STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155442	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hickory Creek at Franklin	580 Lemley Street Franklin, IN 46131

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 - Many Note: The nursing home is disputing this citation.	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was stored in a sanitary manner for 1 of 2 kitchen observations. Food was not labeled or dated. Finding includes:On 6/25/26 at 8:20 a.m., in the kitchen inside freezer two, observed an opened clear plastic bag that contained approximately 12 frozen unidentified meat patties. The bag was not labeled or dated.During an interview on 6/25/26 at 8:25 a.m., [NAME] 1 indicated unidentified meat patties were hamburger patties should have been labeled with the date the bag was opened. During an interview on 6/25/26 at 8:29 a.m., the Dietary Manager indicated the staff should have labeled and dated the opened bag of hamburger patties when the bag was opened. On 6/25/26 at 9:18 a.m., the Administrator provided a copy of a facility policy, titled Food Storage, dated 5/2025, and indicated this was the current policy used by the facility. A review of the policy indicated food was stored in an appropriate method to prevent contamination.This citation relates to Intake 2785952.410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(2)410 IAC (Indiana Administrative Code) 16.2-3.1-21(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