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	02/13/2026

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 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care by qualified persons according to each resident's written plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to notify the physician of a weight gain of more than 5 pounds in a week in accordance with the written plan of care for 1 of 16 residents reviewed for physician's orders. (Resident 36)Finding includes: On 2/10/26 at 12:15 p.m., Resident 36's clinical record was reviewed. The diagnoses included, but were not limited to, end stage renal disease and dependence on renal dialysis. A Quarterly Minimum Data Set (MDS), dated [DATE], indicated Resident 36 had moderate cognitive impairment. A Physician's Order, initiated 4/22/25, indicated to weigh Resident 36 every Monday, Wednesday, Friday if weight gain of more than 3 pounds in a day or 5 pounds in a week notify the physician. On 9/3/25 Resident 36's weight was 154.7 pounds and on 9/5/25 the weight was 161.6, which indicated a weight gain of 6.9 pounds. On 10/10/25 Resident 36's weight was 167.5 pounds and on 10/13/25 the weight was 201.2, which indicated a weight gain of 33.7 pounds. On 1/7/26 Resident 36's weight was 151.6 pounds and on 1/9/26 the weight was 159.2, which indicated a weight gain of 7.6 pounds. The facility lacked documentation for physician notification regarding the greater than five-pound weight gain for Resident 36 on 9/5/25, 10/12/25, and 1/9/26. During an interview on 2/11/26 at 8:04 a.m., the Director of Nursing Services indicated there should have been physician notifications as per physician orders. On 2/11/26 at 8:27 a.m., the Executive Director indicated that the facility did not have a policy on following physician orders. The facility was to follow Federal guidelines. On 2/10/26 at 9:00 a.m., the Executive Director provided a policy titled Dialysis Care with a revision date of 11/2017. A review of the policy indicated Procedure, .1. Physician orders will be received at time of admission specific to the residents; Weight monitoring if indicated. 3.1-35(g)(2)

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