

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155649	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2026
NAME OF PROVIDER OR SUPPLIER  McCormick's Creek Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  210 State Hwy 43 Spencer, IN 47460	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with a pressure ulcer received necessary treatment and services to promote wound healing for 1 of 3 residents reviewed for pressure ulcers. (Resident 10) Findings include: During an interview on 1/9/26 at 2:39 p.m., Resident 10 was observed in bed and had a gauze bandage on his right elbow. He indicated he had a pressure wound on his elbow for a long time, and he was observed to utilize his right elbow to reposition himself throughout the interview. On 1/12/26 at 11:57 a.m., the resident was observed in bed with a bandage on his right elbow. On 1/13/26 at 12:07 p.m., the resident was observed in bed with a bandage on his right elbow. On 1/12/26 at 12:08 p.m., the resident's clinical record was reviewed. The diagnoses included, but were not limited to weakness, quadriplegia, and muscle wasting and atrophy. A 12/31/25 quarterly Minimum Data Set Assessment indicated the resident was cognitively intact. He had upper and lower extremity impairment of both sides in functional range of motion. A 9/11/25 physician's order indicated the resident was to have OT (occupational therapy) to evaluate and treat him for a protective elbow device. The clinical record lacked an OT evaluation for a protective elbow device. A 9/16/25 Wound Assessment Report from a wound specialist indicated the resident had 3 newly acquired stage 3 (an ulcer where tissue damage results in full-thickness loss of the skin and the layer of fat under the skin may be visible) wounds to his right elbow. A right proximal wound measured 0.5 cm (centimeter) by 0.6 cm by 0.1 cm. A right distal wound measured 1 cm by 0.8 cm by 0.1 cm. A right lateral wound measured 2 cm by 3.2 cm by 0.1 cm. During an interview on 1/14/26 at 11:20 a.m., the DON (Director of Nursing) indicated the facility did not have access to the therapy department's charting because the facility changed therapy companies in October of 2025. She indicated the resident's right elbow wound was a chronic wound which developed due to the resident frequently applying pressure to his right elbow. During an interview on 1/14/26 at 2:19 p.m., the DON and the interim Administrator indicated the facility could not get access to the former company's charting and they could not prove the resident had the OT evaluation. On 1/14/26 at 2:46 p.m., the DON provided a copy of the facility policy, Physician Services and Orders, dated 12/1/25, and indicated it was the policy currently being used. A review of the policy indicated, . 11. All physician orders will be followed as prescribed and if not followed, the reason shall be recorded in the resident's medical record during that shift .3.1-40(a)(2)</p>

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: 155649	If continuation sheet Page 1 of 2

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to ensure the facility had a Registered Nurse (RN) on site for 8 hours a day that was not the Director of Nursing Services (DNS) when the facility was over 60 residents for 3 of 45 days reviewed. This had the potential to affect 73 of 73 residents residing in the facility. Findings include: On 1/14/26 at 11:32 a.m., the December 2025 nursing schedule was requested. On 1/14/26 at 1:10 p.m., the DNS presented the Nursing Daily Staffing sheets for December 2025. They indicated the following:- On 12/6/25, the only RN that worked was the DNS. The Daily Nurse Staffing Posting indicated the census was 73 residents.- On 12/20/25, the only RN that worked was the DNS. The Daily Nurse Staffing Posting indicated the census was 73 residents.- On 12/21/25, the only RN that worked was the DNS. The Daily Nurse Staffing Posting indicated the census was 73 residents. During an interview on 1/14/26 at 1:13 p.m., the DNS indicated she had a couple of RNs who would call-in and she was responsible for working the shifts when nurses called-in. She did not clock in if she covered a shift. On 1/14/26 at 2:42 p.m., the DNS provided the facility policy, Staffing, Sufficient and Competent Nursing, dated 2/2025 and indicated it was the policy currently being used by the facility. A review of the policy indicated, .c. The director of nursing services [DNS] may serve as the charge nurse only when the average daily occupancy of the facility is 60 or fewer residents .3.1-17(b)(3)3.1-17(e)</p>		