included, but were not limited to, the following: -A note, dated 08/30/2025 at 7:18 P.M., indicated the resident was symptomatic, had tested positive for COVID-19, had a deep unproductive cough, and was in droplet isolation. New orders received from Telehealth indicated the resident was to receive Paxlovid 150/100 mg, by mouth, twice a day, for five days. The clinical record lacked documentation the physician or the pharmacy was notified of the medication not being available. 2. The clinical record for Resident 29 was reviewed on 09/11/2025 at 10:12 A.M. A Quarterly MDS assessment, dated 08/06/2025, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, heart failure, diabetes, and dementia. The EMAR indicated the resident was to receive the medication Paxlovid 150/100 mg, twice a day, once from 7:00 A.M. to 11:00 A.M., and once from 5:00 P.M. to 10:00 P.M., for a diagnosis of COVID-19, with a start date of 08/31/2025, and a discontinued date of 09/04/2025. The record indicated the medication was not administered due to being unavailable on the following dates and times: - 08/31/2025 at 7:00 A.M. to 11:00 A.M.,- 08/31/2025 at 5:00 P.M. to 10:00 P.M.,- 09/01/2025 at 7:00 A.M. to 11:00 A.M.,- 09/01/2025 at 5:00 P.M. to 10:00 P.M., and- 09/02/2025 at 7:00 A.M. to 11:00 A.M. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Progress Notes from 08/30/2025 through 09/08/2025, were provided by the Administrator on 09/12/2025 at 10:49 A.M., and lacked documentation the physician or the pharmacy was notified of the medication not being available. During an interview, on 09/12/2025 at 10:04 A.M., Licensed Practical Nurse 2 indicated the physician's orders for medications were sent to the pharmacy. It usually took less than 24 hours to receive medications. If a nurse needed to administer a medication and it was not available in the facility, they could contact the pharmacy to get the medication STAT ordered. With a STAT order, there was usually a four-hour turn around. They could also get the medication from the local pharmacy, someone from the facility could go pick it up or have the medication delivered. During an interview with the Infection Preventionist (IP) and the Director of Nursing (DON), on 09/12/2025 at 10:12 A.M., the IP indicated it was a long weekend when the medication was ordered. The DON indicated typically, instead of just documenting a medication as unavailable nursing staff should document if they reached out to the pharmacy and notified the physician. If they put a notation in the resident's record, nursing staff would know what was going on. The current Medication Shortages/Unavailable Medications policy, with a revised date of 08/01/2024, was provided by the Administrator on 09/12/2025 at 10:49 A.M. The policy indicated, .If the medication shortage is discovered at the time of medication administration, Facility staff should immediately notify the Pharmacy.If the medication is not available in the Emergency Medication Supply, Facility staff should notify Pharmacy and arrange for a STAT (immediate) delivery.If the ordered medication is not available in the Emergency Medication Supply, the licensed Facility nurse should call Pharmacy's emergency answering service and request to speak with the registered pharmacist on duty to manage the plan of action. 3.1-25(a)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to ensure foods were stored in a sanitary manner related to unlabeled foods for 1 of 3 kitchen observations.Findings include:During the initial tour of the facility kitchen with [NAME] 5 on 09/08/2025 at 7:46 A.M., the following items were observed in the refrigerator:-A tray that contained two cups of ambrosia salad, a small bowl of potato salad, and a ham sandwich in plastic bag. The items nor the tray were labeled with a prepared on or use by date,-A tray that contained four small cups of a fruit crumble dessert, a small cup of cucumber tomato salad, and a small cup of tapioca pudding. The items nor the tray were labeled with a prepared on or use by date, -A large, unlabeled pitcher that was less than half full of an orange drink, and -A large, unlabeled pitcher that was less than half full of a pink drink.During an interview, on 09/08/2025 at 7:48 A.M., [NAME] 5 indicated the items on trays were from the weekend and should have been labeled with prepared on date. The drink pitchers should have been labeled with a prepared on date. All items not labeled were removed and disposed. The current facility policy, titled Food Storage, most recently revised on 05/25, was provided by the Administrator on 09/12/2025 at 10:46 A.M. The policy indicated, .Leftover prepared foods.The food must clearly be labeled with the name of the product, the date it was prepared, and marked to indicate the date by which the food shall be consumed or discarded.3.1-21(i)(2)3.1-21(i)(3)