

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Huntington		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 Grant St Huntington, IN 46750	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>49411</p> <p>Based on observation and interview, the facility failed to dispose of unlabeled and unused medications for 2 of 4 medication carts reviewed for medication storage and labeling. (Medication Cart B and Medication Cart C)</p> <p>Findings include:</p> <p>During a medication storage observation of Medication Cart B, accompanied by QMA 3 on 3/5/25 at 11:17 a. m., a loose pill was found on the bottom of the second drawer, towards the back of the cart. An additional loose pill was found at the bottom of the second drawer. QMA 3 indicated the pills should be disposed of. The medication carts were cleaned out once a week. Any loose pills would be discarded using the drug buster solution.</p> <p>During a medication storage observation of Medication Cart C, accompanied by QMA 3 on 3/5/25 at 11:22 a. m., a loose pill was found on the bottom of the second drawer, towards the middle of the drawer. QMA 3 indicated the pill should be disposed of.</p> <p>During an interview with the Corporate Nurse, during the medication cart observation, she indicated loose pills should be disposed of using the drug buster solution.</p> <p>A current facility policy, titled Medication Storage and Expiration, provided by the Administrator on 3/6/25 at 3:35 p.m., indicated the following: .Facility should destroy and reorder medications with soiled, illegible, worn, makeshift, incomplete, damaged, or missing labels or cautionary instructions</p> <p>3.1-25(j)</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
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