

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155628	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  10/05/2021
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NAME OF PROVIDER OR SUPPLIER  CREEKSIDE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3114 EAST 46TH STREET INDIANAPOLIS, IN 46205
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00363720 and IN00363396</p> <p>Complaint IN00363720 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00363396 - Substantiated. Federal/state deficiencies related to the allegations are cited at F677 and F684.</p> <p>Survey dates: October 4-5, 2021</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Census Bed Type: SNF/NF: 113 Total: 113</p> <p>Census Payor Type: Medicare: 14 Medicaid: 88 Other: 11 Total: 113</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 6, 2021</p>	F 0000	<p><b>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.</b></p>	
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral</p>			

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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	<p>hygiene;</p> <p>Based on observation, record review, and interview, the facility failed to provide necessary services to maintain good grooming for a resident who is unable to carry out Activities of Daily Living (ADLs) that had long, white facial hair on her chin and neck. (Resident J)</p> <p>Findings include:</p> <p>The clinical record for Resident J was reviewed on 10/5/21. Resident J's diagnoses included, but not limited to, chronic obstructive pulmonary disease, congestive heart failure, paranoid schizophrenia, and muscle weakness.</p> <p>The quarterly MDS (Minimum Data Set) dated 9/8/21 indicated Resident J was cognitively intact, required extensive assistance of one person for bed mobility, transfers, dressing and personal hygiene, and was totally dependent on one person for bathing.</p> <p>Resident J's clinical record indicated she received a bed bath/shower on the following days: 10/4/21, 9/30/21, 9/25/21, and 9/23/21.</p> <p>An observation of Resident J was made on 10/5/21 at 1:53 p.m. Resident J had long, white whiskers on her chin and neck.</p> <p>An interview with Resident J was conducted on 10/5/21 at 2:02 p.m. Resident J indicated, she does not like or want the whiskers on her face. She stated, "Sometimes they (sic, the staff) will offer to shave them and I don't have a razor to do it myself".</p> <p>An interview with DON (Director of Nursing) was conducted on 10/5/21 at 2:37 p.m. DON</p>			F 0677	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>1. Resident J was provided assistance with shaving as the facility was notified of the concern.</li> <li>2. All residents have the potential to be affected. Rounds completed to ensure residents who desired assistance with shaving was provided.</li> <li>3. The personal hygiene policy was reviewed. No revisions are indicated. Staff education initiated on this policy.</li> <li>4. A performance improvement tool has been initiated. The DON/designee will check 10 random residents to ensure necessary. ADL care has been performed. Audits will continue weekly for 4 weeks and until 100% compliance is achieved, then 10 residents per month for 6 months and until 100% compliance is maintained. The findings of these observations will be presented during the facility's monthly QAPI meeting and the plan of action adjusted accordingly.</li> </ol>		10/15/2021

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F 0684 SS=D Bldg. 00	<p>indicated residents should be asked with each shower/bed bath occurrence if they would like for their facial hair to be shaved.</p> <p>This Federal tag relates to complaint IN00363396.</p> <p>3.1-38(a)(3)(D)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received care in accordance with professional standards of practice by not following a physician's order for wound care and not performing wound care as ordered for 1 of 3 residents reviewed for wound care. (Resident J)</p> <p>Findings include:</p> <p>The clinical record for Resident J was reviewed on 10/5/21. Resident J's diagnoses included, but not limited to, chronic obstructive pulmonary disease, congestive heart failure, paranoid schizophrenia, and muscle weakness.</p> <p>The quarterly MDS (Minimum Data Set) dated 9/8/21 indicated Resident J was cognitively intact; required extensive assistance of one</p>	F 0684	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>1. Resident J is receiving wound care treatments as prescribed per MD orders.</li> <li>2. All other residents have the potential to be affected. See below for corrective measures moving forward.</li> <li>3. The medication administration policy and physician order polices were reviewed, no changes are indicated. Licensed nursing staff education initiated on the importance of following and signing off medication/treatment administrations.</li> <li>4. A performance improvement</li> </ol>	10/15/2021

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	<p>person for bed mobility, transfers, dressing and personal hygiene; and was totally dependent on one person for bathing.</p> <p>Resident J's clinical record indicated, she had two ulcers on her right foot. Ulcer 1 was located on the first digit of the right foot and ulcer 2 was located on the second digit of the same foot.</p> <p>A physician's order for ulcer 1 was placed on 9/28/21 at 4:48 p.m. The order indicated, "ULCER R/T [sic, related to] CALLOUSED AREA R[sic, right] FOOT, 1ST DIGIT: Cleanse with normal saline or wound cleaner. Pat dry. Apply medihoney with calcium alginate to wound bed. Cover with dry dressing every day shift for wound care."</p> <p>An observation of LPN (Licensed Practical Nurse) 2 was made on 10/5/21 at 1:57 p.m. LPN 2 came into Resident J's room and placed a foam dressing over ulcer 1. When asked if there was anything on the foam dressing, LPN 2 stated she had applied collagen on the foam dressing prior to placing it on the resident and indicated that was the correct dressing for ulcer 1. The physician order for ulcer 1's treatment was read aloud to LPN 2 to which she stated, "When did that change?".</p> <p>A physician's order for ulcer 2 was placed on 9/28/21 at 4:49 p.m. The order indicated, "ULCER R/T [sic, related to] CALLOUSED AREA R[sic, right] FOOT, 2ND DIGIT: Paint area with Betadine. Allow to air dry. Cover with dry dressing every shift for wound care AND as needed for soilage or dislodgement". This order was then discontinued on 10/1/21 and replaced with a new order which stated, "ULCER R/T [sic, related to] CALLOUSED AREA R[sic, right]</p>		<p>tool has been initiated. The DON/designee will review EMAR/ETAR 3 times weekly for 4 weeks, then weekly for 2 months until 100% compliance is maintained. The findings of The findings of reviews will be presented during the facility's QAPI meetings and the plan of action adjusted accordingly.</p>	

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	<p>FOOT, 2ND DIGIT: Apply skin prep and allow to air dry every day shift for wound care".</p> <p>Resident J's September and October TARs (Treatment Administration Record) were received from DON (Director of Nursing) on 10/5/21 at 3:11 p.m. The September TAR indicated there were no administrations of wound care for ulcer 2 during the month of September. The October TAR did not even address the wound care order for ulcer 2 therefore, administrations of wound care, if any, could not be verified. Furthermore, the September and October TARs indicated there were no administrations of wound care for ulcer 1 on the following dates: 9/30/21, 10/1/21, and 10/4/21. The 10/3/21 administration was coded as a "5", which meant "Hold/See Nurse Notes" per the chart code on the TAR. The clinical record did not contain any nursing notes regarding the held administration on 10/3/21.</p> <p>An interview with DON was conducted on 10/5/21 at 2:53 p.m. DON indicated, physician orders for wound care need to be followed and when wound care is completed the nurse should record the administration on the TAR.</p> <p>This Federal tag relates to complaint IN00363396.</p> <p>3.1-37(a)</p>			