STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155427	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Madison	1945 Cragmont St Madison, IN 47250

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 the kitchen was clean and sanitary during 3 of 3 kitchen observations. This deficient practice had the potential to affect 33 of 33 residents who received meals and snacks in the facility.Findings included:1.During the initial tour of the kitchen with [NAME] 4, on 9/14/25 at 9:30 a.m., the following concerns were observed: -Both the reach in refrigerator and the reach in freezer appliances had a moderate amount of food particles on the bottom inside and had streaks and brown spots which ran down the length of the doors.-A gallon jar of buttermilk salad dressing inside the refrigerator had a loose lid and multiple streaks of salad dressing which ran down the outside of the jar.-An uncooked pork loin was sitting in water on the bottom of the refrigerator. No pan was under the pork it was resting directly on the bottom of the refrigerator.-The inside of the food processor lid had several small pieces of beige particles. The base had a moderate amount of crumbs on it.-The shelf with condiments had a heavy amount of brown and yellow food particles and splatters of white substances on the front area of the shelf.-The left oven had a heavy amount of brown and black rod shaped particles and brown chunks of debris particles on the bottom inside and along the left edge of the oven. The oven observation was in-between food preparation times. -The floor under the stove had a heavy amount of dirt and multiple crumbs and pieces debris.2. During a lunch observation of the kitchen at 11:40 a.m., the following concerns were observed:-All prior observed issues identified at 9:30 a.m. remained.-The griddle had a moderate amount of buildup on the top. The area in front of the griddle had a heavy black charred substance and grease. -Although the water on the bottom inside of the refrigerator had been wiped up, the uncooked pork roast remained without a drip pan under it lying directly on the bottom of the refrigerator with other food items.3. During a kitchen tour with [NAME] 4 on 9/18/25 at 10:45 a.m., the following concerns were observed:-The left oven had a heavy amount of brown and black rod shaped particles and brown chunks of debris particles on the bottom inside and along the left edge of the oven remained. -Under the stove, the floor still had a moderate amount of dirt and food crumbs on it.-The reach-in refrigerator and freezer continued to have heavy streaks down the length of the doors. The vents at the bottom of the doors had heavy soil and grease on them.-There was a heavy white/gray build-up along the top edges of the doors to the dish machine.-The gallon jar of buttermilk no longer had streaks running down the sides of the jar, but there was a moderate buildup of dressing around the edges where the lid screwed on.-A turkey breast was defrosting in the bottom of the refrigerator. Water was observed on the shelf under and extending out approximately 1 inch. No drip pan was under the meat.-The review of the Summer cycle of menus, on 9/18/25 at 11:10 a.m., failed to indicate rice had been served at any meal.During an Interview with [NAME] 4 on 9/18/25 at 11:10 a.m., he indicated each shift cleaned up at the end of their shift. There was no cleaning schedule at the current time, but the new Dietary Manager was actively working on a new one. During an interview, on 9/18/25 at 11:00 a.m., with the Executive Director (ED) and the Director of Nursing (DON), the ED indicated she was in and out of the kitchen all the time and had not seen any of the issues identified on 9/14/25 at 9:30 a.m. and 11:40 a.m. and at 10:45 a.m. on 9/18/25. She indicated the staff in the kitchen did all their cleaning every day and felt they were doing the best they could in light of new staff in there.3.1-21(i)(3)

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
	155427	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Madison	1945 Cragmont St Madison, IN 47250

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, record review, and interview, the facility failed to ensure appropriate pharmacy and order labeling was on the insulin pens (Residents 18 and 24), and the removal of unused insulin pens (Residents 14 and 18) for 3 of 5 residents reviewed for Medication Storage. Findings include: 1.a. During an observation on 9/16/25 at 1:30 p.m., of medications in the Purple Medication Cart, Resident 18's Novolog pen had no label for the pharmacy and physician's orders on the packaging. The admission Minimum Data Set (MDS) assessment, dated 8/25/25, indicated the resident was cognitively intact. She had received four hypoglycemic (insulin) injections in the last 7 days. The record for Resident 18 was reviewed on 9/16/25 at 2:02 p.m. The resident's diagnosis included, but was not limited to, type 2 diabetes mellitus with hyperglycemia. The review of the September 2025 Medication Administration Record (MAR) for Resident 18 lacked documentation of a physician's order or the administration of Novolog. During an interview, on 9/16/25 at 1:35 p.m., Licensed Practical Nurse (LPN) 3 indicated she should have checked the residents' insulin pens for expiration dates and proper labeling. 1.b. During an observation, on 9/16/25 at 1:40 p.m., the Medication Room refrigerator had 5 pens of Humalog in an unopened box for Resident 18. During an interview, on 9/16/25 at 1:42 p.m., LPN 2 indicated the resident brought the Humalog with her from home a month ago, when she was admitted , on 8/18/25. LPN 2 indicated it would not have been used because it came from the resident and had a different pharmacy and order on the label. During an interview, on 9/16/25 at 1:45 p.m., LPN 3 indicated the box of 5 Humalog flexpens wouldn't be used, because the resident brought the medication from home on admission, one month ago. All nursing staff should check for the unused medications in the refrigerator and discard them. The LPN would dispose of and replace the insulin without an open date on the pens, because they should have been dated upon the first use. 1.c. During an observation, on 6/19/25 at 1:57 p.m., of the Yellow Medication Cart, the following concerns were found in the top right drawer of the cart Resident 18's Lantus Solostar (glargine) pen was lying in a plastic bag in the top right drawer with her name handwritten on the bag. There was no pharmacy label on the bag. The physician's order, dated 8/21/25, indicated the nurse was to administer to the resident 12 units of Lantus (insulin glargine-yfgn) daily between 6:00 a.m. and 7:00 a.m. The pharmacy had delivered the resident's Lantus on 8/24/25. The 2025 MAR indicated the resident received the Lantus on 8/21/25, 8/23/25 thru 8/31/25 and 9/1/25 thru 9/10/25, 9/12/25 thru 9/16/25. 2. During an observation, on 6/19/25 at 1:57 p.m., of the Yellow Medication Cart, Resident 24's Basaglar kwikpen was lying in a plastic bag in the top right drawer with her name handwritten on the bag. There was no pharmacy label on the bag. The Quarterly MDS assessment, dated 8/14/25, indicated the resident was cognitively intact. He had received seven hypoglycemic (insulin) injections in the last 7 days. The resident's diagnosis included, but were not limited to, type 2 diabetes mellitus with diabetic neuropathy. The physician's order, dated 11/23/24, indicated the nurse was to administer to the resident 15 units of Basaglar kwikpen (insulin glargine) subcutaneously, twice daily at 6:30 a.m. and 9:00 p.m. The pharmacy delivered the resident's Basaglar kwikpen to the facility on 7/23/25. The 2025 MAR indicated the resident received the Basaglar on 7/1/25 thru 7/31/25, 8/1/25 thru 8/31/25, and 9/1/25 thru 9/16/25 twice daily. 3. During an observation on 9/16/25 at 1:30 p.m., the Purple Medication Cart, Resident 14's Troujeo U-300 pen had an open date of 8/6/25, The medication expired on 9/4/25 after 28 days from open date. The Quarterly Minimum Data Set (MDS) assessment, dated 8/14/25, indicated the resident was moderately cognitively impaired. She had received seven hypoglycemic (insulin) injections in the last 7 days. The resident's diagnosis included, but was not limited to, type 2 diabetes mellitus. The physician's order, dated 2/21/24, indicated the nurse was to administer 10 units of Toujeo SoloStar (insulin glargine U-300 concentrate) daily between 6:00 a.m. and 7:00 a.m. Hold for a blood sugar less than 100 or if the resident had no oral intake. The September (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155427	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Madison	1945 Cragmont St Madison, IN 47250

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2025 Medication Administration Record (MAR) indicated the resident received the Troujeo daily from 9/4/25 thru 9/16/25 between 6:00 a.m. and 7:00 a.m., past the expiration date. During an interview, on 9/16/25 at 1:47 p.m., Director of Nursing (DON) indicated the night shift nurse was supposed to check the refrigerator for unused medication. The Storage and Expiration Dating of Medications and Biologicals policy, revised last on 6/30/25, included, but was not limited to, .2. Facility should ensure medications and biologicals are stored in an orderly manner in cabinets, drawers, carts, refrigerators/freezers of sufficient size to prevent crowding . 12. Facility should destroy and reorder medications and biologicals with . missing labels . 22. Facility should destroy or return all discontinued, outdated/expired, or deteriorated medications or biologicals in accordance with pharmacy return/destruction guidelines and other applicable law, and in accordance with Policy . 3.1-25(k)(2)3.1-25(k)(5)3.1-25(k)(6)3.1-25(k)(7)3.1-25(q)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155427	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Madison	1945 Cragmont St Madison, IN 47250

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure the accuracy of weekly skin assessments for 1 of 12 residents reviewed for resident records. (Resident 3)Finding included:The record for Resident 3 was reviewed on 9/15/25 at 9:01 a.m. The resident's diagnoses included, but were not limited to, chronic atrial fibrillation, essential (primary) hypertension, pain, neuromuscular dysfunction of bladder, Vitamin D deficiency, atrophic disorder of skin, tremor, unspecified protein-calorie malnutrition, dysphagia, and muscle weakness. The care plan, dated 6/3/15 with a review date of 8/4/25, indicated the resident was at risk for skin breakdown due to some sensory impairment that limited ability to feel pain/discomfort in 1 or 2 extremities. The resident's skin was occasionally moist which required an extra linen change approximately once per day. The resident was chairfast (no ability to walk, severely limited or nonexistent). The resident could not bear their own weight and/or must be assisted into chair or wheelchair. The resident's ability to change and control body position was slightly limited, inadequate intake, high risk for friction and shearing with diagnoses of malnutrition, atrial fibrillation, hypertension, edema, knee pain, tremors, atrophic skin disorder. The interventions included, but were not limited to, assess and document skin condition weekly and as needed. Notified the physician of abnormal findings.During an observation of wound treatment for Resident 3, on 9/17/25 at 11:02 a.m., the Director of Nursing (DON) and Assistant Director of Nursing (ADON) performed hand hygiene and applied PPE (personal protective equipment). The DON indicated there was almost no drainage from the wound. The wound was dime sized and the wound bed and edges were pink in color. There was a pink larger area around the wound to the coccyx from a previous laceration that had healed. The border dressing was dated and initialed and was applied over the treatment. The admission Assessment, dated 6/2/25, indicated under the skin section, the resident had a wound on his right buttock which measured length to be 1 cm (centimeter) by width 1 cm with no depth.The review of the Weekly Skin and Vitals assessments, between 6/3/25 and 9/15/25, indicated the following assessments were coded incorrectly: - On 6/3/25, the resident had no open areas. - On 6/10/25, the resident had no open areas. - On 6/24/25, the resident had no open areas. - On 6/30/25, the resident had no open areas. - On 7/7/25, the resident had no open areas. - On 7/14/25, the resident had no open areas. - On 8/25/25, the resident had no open areas. - On 9/1/25, the resident had no open areas. - On 9/8/25, the resident had no open areas. - On 9/15/25, the resident had no open areas. During an interview with the DON, on 9/16/25 at 1:45 p.m., she indicated that after reviewing the Weekly Skin and Vital Signs assessments, several of them were coded incorrectly as to the section on if an open area was present. The resident did have an open area to his right buttocks from the time of admission on [DATE] until 7/16/25 when she healed the wound out. The resident re-developed another open area on his coccyx on 7/22/25, and the nurses were currently working on healing that one out. During an interview with the DON, on 9/16/25 at 1:55 p.m. , she indicated that the Regional Director of Clinical Operations informed her there was not a policy which described how to code the questions on the Weekly Skin and Vital Signs assessments. 3.1-31(d)(3)3.1-50(a)(2)