STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155312	A. BUILDING _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIAN CREEK HEALTHCARE CENTER	**240 BEECHMONT DR CORYDON, IN 47112**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00448691. Complaint IN00448691 - Federal/State deficiency related to the allegations is cited at F695. Survey date: January 2, 2025 Facility number: 000206 Provider number: 155312 AIM number: 100284940 Census Bed Type: SNF/NF: 120 Total: 120 Census Payor Type: Medicare: 5 Medicaid: 75 Other: 40 Total: 120 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 10, 2025.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences,	F 695		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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F 695	Continued From page 1 and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a hospital discharge order for a BiPAP machine, at night and as needed, was implemented upon admission for 1 of 3 residents reviewed for respiratory care. (Resident B) Findings include: The clinical record for Resident B was reviewed on 1/2/25 at 9:49 a.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD) and acute respiratory failure with hypercapnia. The hospital discharge summary, dated 10/31/24, indicated discharge diagnoses of acute hypercapnic respiratory failure, acute COPD exacerbation, community acquired pneumonia and pleural effusion. The discharge plan included supplemental oxygen during the day and a BiPAP (non-invasive ventilation therapy that helps with breathing difficulties) machine at bedtime and as needed during the day for confusion. The resident would be discharged to a rehabilitation facility and the BiPAP equipment would be delivered to the resident's home. The clinical record lacked documentation of any BiPAP orders for the resident The progress note, dated 10/31/24 at 8:00 p.m., indicated the resident arrived by ambulance to the facility. The Nurse Practitioner (NP) note, dated 11/1/24 at 11:46 a.m., indicated the resident was diagnosed with hypercapnia and required use of a	F 695	Past noncompliance: no plan of correction required.	

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F 695	Continued From page 2	F 695		

BiPAP. The hospital discharge summary reported that the BiPAP would be delivered to the resident's home. The family called and said that they would bring it in. Obtain a BiPAP and ensure compliance.

The progress note, dated 11/3/24 at 8:50 p.m., indicated Resident B was observed with acute onset of shortness of air. The resident's sensor indicated his oxygen level was reading 85% (percent) on a nasal cannula. The resident was provided a breathing treatment with little effectiveness. The resident was transferred to the emergency room.

During an interview on 1/2/25 at 10:55 a.m., the Administrator in Training (AIT) indicated the facility has spoken with the resident's member on 11/1/24 related to the BiPAP machine. The family member indicated he went to the resident's home to look for the BiPAP machine. The family indicated the machine was not located. The facility indicated they could acquire one for the resident. The family member indicated the machine had already been paid for and he would go back the next to look again.

During an interview on 1/2/25 at 11:08 a.m., NP 6 indicated there should have been a BiPAP machine available when the resident was admitted. The facility had since put a plan into place to ensure all as needed medical devices were available upon the residents admission.

On 1/2/25 at 12:13 p.m., the AIT (Administrator in Training) provided a current, undated copy of the document titled "Physician Orders". It included, but was not limited to, "Policy...It is the policy of this facility to provide resident centered care that

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F 695	Continued From page 3 meets the...physical...needs...of the residents The safety of residents...is of primary importance...." The Past noncompliance began on 10/31/24 at 8:00 p.m.. The deficient practice was corrected by 11/4/24 after the facility implemented a systemic plan that included the following actions: All licensed nursing staff were educated on expectations as it related to BiPAP/CPAP orders and obtaining equipment timely (11/4/24); Audits were implemented on all new admissions for BiPAP/CPAP needs which also included a 14-day look back to ensure all residents with BiPAP/CPAP needs had orders and equipment in place (11/4/24). This Citation relates to Complaint IN00448691 3.1-47(a)(6)	F 695		