

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 06/29/2022
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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 IN00373186, IN00373450, IN00374111, IN00381638, and IN00382728.</p> <p>Complaint IN00373186- Unsubstantiated due to lack of evidence. Complaint IN00373450 - Substantiated. Federal/state deficiencies related to the allegations are cited at F0677. Complaint IN00374111- Substantiated. No deficiencies related to the allegations were cited. Complaint IN00381638- Substantiated. No deficiencies related to the allegations were cited. Complaint IN00382728-Substantiated. Federal/state deficiencies related to the allegations are cited at F0580 and F0773.</p> <p>Survey dates: June 27, 28, and 29, 2022.</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Census Bed Type: SNF/NF: 110 Total: 110</p> <p>Census Payor Type: Medicare: 12 Medicaid: 81 Other: 17 Total: 110</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 5, 2022</p>	F 0000	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.	
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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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F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or 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</p>			

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	<p>representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its 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 timely notify a resident's representative of changes of medications for 1 of 3 residents reviewed for notification (Resident D).</p> <p>Findings include:</p> <p>The clinical record of Resident D was reviewed on 6/27/22 at 10:47 a.m. The Resident's diagnosis included, but were not limited, vascular dementia and hypertension. She was admitted to the facility on 3/3/22.</p> <p>An Admission MDS (Minimum Data Set) Assessment, completed 3/10/22, indicated she had moderate cognitive impairment.</p> <p>A physician's order, dated 5/19/22, indicated she was to receive baclofen (muscle relaxer) 10 mg (milligram) three times a day for muscle spasms.</p> <p>A physician's order, dated 4/20/22, indicated she was to receive Depakote sprinkles capsule (anti-seizure medication) 125 mg twice a day for mood stabilization.</p> <p>A Physician Progress Note, dated 6/6/22 at 9:42</p>	F 0580	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. No harm was incurred to (Resident D) by the alleged deficient practice. 2. All other residents have the potential to be affected. See below for corrective measures moving forward. 3. The change of condition policy was reviewed and no changes are indicated. Licensed nursing staff will be educated on the importance of documenting MD/Family notification with any order changes. The DON or her designee will review new order and order change notification documentation 5x times weekly for 4 weeks and until 100% compliance is achieved, then weekly for 5 months and until 100% compliance is maintained. 4. The findings of these reviews will be presented to the QAPI Committee during the facility's monthly meetings and the plan of 	07/14/2022
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	<p>a.m., indicated that she was being seen for the chief complaint of bilateral lower extremity pain secondary to muscle spasms. The Assessment/ Plan was to increase her baclofen 10 mg to four times daily and to monitor for improvement.</p> <p>The clinical record did not contain a progress note indicating the family had been notified of the change in baclofen dosage.</p> <p>The clinical record contained an Order Progress Note, dated 6/7/22 at 5:14 p.m., which read " ...Resident, Family, Responsible Party Notification. Reason for new order (if applicable) -The order you have entered Depakene Solution 250MG/ML [sic] (Valproate Sodium) Give 5 ml[sic] by mouth two times a day for Depression Has triggered the following drug protocol alerts/warning(s)[sic]: Drug to Drug Interaction[sic] The system has identified a possible drug interaction with the following orders ..."</p> <p>The June MAR (Medication Administration Record) indicated that the baclofen 10 mg four times daily had been administered on 6/6, 6/7, and 6/8/22. The Depakene Solution 250mg/5ml had been administered twice a day on 6/8/22.</p> <p>A Nursing Progress Note, dated 6/9/22 at 7:00 a.m., indicated that she had been sent to the hospital after having emesis and a change in her breathing.</p> <p>During an interview on 6/27/22 at 11:54 a.m., Family Member 11 indicated that he was not informed of the changes to her baclofen or Depakote dosages when they had occurred. He had told the nursing staff he wanted to be informed of medication changes multiple times.</p>		action adjusted accordingly.	

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F 0677 SS=D Bldg. 00	<p>When she was admitted to the facility, he had been assured he would be kept informed on changes, and it was frustrating when he was not informed.</p> <p>During an interview on 6/29/22 at 11:30 a.m., LPN (Licensed Practical Nurse) 10 indicated family members and resident representatives should be informed any time there was a new physician's order and the notification should be documented in the progress notes.</p> <p>On 6/29/22 at 11:47 a.m., the Nurse Consultant provided the Physician/ Clinician/ Family/ Responsible Party Notification for Change in Condition Policy, last revised February 2022, which read "...The facility must immediately inform the resident; consult with the resident's physician/clinician; and notify, consistent with his or her authority, the resident's representative(s)[sic] when there is...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)..."</p> <p>This Federal Tag relates to complaint IN00382728.</p> <p>3.1-5(a)(3)</p> <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 hygiene;</p> <p>Based on observation, interview, and record review, the facility failed to provide routine oral</p>	F 0677	The facility will ensure this requirement is met through the following corrective measures:	07/14/2022

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	<p>care for 1 of 3 resident's reviewed for ADL (Activities of Daily Living) care (Resident E).</p> <p>Findings include:</p> <p>The clinical record of Resident E was reviewed on 6/27/22 at 2:09 p.m. The Resident's Diagnosis included, but was not limited to, multiple sclerosis.</p> <p>A care plan, created 3/23/21, indicated he had a potential for problems with his oral health due to his inability to provide his own oral care. He had his own teeth. The goal was for him to enjoy a clean and healthy mouth. The interventions, created 3/23/21, were to assist him with oral care two times a day with a.m. and p.m. care. He was to have his diet served as ordered. He would report and staff would observe for oral pain, bleeding gums, inflamed tongue, white patches in oral cavity, or changes in his ability to chew his food. He would be referred to the dentist as needed.</p> <p>An Annual MDS (Minimum Data Set) Assessment, completed 3/12/22, indicated he was cognitively intact and required extensive assistance of 1 staff member with personal hygiene, which includes oral care. He has his own teeth.</p> <p>A Quarterly MDS Assessment, dated 6/12/22, indicated he was cognitively intact and dependent on 1 staff person for personal hygiene, which includes oral care.</p> <p>On 6/27/22 at 2:21 p.m., Resident E was observed in his room, sitting in his wheelchair. He had food debris caked on his teeth. He indicated that staff did not brush his teeth routinely. He had not had his teeth brushed in several days. He would like to have his teeth brushed when he received care.</p>		<ol style="list-style-type: none"> 1. Residents E was provided with assistance with oral care as the facility was notified of the concerns. 2. All residents have the potential to be affected. Rounds completed to ensure residents who need assistance with oral was provided. See below for corrective measures moving forward. 3. The personal hygiene policy was reviewed. No revisions are indicated. Staff education initiated on this policy. A Performance improvement tool has been initiated. The DON/designee will check 10 random residents who require assistance with oral 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. 4. The findings of these observations will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly. 	

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F 0773 SS=D Bldg. 00	<p>On 6/28/22 at 9:41 a.m., Resident E was observed in his room. He had debris in his teeth.</p> <p>During an interview on 6/29/22 at 9:37 a.m., Resident E indicated the staff had not brushed his teeth on 6/28/22 or while providing a.m. care that morning.</p> <p>During an interview on 6/29/22 at 11:34 a.m., the Corporate Nurse indicated that oral care should be provided twice daily, as his care plan instructed.</p> <p>This Federal Tag relates to complaint IN00373450.</p> <p>3.1-38(a)(3)</p> <p>483.50(a)(2)(i)(ii) Lab Svcs Physician Order/Notify of Results §483.50(a)(2) The facility must-</p> <p>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>Based on interview and record review, the facility failed to timely notify the physician of abnormal laboratory results for 1 of 3 residents reviewed for notification (Resident D).</p> <p>Findings include:</p>	F 0773	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. No harm was incurred to (Resident D) by the alleged deficient practice. 2. All other residents have the potential to be affected. See 	07/14/2022

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	<p>The clinical record of Resident D was reviewed on 6/27/22 at 10:47 a.m. The Resident's diagnosis included, but were not limited, vascular dementia and hypertension.</p> <p>An Admission MDS (Minimum Data Set) Assessment, completed 3/10/22, indicated she had moderate cognitive impairment.</p> <p>A nurse's note, dated 5/30/22, her laboratory results had been received and that the following readings were abnormal, BUN (Blood Urea Nitrogen) of 35, creatinine of 1.09, and GFR (Glomerular Filtration Rate which monitors kidney function) was 57. There had been no new physician's orders due to the abnormal lab results.</p> <p>A physician's order, dated 6/3/22, indicated she was to have a CBC (Complete Blood Count) and a BMP (Basic Metabolic Panel) completed due to altered mental status and a recent fall.</p> <p>A nurse's note, dated 6/3/22 at 4:22 p.m., indicated the CBC and BMP had been drawn and they were waiting on the report with the results.</p> <p>The laboratory report, with a print date of 6/3/22 at 7:01 p.m., indicated her BUN was high at 41, creatinine was high at 1.20, and her GFR was low at 51. Her sodium was high at 149 and her chloride were high at 113. The Nurse Practitioner had signed that she had reviewed the report on 6/6/22.</p> <p>A nurse's note, dated 6/6/22 at 2:32 p.m., indicated that CBC and BMP had been drawn on 6/3/22 and were reviewed by the Nurse Practitioner on 6/6/22. New orders were received to increase her po (oral) fluids.</p>		<p>below for corrective measures moving forward.</p> <p>3. The lab and diagnostic service policy and change of condition policy was reviewed and no changes are indicated. Licensed nursing staff will be educated on the importance of documenting laboratory results and MD/Family notification. The DON or her designee will review Lab results and notification documentation 5x times weekly for 4 weeks and until 100% compliance is achieved, then weekly for 5 months and until 100% compliance is maintained.</p> <p>4. The findings of these reviews will be presented to the QAPI Committee during the facility's monthly meetings and the plan of action adjusted accordingly.</p>	

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

PRINTED: 08/01/2022

FORM APPROVED

OMB NO. 0938-039

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	<p>During an interview on 6/28/22 at 11:40 a.m., LPN (Licensed Practical Nurse) 10 indicated that abnormal lab results should be called to the physician or nurse practitioner. If the results were received after hours or on the weekends, there were on call phone numbers available for each of the physicians that come to the facility.</p> <p>On 6/28/22 at 1:10 p.m., the Executive Director provided the Laboratory and Diagnostic Services Policy, dated July 2018, which read "...4. The facility will notify the Physician, Nurse Practitioner, Physician's Assistant, or Clinical Nurse Specialist of any results outside of the normal range provided by the service provider within 24 hours unless the result is Critical...7. The nurse will document lab and diagnostic notification in the progress notes of the resident's record..."</p> <p>This Federal Tag relates to complaint IN00382728.</p> <p>3.1-49(f)(2)</p>			