

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155784		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/21/2025	
NAME OF PROVIDER OR SUPPLIER  CREEKSIDE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 1420 E DOUGLAS RD MISHAWAKA, IN 46545			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00452479.</p> <p>Complaint IN00452479- No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: March 21, 2025</p> <p>Facility number: 012329 Provider number: 155784 AIM number: 2101002500</p> <p>Census Bed Type: SNF/NF: 95 Total: 95</p> <p>Census Payor Type: Medicare: 16 Medicaid: 37 Other: 42 Total: 95</p> <p>This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 3/25/2025</p>			F 0000	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</b></p> <p><b>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after 4/10/25.</b></p>		
F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, interview and record review the facility failed to ensure a controlled narcotic medication was either secured in a locked environment or under direct observation of the staff member administering the medication for 1 of</p>			F 0761	<p><b>F761 Label/Store Drugs and Biologicals</b></p> <p><b>What corrective action(s) will be accomplished for those</b></p>		04/10/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Erin Ginter

Executive Director

04/09/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	<p>1 residents observed for medication administration and safety. (Resident D)</p> <p>Finding includes:</p> <p>During an observation and interview on 3/21/2025 at 10:11 A.M., Resident D had a breakfast tray and a disposable scouffle cup of medications on his bedside table by the foot of the bed. He indicated they always left his pills on his table and there was a pain pill in the cup for him.</p> <p>During an interview on 3/21/2025 at 10:56 A.M., LPN 2 indicated Resident D had refused his medication and he planned to go back later to see if Resident D had taken them. He identified the medications in the cup as the following: Eliquis 2.5 mg(milligrams) (blood thinner), tamsulosin 0.4 mg (prostate), lexapro 5 mg and 10 mg (antidepressant), daily-vite (vitamin) hydrocodone-acetaminophen 5-325 mg (narcotic pain medication) and mucinex 600 mg (expectorant). He indicated he should not have left the medications at the bedside.</p> <p>On 3/21/2025 at 11:45 A.M., the DON provided a medication pass procedure titled, "Medication Administration," revised 7/2023, and indicated the procedure was the one currently used by the facility. The procedure indicated "...11. Observed (sic) taking medications-not left at bedside...."</p>				<p><b>residents found to have been affected by the deficient practice:</b></p> <p>1:1 education completed with LPN 2 on Medication Pass procedure. Resident D refused his am medication on 3.21.25. The meds were disposed of per policy and documented.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents have the potential to be affected by this finding. All nurses and QMAs will be educated on Medication Pass procedure on or by 4/10/25 DNS and or designee completed rounds on all rooms to ensure that no meds were left at bedside on or before 4/4/25</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>The DNS/designee will in-service all nurses and QMAS on Medication Pass procedure on or by 4/10/25</p> <p>Daily during the Customer Care Rounds, managers are checking their resident rooms to ensure that no meds have been left at bedside.</p> <p><b>How the corrective action(s)</b></p>		

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			<b>will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The DNS/designee will be responsible for completing the QAPI Audit tool "Medication Pass" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up <b>By what date the systemic changes will be completed:</b> <b>4/10/25</b>		