

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155628	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2022
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NAME OF PROVIDER OR SUPPLIER  CREEKSIDE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 3114 EAST 46TH STREET INDIANAPOLIS, IN 46205
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00370834 and a Covid-19 Focused Infection Control Survey.</p> <p>Complaint IN00370834 - Substantiated. Federal/State deficiencies related to the allegations are cited at F761.</p> <p>Survey date: January 13, 2022</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census payor type: Medicare: 14 Medicaid: 75 Other: 13 Total: 102</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 14, 2022</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 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary</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 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 disclosed 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>instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to store refrigerated medications separately from food for 3 of 4 medication rooms observed. (Medication Rooms 1, 2, and 4)</p> <p>Findings include:</p> <p>1. An observation of the 100 hall locked medication room was made with UM (Unit Manager) 2 on 1/13/22 at 1:40 p.m. The medication refrigerator contained residents' medications located throughout the refrigerator. There were also an unlabeled, opened 2 liter of a popular lemon lime soda, an unopened can of soda, an opened jar of onion dip, 2 peanut butter and jelly sandwiches, and a carafe of lemonade with a use by date of 1/10/22 inside the refrigerator. The</p>	F 0761	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>1. No residents were harmed.</li> <li>2. All residents have the potential to be affected. Medication room refrigerators were cleared of food items, as were freezers.</li> <li>3. The Guidelines for Medication Storage and Labeling were reviewed and no changes were indicated. Licensed nursing staff will be re-educated on this Guideline. The DON or her designee will check medication room refrigerators three (3) times weekly for 6 weeks and until 100% compliance is attained, then</li> </ol>	01/28/2022

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	<p>freezer section of the refrigerator contained an unlabeled frozen bottle of water and 2 frozen Styrofoam chocolate drinks. UM 2 threw all of these food items, except the peanut butter and jelly sandwiches, into the trash during the observation.</p> <p>An interview was conducted with UM 2 on 1/13/22 at 1:40 p.m. during observation of the 100 hall medication refrigerator. She indicated the refrigerator was supposed to be used for medications and resident snacks only.</p> <p>2. On 1/13/22 at 1:32 p.m., the 200-hall medication room was observed with RN (Registered Nurse) 4. The medication refrigerator contained an open package of bologna. The freezer of the medication refrigerator contained 2 containers of ice cream and a frozen meal.</p> <p>During an interview on 1/13/22 at 1:35 p.m., RN 4 indicated the resident's food was stored in the medication room refrigerator because there was no other refrigerator available on the unit.</p> <p>3. On 1/13/22 at 1:45 p.m., the 400-hall medication room was observed with LPN (Licensed Practical Nurse) 6. The medication refrigerator contained a package of apples with caramel dip.</p> <p>During an interview on 1/13/22 at 1:46 p.m., LPN 6 indicated that the package of apples and caramel should not be stored in the medication refrigerator.</p> <p>The Guidelines for Medication Storage and Labeling was provided by the DON (Director of Nursing) on 1/13/22 at 4:09 p.m. It read, "Medications requiring refrigeration must be stored in the refrigerator located in the med [medication] room. Medications must be stored</p>		<p>weekly for two (2) months and monthly for three (3) months until 100% compliance is maintained.</p> <p>4. The findings of these audits will be presented during the facility's QAPI meetings and the plan of action adjusted accordingly.</p>	

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

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OMB NO. 0938-039

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	separately from food and must be labeled."  This Federal Tag relates to Complaint IN00370834.  3.1-25(j)				