

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2025
NAME OF PROVIDER OR SUPPLIER  Hickory Creek at Connersville		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 N Grand Ave Connersville, IN 47331	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to check outside of the door when a security alarm was sounding off and a resident (Resident B) was identified outside of the facility without staff knowledge for 1 of 3 residents reviewed for the risk of elopement. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 7/7/2025 at 1:30 p.m. The diagnoses included, but were not limited to, metabolic encephalopathy and vascular dementia.</p> <p>A Significant Change in Status Minimum Data Set assessment, dated 5/13/2025, indicated Resident B was cognitively impaired, was physically aggressive to others, did not exhibit wandering, but did reject care. During the assessment reference period, Resident B needed only supervision or touch assistance for staff for walking 10, 50, and 150 feet with the ability to make two turns.</p> <p>A care plan, initiated on 5/13/2025 and revised on 6/30/2025, indicated an intervention, dated 5/13/2025, of using a wanderguard as ordered (WanderGuard system is a wander management system used in healthcare facilities to protect residents who may wander, especially those with cognitive impairments. These systems use wearable devices, like bracelets, and strategically placed sensors to monitor resident movement and alert staff when a resident approaches a restricted area).</p> <p>An elopement assessment, dated 5/20/2025, indicated Resident B exhibited wandering behaviors, attempted to open the exit doors, and utilized a security bracelet.</p> <p>A physician's order, dated 5/30/2025, indicated for Resident B to use a WanderGuard and check placement every shift for being at risk of elopement.</p> <p>A maintenance report, dated 6/24/2025, indicated all external doors had operational locking mechanisms.</p> <p>Review of the Medication Administration Record (MAR) for Resident B indicated the last documented behavior for Resident B was, on 6/25/2025 at 8:27 p.m., recorded as very anxious.</p> <p>A nursing progress note, dated 6/29/2025 at 3:25 p.m., indicated Resident B was brought back from a leave of absence.</p> <p>(continued on next page)</p>

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:  155434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2025
NAME OF PROVIDER OR SUPPLIER  Hickory Creek at Connersville		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 N Grand Ave Connersville, IN 47331	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A statement written by Certified Nurse Aide (CNA) 2, dated 6/29/2025, indicated on 6/29/2025 she had heard the front door alarm going off. At the time, Resident C was standing by the door. Another staff member turned the alarm off while she escorted Resident C to her room.</p> <p>A statement written by Registered Nurse (RN) 3, dated 6/29/2025, indicated at 3:30 p.m. on 6/29/2025, she had turned off the door alarm after Resident C had been up to it. At 3:45 p.m. on 6/29/2025, she received a call that Resident B was at a house across the street.</p> <p>During an interview with the Administrator, on 7/7/2025 at 2:35 p.m., she confirmed staff did not check outside when the alarm was sounding because they believed it was from Resident C.</p> <p>A timeline of incidents, provided by the Administrator on 7/7/2025 at 1:20 p.m., indicated that on 7/1/2025 the Maintenance Director had noticed the magnetic lock on the front door did not sound like it was making the normal connection. It was then discovered the door was not locking consistently. Vendor 4 was contacted and made an emergency service call on 7/1/2025 at 4:15 p.m. A loose wire was found on the internal mechanism and fixed during that timeframe.</p> <p>A letter from Vendor 4, dated 7/3/2025, indicated the magnetic locking mechanism had a loose power wire which was causing it to be working only intermittently.</p> <p>A procedure, entitled Door Alarm Response, was provided by the Administrator on 7/7/2025 at 1:20 p.m. The procedure indicated . Unlock front door, physically OPEN the door, and look in the immediate vicinity .</p> <p>This Federal tag relates to Complaint IN00462575.</p> <p>3.1-45(a)(1)</p> <p>3.1-45(a)(2)</p>		