STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155630	A. Building B. Wing	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Flatrock River Lodge	904 E 11th St Rushville, IN 46173

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 50436 Based on observation, interview, and record review, the facility failed to ensure a resident had compression stockings on as ordered for 1 of 1 resident reviewed for edema. (Resident 9) Findings include: The clinical record for Resident 9 was reviewed on 4/8/25 at 11:45 a.m. The diagnoses included, but were not limited to, osteoarthritis and diabetes mellitus. During an observation and interview on 4/8/25 at 9:48 a.m., Resident 9 was fully dressed for the day and indicated she did not have her TED (Thrombo-Embolic Deterrent) hose on. During an interview with Resident 9 on 4/8/25 at 10:36 a.m., she indicated the facility staff had taken her TED hose to be washed the day before and they have not brought them back. During an observation and interview on 4/9/25 at 10:49 a.m., Resident 9 did not have her TED hose on. She indicated that staff have not brought them back to her after being washed. Resident 9 had a physician's order, dated 3/6/23, that indicated to apply TED hose to both lower extremities (for edema) daily, on in the morning and off in the evening. Resident 9's Treatment Administration Record (TAR) was reviewed on 4/9/25 at 11:30 a.m. The TAR indicated Resident 9 had TED hose applied in the morning, on 4/8/25, and removed, on 4/8/25, in the evening. The TAR also indicated Resident 9 had TED hose applied in the morning of 4/9/25. A care plan for Resident 9, dated 10/26/23, indicated to apply TED hose in the morning and remove in the evening/bedtime. During an interview with the Director of Nursing (DON) on 4/9/25 at 1:50 p.m., she indicated nursing was responsible for making sure Resident 9's TED hose were on. A Medication/Treatment Administration Error Policy was provided by the Nurse Consultant on 4/10/25 at 10:11 a.m. The policy indicated .1. A facility medication/treatment error occurs when .n. Failure to complete a medically related procedure/treatment as ordered by the physician . 3.1-37(a)

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