

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Sunset		STREET ADDRESS, CITY, STATE, ZIP CODE 1109 S Indiana Street Greencastle, IN 46135	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on record review and interview, the facility failed to honor a resident's request to go to the hospital via Emergency Medical Service and timely provide paperwork for continuity of care, potentially causing a delay in treatment for 1 of 4 residents reviewed for resident rights and quality of care. (Resident B) Findings include: An intake document, dated 6/19/26 at 6:09 p.m., indicated a 911 call was received from a patient who was on the front walk of the facility due to their oxygen running out. Staff refused to assist with moving the patient or assisting with patient at all because she contacted 911 herself. It was indicated this was considered AMA [against medical advice]. They attempted to convince the patient not to go to the hospital, despite critical oxygen levels. Additional resources to move the resident had to be obtained. After chaos, they did attempt to assist, however, the refusal caused unneeded delay in patient care. The clinical record review for Resident B was completed on 7/23/26 at 10:25 a.m. Diagnoses included acute respiratory failure with hypoxia (deficiency in the amount of oxygen reaching the tissues), morbid obesity, and heart disease. A quarterly Minimum Data Set (MDS) assessment, dated 6/26/26, indicated the resident was cognitively intact, had shortness of breath with exertion and with rest, and required oxygen. She had no hallucinations, delusions, or refusal of care during the assessment period. A nursing progress note, dated 6/18/26 at 8:11 p.m., entered by the DON, indicated, Resident returned from [local store] and was sitting outside on porch with church friends who stated, '[Resident B] don't you want to just stay here and let them help you.' Resident called 911 from personal cellphone. Resident notified staff she was going to ER and was very emotional. Staff attempted to assess resident, resident refused. Staff attempted to provide reassurance and PRN [as needed] hydroxyzine for anxiety, resident refused. Resident reminded that NP [Nurse Practitioner] was scheduled to see resident tomorrow, she stated, 'That's not good enough. I want to see a doctor and go to the hospital.' [Nurse practitioner] notified, she gave verbal order to send to ER [emergency room] d/t [due to] resident's refusal of assessment and interventions at facility. EMS [Emergency Medical Services] arrived and attempted to transfer resident from power wheelchair outside. Resident informed EMS that she has had nausea and vomiting all day, staff clarified with EMS that this is not accurate. The fire department arrived and assisted EMS with transfer. Paperwork provided and report called to ER. Husband did not answer phone. [Resident's son name], resident's son, notified of situation and transfer. He was informed that she would be taken to [acute care hospital]. He thanked writer for information and stated he would let resident's husband know. A Hospital-ER Transfer Form, dated 6/18/26 at 8:07 p.m., entered by the DON, indicated a description as Refusing assessment and interventions from facility nurse, resident called 911. An Event Report-Physician Communication Tool, dated 8/18/26 at 8:05 p.m., entered by the DON, indicated a description as Refusing Assessment and Intervention. The Mental status was indicated as agitated. An assessment note indicated, Resident (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155565 If continuation sheet Page 1 of 3

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