STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMONS AT HONEY CREEK, THE	1450 EAST CROSSING BOULEVARD, TERRE HAUTE, , 47802

(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 a State Residential Licensure Survey. Survey dates: May 1 and 4, 2026 Facility number: 015282 Residential Census: 67 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on May 12, 2026.	R 0000	Plan of Correction This plan of correction constitutes the 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. The Plan of Correction is submitted to meet requirements established by state and federal law. The Commons at Honey Creek requests that this Plan of Correction be considered and Allegation of Compliance. Compliance is effective 5/20/26.	
R 0029	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(d) (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality. Based on interview and record review, the facility failed to	R 0029	R029 – It is the policy of The Commons at Honey Creek that Residents' Rights are observed and upheld in accordance with state and local requirements, including 410 IAC 16.2-5-1.2(d). It is the policy of The Commons at Honey Creek that residents have the right to be treated with consideration, respect, and	05/14/2026

	maintain the dignity and respect of a resident during resident council meeting (Resident 042). Findings include: On 5/1/26 at 2:02 p.m., during an interview the Resident 42 indicated about three months ago during a resident council meeting she was voicing concerns and the Activity Director pointed to her and told her she was the biggest troublemaker in the facility. She indicated she was very embarrassed at the time and left the meeting. She indicated she no longer attended resident council meetings. On 5/1/26 at 2:30 p.m., during an interview the Administrator indicated she had received a grievance from Resident 042 regarding the facility Activity Director. She indicated the resident filed a grievance, and she addressed it with the Activity Director. She acknowledged the Activity Director should have addressed the dispute privately with the resident. On 5/1/26 at 3:22 p.m., the Administrator provided a document titled, "Relias Transcript," (an online training program used for all employees providing education and training). She indicated the document verified education		recognition of their dignity and individuality. 1. What corrective action will be accomplished for those residents found to be affected by the deficient practice? 1. The resident identified was immediately assessed to ensure their rights, dignity, and individuality were maintained.Staff involved was re-educated regarding Residents' Rights, including respectful interactions, dignity preservation, and person-centered care approaches in accordance with policy and 410 IAC 16.2-5-1.2(d).Immediate corrective measures were implemented to address the specific concern identified. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? 1. Resident interviews were conducted to identify any additional residents affected and	

	was provided to the Activity Director. The education, dated 2/24/26, was provided two weeks after the incident. On 5/1/26 at 1:45 p.m., the Administrator provided a document, titled, "Resident Bill of Rights," dated 3/1/2023, and indicated it was the policy currently being used by the facility. The policy indicated, "...(b) the resident has the right to a dignified existence, self-determination, and communication inside and outside the Community ...(d) The resident has the right to be treated with consideration, respect and recognition of their dignity and individuality ...."		the Ombudsman accepted an invitation to the next resident council meeting. 2. Re-education with all staff completed for Residents' Rights and PHI handling on 5/13/26. 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not re-occur? 1. The community provided re-education for all staff regarding Residents' Rights and completed post-tests on 5/13/26.New hires receive Residents' Rights education during General Orientation. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? 1. The Executive Director, Director of Nursing will complete the Privacy and Resident Rights Quality Tool for review weekly for 4 weeks and monthly for 3 months and	

			reviewed at the QAPI meeting. If 100% compliance is not met, disciplinary action and additional actions will be implemented. 5. By what date the systemic changes will be completed? 1. All systemic changes, staff education, and implementation of monitoring process was completed 5/20/26.	
R 0054	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(x) (x) Residents have the right to confidentiality of all personal and clinical records. Information from these sources shall not be released without the resident ' s consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident ' s records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident ' s expense. Based on observation, interview, and record review, the facility failed to ensure staff-maintained confidentiality of medical records during	R 0054	R054 – It is the policy of The Commons at Honey Creek that Residents' Rights are observed and upheld in accordance with state and local requirements, including 410 IAC 16.2-5-1.2(x). It is the policy of The Commons at Honey Creek that residents have the right to confidentiality of all personal and clinical records. 1. What corrective action will be accomplished for those residents found to be affected by the deficient practice? 1. Resident information identified as potentially compromised was immediately secured to maintain confidentiality of	05/14/2026

	medication pass administration for 2 of 5 residents reviewed (Residents 52 and 28). Findings include: During medication administration, on 5/1/26 at 1:00 p.m., Licensed Practical Nurse (LPN) 4 prepared medication for Resident 52 at the medication cart across from the nurse's station and she then left the medication cart and proceeded to the dining room to administer the medications to the resident. LPN 4 left the computer open and Resident 52's medical record was open to view. Resident 52's name, date of birth, room number, code status, physician orders, and allergies were all exposed and able to be viewed by anyone walking down the hallway. During medication administration, on 5/1/26 at 1:05 p.m., LPN 4 prepared medication for Resident 28 at the medication cart across from the nurse's station and then left the medication cart and went down the hallway to the resident's room. LPN 4 left the computer open on the medication cart and Resident 28's record was open to view. Resident 28's name, date of birth, room number, code status, physician orders, and allergies were all exposed and able to be viewed by anyone walking down		personal and clinical records.Staff involved were re-educated on HIPAA requirements and PHI in accordance with 410 IAC 16.2-5-1.2(x).Immediate corrective action was taken to prevent further unauthorized disclosure or access. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? 1. Re-education with all staff completed for Residents' Rights and PHI handling. 3. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? 1. The community provided re-education for all staff regarding Residents' Rights and completed post-tests on 5/13/26.New hires receive Residents' Rights education during General Orientation. 4. By what date the systemic changes will be completed?	

	the hallway. During an interview, on 5/1/26 at 1:15 p.m., LPN 4 indicated she should not have left the computer open on the medication cart when she walked away from it to administer the medications to residents. During an interview, on 5/1/26, at 1:30 p.m., the Director of Nursing Services indicated staff should not leave the computer open on the medication cart when not visible by staff. On 5/1/26 at 1:45 p.m., the Administrator provided a document with a revised date of 12/17, titled, "Resident Bill of Rights," and indicated it was the current policy being used by the facility. The policy indicated, " ...(x) Residents have the right to confidentiality of all personal and clinical records ...."		1. All systemic changes, staff education, and implementation of monitoring process was completed 5/20/26.	

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 SIGNATUREErin Brown	TITLEExecutive Director	(X6) DATE05/22/2026