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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155628	A. BUILDING -- B. WING	12/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CREEKSIDE HEALTH AND REHABILITATION CENTER	3114 EAST 46TH STREET INDIANAPOLIS, IN 46205

(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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 12/15/23 Facility Number: 009569 Provider Number: 155628 AIM Number: 200139920 At this Emergency Preparedness survey, Creekside Health and Rehabilitation Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 120 certified beds. At the time of the survey, the census was 112. Quality Review completed on 12/18/23	E 0000	="" p=""> We are hereby respectfully requesting this agency to consider paper compliance for the following plan of correction opposed to a post survey revisit. All necessary corrections have been completed by 12/22/2023 as we hereby allege compliance as of that date. We are willing to submit any and all supporting documentation as requested to assure our credible compliance with this deficiencies noted in the CMS form 2567. We are providing our plan of correction. Submission of this plan of correction does not constitute an admission or an agreement by the provider of the truth, effects, alleged, or corrections set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of the requirements under the state and federal law. Please accept this plan of correction as our credible allegation of compliance. ="" p="">	
K 0000 Bldg. 02	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).	K 0000	="" p=""> We are hereby respectfully requesting this agency to consider paper compliance for the following plan of correction opposed to a	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Survey Date: 12/15/23 Facility Number: 009569 Provider Number: 155628 AIM Number: 200139920 At this Life Safety Code survey, Creekside Health and Rehabilitation Center was found not in compliance with Requirements for Participation Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This one-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 120 and had a census of 112 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for a single detached storage garage that was unsprinklered. Quality Review completed on 12/18/23		post survey revisit. All necessary corrections have been completed by 12/22/2023 as we hereby allege compliance as of that date. We are willing to submit any and all supporting documentation as requested to assure our credible compliance with this deficiencies noted in the CMS form 2567. We are providing our plan of correction. Submission of this plan of correction does not constitute an admission or an agreement by the provider of the truth, effects, alleged, or corrections set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of the requirements under the state and federal law. Please accept this plan of correction as our credible allegation of compliance. ="" p="">	
K 0927 SS=E Bldg. 02	NFPA 101 Gas Equipment - Transfilling Cylinders Gas Equipment - Transfilling Cylinders Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfilling of High Pressure Gaseous Oxygen Used for Respiration. Transfilling of any gas from one cylinder to another is			

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	prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99)			
	Based on observation and interview, the facility failed to ensure 2 of 2 oxygen transfilling rooms had concrete or ceramic flooring. NFPA 99, Health Care Facilities Code, 2012 edition, Section 11.5.2.3.1 (2) requires oxygen transfilling rooms to be mechanically ventilated, is sprinklered, and have ceramic or concrete flooring. This deficient practice could affect 15 residents in 1 smoke compartment when occupied. Findings include: Based on observations and interview during a tour of the facility with the Maintenance Director, on 12/15/23 between at 12:10 p.m. and 2:55 p.m., the oxygen transfilling rooms had a floor covered with what appeared to be vinyl tiles. Based on interview, this the Maintenance Director stated the floor covering in the two transfilling rooms did not appear to be concrete or ceramic. This finding was reviewed with the Assistant Administrator and Maintenance Director at the exit conference. 3.1-19(b)	K 0927	1. No residents were negatively affected. The laminate flooring in oxygen transfilling rooms were immediately removed. ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> 2. All residents have the potential to be affected. All other oxygen transfilling rooms in the facility have been inspected for proper flooring. All laminate flooring was removed from the two oxygen transfilling rooms. 3. HFA will review any future flooring installs prior to purchase to ensure flooring meets code requirements. 4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly. ="" span=""> ="" span=""> ="" p="">	12/22/2023