

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155628	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2021
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K 0000 Bldg. 02	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/08/21 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/22/21</p> <p>Facility Number: 009569 Provider Number: 155628 AIM Number: 200139920</p> <p>At this PSR survey, Creekside Health and Rehabilitation Center was found in substantial 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.</p> <p>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 105 at the time of this visit.</p> <p>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.</p> <p>Quality Review completed on 07/23/21</p>	K 0000		

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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K 0363 SS=B Bldg. 02	<p>NFPA 101 Corridor - Doors Doors protecting corridor openings shall be constructed to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have self-latching and positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied.</p> <p>There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted.</p> <p>18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 physical therapy room door sets were provided with positive latching hardware. This deficient practice could affect over 10 residents, 5 staff and visitors in the vicinity of Therapy Room by the main entrance lobby.</p> <p>Findings include:</p>			K 0363	We hereby respectfully requesting this agency consider paper compliance for the following plan of correction as opposed to a Post Survey Revisit. All necessary corrections have been completed by July 26, 2021 as we hereby allege compliance as of that date. We are willing to submit any and all supporting documentation as		07/26/2021

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	<p>Based on observation on 07/22/21 during a PSR of the facility at 11:01 p.m. with the facility Administrator, the corridor door set serving as the entrance to the Therapy Room was still not equipped with positive latching devices to latch the door set into the door frame. The south door in the door set was equipped with a thumb twist deadbolt lock on the therapy room side of the door and required a key to unlock the door on the corridor side of the door. The north door set had only manual locking pins that had to be engaged at the top and the bottom of the door set and therefore would not automatically positively latch into the doorframe. Based on interview at the time of the observations, the facility Administrator agreed that the Therapy Room corridor door set by the main entrance lobby was not equipped with automatic positive latching door devices stating that the door hardware had been ordered but was still not installed on the door. The door parts were supposed to arrive by 08/09/21 and would be installed on the Therapy room corridor door immediately after they arrived by a vendor.</p> <p>3.1-19(b)</p>		<p>requested to assure our credible compliance with the 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, affects, alleged or corrections set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p> <p>K363 Corrective Actions: No residents were negatively affected. The affected door on the therapy gym will be repaired with the required latching mechanism. Both doors will have panic bars and lever trims that automatically and positively latch into the door frame. Required hardware had already been confirmed and purchased with an established delivery date. Installation to promptly follow delivery. All therapy staff have been in-serviced on the fire protection plan with return demonstration. How other residents have the potential to be affected and what actions will be taken: All other doors in the facility have</p>	

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			<p>been inspected with no other findings completed. All other doors that would have positive latching hardware been inspected with no further issues. All doors are working properly.</p> <p>Systematic changes: All doors are inspected weekly as a part of the TELS preventative maintenance inspection and are found to be working properly.</p> <p>How corrections actions will be monitored: All facility doors will be inspected weekly, and concerns will be noted in the TELS system. All concerns and findings will be forwarded by the maintenance director to the health facility administrator and the QAPI committee for further response and monitoring</p> <p>What date corrections will be completed All corrections were completed before July26, 2021.</p>	