STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLASSWATER CREEK OF WHITESTOWN	5829 NEW HOPE BOULEVARD, WHITESTOWN, , 46075

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intake IN00465608. Intake IN00465608 - State deficiencies related to the allegations are cited at R0045. Survey date: October 29, 30, and 31, 2025 Facility number: 015004 Residential Census: 74 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on November 11, 2025.	R 0000	**R 0000** This Plan of Correction constitutes a written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request consideration for paper compliance.	
R 0045	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(r)(6-9) (6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:	R 0045	**R 0045** The corrective action that will be accomplished for those residents found to have	12/01/2025

	(A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for involuntary relocations or discharges only). (v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. (vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F). (B) Record the reasons in the resident ' s clinical record. (C) Include in the notice the items described in subdivision (9). (7) Except when specified in		been affected by the deficient practice; A) Resident E was admitted to the hospital and passed away on 9/25/24 following a long battle with alcoholic cirrhosis of the liver; and B) All licensed nursing will be trained on the facility policy for transfer/discharge, notification of POA, documentation of transfer/discharge and retaining copies of the transfer/discharge in the clinical record. The facility will identify other residents having the potential to be affected by the same deficient practice and corrective action will be taken; All residents who are transferred or discharged from the community have the potential to be affected by the alleged deficient practice. The measures that will be put into place and systemic changes that will be made to ensure that the deficient practice does not recur; A) All licensed nursing staff will be trained on the facility policy for transfer/discharge of a resident, notification of POA,	

	subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged. (8) Notice may be made as soon as practicable before transfer or discharge when: (A) the safety of individuals in the facility would be endangered; (B) the health of individuals in the facility would be endangered; (C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge; (D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or (E) a resident has not resided in the facility for thirty (30) days. (9) For health facilities, the written notice specified in subdivision (7) must include the following: (A) The reason for transfer or discharge. (B) The effective date of transfer or discharge. (C) The location to which the resident is transferred or discharged. (D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to		documentation of transfer/discharge and retaining copies of the transfer/discharge in the clinical record; B) All transfers/discharges will be passed on to the on-coming shift during report and added to the 24 report sheet; and C) Transfer sheets will be completed for each transfer/discharge and uploaded into the clinical record How the corrective actions will be monitored to ensure the deficient practice will not recur and the quality assurance program that will be put into place; A) The DON or designee will audit documentation of transfers/discharges bi-weekly x 4 weeks, then weekly x 8 weeks and then monthly x 4 months to ensure notification of POA; documentation of transfer/discharge and completion/uploading of transfer/discharge form into the clinical record; and C)The monthly QA committee will review x 6 months and make recommendations as needed. The date of the systemic changes will be completed by:	

	leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " . (E) The name of the director and the address, telephone number, and hours of operation of the division. (F) A hearing request form prescribed by the department. (G) The name, address, and telephone number of the state and local long term care ombudsman. (H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission. Based on interview and record review, the facility failed to document discharge of a resident (Resident E), notification of the resident's		December 1, 2025.	

discharge to the resident's representative, and to retain copies of the transfer/discharge in the clinical record for 1 of 3 residents reviewed for transfer and discharge rights (Resident E).

Findings include,

During an interview on 10/29/25 at 2:00 p.m., resident representative for Resident E indicated, last fall the resident had been sent to the emergency department (ED) of a local hospital by Licensed Practical Nurse (LPN) 4, who refused to give her details of the resident's condition or where he had been sent. The resident representative indicated, as the Power of Attorney (POA) for Resident E, she should have been informed immediately and given information about where the resident had been sent so she could have been by his side, not had to wait 7 hours for a Qualified Medication Aide (QMA) "to take pity on her" and explained where her brother was. The resident representative indicated she had not been provided with a copy of the resident's transfer/discharge paperwork.

Resident E's clinical record was reviewed on 10/31/25 at 10:00 a.m. Resident E, who was admitted to the facility on 6/20/24, had diagnoses in his

clinical record to include alcoholic cirrhosis of the liver and hypertension.

The last nursing progress note in the clinical record was a late entry note, dated 7/20/25 at 5:32 p.m., and indicated Resident E had returned from the hospital after having been found that morning on the floor beside his bed, and being sent to the ED.

An Indiana Advanced Directive form for Resident E, dated 7/22/24, indicated the resident had elected his sister as his Health Care Representative (HCR). The HCR was given authority to make decision to include agreeing to medical treatment, stopping medical treatment, refusing medical treatment, and arranging comfort care.

A late entry Nurse Practitioner (NP) progress note, dated 8/19/24 at 2:33 p.m., indicated the sister reported the resident had lost his balance and fallen that morning, he had not hit his head, but he was unsure where he was after the fall for a quick second. The resident appeared ataxic (lacked coordination and had difficulty with movements) during the visit. The NP questioned if Resident E's ammonia levels were off (when the liver did not use ammonia properly, it could build up to high

levels in the blood and travel the brain, causing symptoms like confusion and shakiness) and recommended that the resident be sent to the ED versus await any labs that could be ordered.

Documentation of census in the electronic medical record (EMR), dated 8/22/24, indicated medical/therapeutic leave.

Medication Administration Record (EMR), dated August 2024, indicated documentation daily from 8/1/24 - 8/31/24, the resident self-administered his own medications without supervision.

A medication administration notes, dated 9/25/24, indicated that the blood pressure was not monitored per physician's orders, due to his respirations had ceased (RHC).

Resident E's clinical record lacked documentation to include,

a. Resident E had been transferred from the facility to a local hospital, where he subsequently died, and no longer lived in the facility.

b. A physician's order to transfer the resident, with a date, reason for the transfer, and destination.

c. A nursing progress notes with a reason Resident E was transferred out of the facility,

and documentation of the resident's condition at the time of discharge.

d. The resident's representative, the Executive Director (ED) and Director of Nursing (DON) were notified of the transfer.

e. A copy of transfer/discharge forms, or documentation of forms having been sent with the resident at the time of discharge.

On 10/31/25 at 1:50 p.m., the Business Office Manager (BOM) provide a Transfer/Move Out Report, that indicated date of transfer/move out was 10/16/24, and the rest of the document including billing information, code status, diagnoses, reason for transfer, physician's name, etc. was blank. The BOM indicated, she had no idea when the resident left the facility, the stop billing date was all she had.

On 10/31/25 at 2:20 p.m., the BOM indicated she had found census sheets from 2024 with handwritten notes from an unidentified source, that documented the resident as having gone to the hospital on 8/22/24, and the resident having passed away on 9/24/25. The census sheets did not indicate if the resident had died in the hospital or in the facility.

During an interview on 10/31/25 at 2:25 p.m., the ED indicated,

when a resident left the facility for a personal or therapeutic leave, the staff were supposed to have documented in the clinical record at the time in the nursing progress notes, and on a transfer/discharge form. Persons that were to be notified of a transfer included the ED, DON, physician, and the POA/resident representative.

On 10/31/25 at 2:32 p.m., the ED provided a Discharge Policy, dated 4/2024, and indicated the policy was the one currently being used by the facility. The policy indicated, "Before an interfacility transfer or discharge occurs, the community must, on a form prescribed by the department, do the following: A. Notify the resident of the transfer or discharge and the reasons for the move, in writing ...The community must place a copy of the notice in the resident's clinical record and transmit a copy of the following: i. The resident. ii. A family member of the resident if known. iii. The resident's legal representative if known. iv. The local long term care ombudsman program [for involuntary relocations or discharges only] ...vii. The resident's physician when the transfer or discharge is necessary due to level of care changes and/or behaviors. A. Record the reasons in the resident's clinical record B.

Include in the notice: i. The reason for transfer or discharge ii. The effective date of transfer or discharge iii. The location to which the resident is transferred or discharged ...iv. The name of the director and the address, telephone number and hours of operation of the division ..."

This citation relates to Intake IN00465608.

Based on interview and record review, the facility failed to document discharge of a resident (Resident E), notification of the resident's discharge to the resident's representative, and to retain copies of the transfer/discharge in the clinical record for 1 of 3 residents reviewed for transfer and discharge rights (Resident E).

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREHeidi Myers	TITLEExecutive Director	(X6) DATE11/21/2025