

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

PRINTED: 09/19/2023

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 08/18/2023	
NAME OF PROVIDER OR SUPPLIER CREEKSIDE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 1420 E DOUGLAS RD MISHAWAKA, IN 46545			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00413463 and IN00413673.</p> <p>Complaint IN00413463 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00413673 - Federal/State deficiencies related to the allegations are cited at F580 and F622.</p> <p>Survey dates: August 16, 17, & 18, 2023</p> <p>Facility number: 012329 Provider number: 155784 AIM number: 201002500</p> <p>Census Bed Type: SNF/NF: 75 Total: 75</p> <p>Census Payor Type: Medicare: 11 Medicaid: 48 Other: 16 Total: 75</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 8/24/23.</p>			F 0000	<p>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.</p> <p>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 September 9, 2023.</p>		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Delirium/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or</p>						

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

TITLE

(X6) DATE

Erin Ginter

Executive Director

09/08/2023

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 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 30 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>her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its</p>						

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	<p>admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on interview, and record review the facility failed to notify a resident's responsible party of a transfer to a local emergency room following an unwitnessed fall for 1 of 3 residents reviewed for accidents. (Resident B).</p> <p>Findings include:</p> <p>On 8/16/23 at 1:14 P.M., Resident B's clinical records were reviewed and indicated the resident was admitted to the facility with diagnoses that included Barrett's esophagus, osteoarthritis, fracture of second lumbar vertebra, encephalopathy, dysphagia, gastrostomy, severe protein-calorie malnutrition, chronic respiratory failure, and weakness.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 7/04/23, and indicated the resident required extensive assistance for activities of daily living including transfers, locomotion, dressing, eating, and toilet use. The resident required a wheelchair for mobility.</p> <p>An Event Report, dated 6/29/23 at 1:20 A.M., indicated Resident B had an unwitnessed fall after sitting in a recliner and first observed sitting on the ground on his bottom. The Event Report indicated the resident was sent to the Emergency Room (ER) and that the resident's representative was notified.</p> <p>On 8/17/23 at 12:33 P.M. during an interview with</p>			F 0580	<p>F580 – Notify of Changes</p> <p>It is the policy of this facility that all changes in the resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective interventions take place.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The resident identified had discharged from facility at the time of the survey.</p> <p>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:</p> <p>All residents with any change in condition have the potential to be affected by this finding.</p> <p>Any resident with an identified change in condition within the last 7 days were reviewed by DNS/Designee to ensure resident responsible party was notified.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p>		09/09/2023

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	<p>Resident B's responsible party, she indicated the facility did not notify her of the resident's fall on 6/29/23 and was also not notified that the resident had been transferred to the hospital. The responsible party indicated she learned of the fall and the Emergency Room visit when the resident called her and notified her.</p> <p>On 8/17/23 at 4:17 P.M., during and interview with the Director of Nursing, she indicated when Resident B fell and was sent to the Emergency Room on 6/29/23, Registered Nurse (RN) 2 did not notify the resident's representative and the Event Report may have been reflective of RN 2's attempt to notify the representative. She indicated in a text communication, RN 2 indicated she attempted to call Resident B's representative but they did not answer the phone, and no other attempt was made to notify the representative. The DON indicated the first the representative's family would have known of the fall and ER visit would have been when they received a call from the hospital. The DON indicated the resident's representative should have been notified.</p> <p>On 8/17/23 at 12:00 P.M., a policy titled, "Resident Change of Condition Policy," dated 11/2018, indicated, "...The nurse in charge is responsible for notification of physician and family/responsible party prior to end of assigned shift when a significant change in the resident's condition is noted...If unable to reach the...responsible party requesting callbacks will be documented in the medical record...Documentation will include time and family...response..."</p> <p>This Federal tag relates to complaint IN00413673. 3.1-5(a)(1)</p>				<p>An in-service for all nursing will be held on or before 9/9/23 by the DNS or designee. This in-service will include review the policy titled Resident Change of Condition Policy .</p> <p>DNS/ designee will review the Facility activity report daily M-F to identify any change of conditions and ensure resident responsible party is notified. Manager on Duty will review the activity report on weekend to identify any change of condition Any concerns identified will be addressed at that time.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>This corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The DNS/Designee will be responsible for completing the QAPI Audit tool titled, "Change in Condition " weekly for 4 weeks and monthly for 6 months. If threshold of 100% is not met, an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up.</p> <p>By what date the systemic changes will be completed:</p> <p>Compliance date = 9/9/23</p>		

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F 0622 SS=D Bldg. 00	<p>483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility</p>				

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	<p>pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information</p>						

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	<p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident received discharge instructions for medication administration and gastrostomy feedings for 1 of 3 residents reviewed for discharges, (Resident B).</p> <p>Findings includes:</p> <p>On 8/16/23 at 1:14 P.M., Resident B's clinical records were reviewed and indicated the resident was admitted to the facility with diagnoses that included Barrett's esophagus, osteoarthritis, fracture of second lumbar vertebra, encephalopathy, dysphagia, gastrostomy, severe protein-calorie malnutrition, and chronic respiratory failure.</p> <p>An Admission assessment Minimum Data Set (MDS), dated 7/04/23, and indicated the resident required extensive assistance for activities of daily living including G-tube feeding.</p> <p>Review of the Physician Order Report, dated 6/28/23, indicated the resident had Gastrostomy Tube (G-tube). Orders included; instructions to cleanse G-tube site with soap and water, pat dry and apply gauze every shift; flush the G-tube with 30 mL of water before and after medication administration; flush the G-tube with 60 mL of water every 4 hours; flush the G-tube with at least</p>			F 0622	<p>F622- Transfer and Discharge Requirements</p> <p>It is the policy of this facility that all changes in the resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective interventions take place.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The resident identified had been discharged from the facility at the time of the survey.</p> <p>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:</p> <p>All residents that are being discharged from the facility have the potential to be affected. Residents who were transferred in the last 7 days were reviewed by DNS/Designee to ensure residents received discharge instructions for medication administration and</p>		09/09/2023

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	<p>15 mL of water between each medication administration; may crush medications and administer through the G-tube and dissolve each crushed medication in at least 10 mL to 30 mL of water; change the feeding bag at bedtime; change the irrigation set at bedtime; check the placement of the G-tube and check for residual and hold the feeding if residual is greater than 100 mL; continuous feeding of Jevity 1.5 at 55 mL per hour.</p> <p>Resident B was discharged to home on hospice services on 8/7/23.</p> <p>On 8/17/23 at 12:33 P.M. during an interview with Resident B's responsible party, she indicated the resident was transported from the facility to home by an ambulance and was under hospice care upon returning home. The responsible party indicated the facility did not send any discharge instructions for the care of the resident's G-tube or medication instructions. The responsible party indicated she did not know how to take care of the resident's G-tube or how to administer the resident's medications.</p> <p>On 8/17/23 at 4:17 P.M., during an interview with the Director of Nursing, she indicated Resident B was discharged home to hospice services and that there was no documentation that the resident or the resident's family received a discharge summary or discharge education.</p> <p>On 8/17/23 at 4:17 P.M., the Administrator indicated the facility did not follow up with resident's family to ensure they received discharge papers and discharge instructions.</p> <p>On 8/17/23 at 1:00 P.M., the policy titled, "Discharge Planning," dated 3/23, was provided</p>				<p>gastrostomy feedings.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>An in-service for all nurse manager will be held on or before 9/9/23 by the DNS or designee. This in-service will include a review of the policy titled Discharge Planning Policy. DNS/ designee will review upcoming discharges daily M-F and manager on duty on the weekend to ensure that documentation is present and resident and or responsible party have received proper education on discharge and that it is documented in Medical Record . Any concerns identified will be addressed at that time.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>This corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The DNS/Designee will be responsible for completing the QAPI Audit tool titled, "Discharge Planning" weekly for 4 weeks and monthly for 6 months. If threshold of 100% is not met, an action plan</p>		

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	<p>by the Administrator who indicated it was the current facility policy. The policy indicated, "...It is the policy of this community to implement an effective...discharge planning process that focuses on the resident's discharge goals...Education and teaching identified as needed (ie...specialized diets...) will be given to resident/representative or support person and documented in the medical record..."</p> <p>This Federal tag relates to complaint IN00413673.</p> <p>3.1-12(a)(3)</p>				<p>will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up.</p> <p>By what date the systemic changes will be completed: Compliance date = 9/9/23</p>		