

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

PRINTED: 11/22/2023
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 10/06/2023	
NAME OF PROVIDER OR SUPPLIER CREEKSID 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 Complaint IN00418819.</p> <p>Complaint IN00418819 - Federal/state deficiencies related to the allegations are cited at F602 and F755.</p> <p>Survey dates: October 5 & 6, 2023</p> <p>Facility number: 012329 Provider number: 155784 AIM number: 201002500</p> <p>Census Bed Type: SNF/NF: 94 Total: 94</p> <p>Census Payor Type: Medicare: 16 Medicaid: 45 Other: 33 Total: 94</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 10/13/23.</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 October 27, 2023.</p> <p>The facility requests a face to face IDR as we disagree with the assigned scope and severity assigned for F602</p>		
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or</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 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>chemical restraint not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review, the facility failed to prevent the misappropriation of a resident's narcotic pain medication for 1 of 3 residents reviewed for liquid narcotic medication (Resident B).</p> <p>Findings include:</p> <p>On 10/5/23 at 11:41 A.M., a review of the clinical record for Resident B was conducted. The resident's diagnoses included, but were not limited to: non-traumatic intracerebral hemorrhage affecting the left non-dominant side, heart disease and chronic kidney disease</p> <p>The resident had a Physician Order, dated 9/15/23 through 9/30/23, for liquid hydromorphone 1 mg (milligram)/ml (milliliter). The order indicated the resident was to be administered, 3 mg of the hydromorphone every 4 hours (3 ml).</p> <p>A Controlled Substance Record for Resident B, dated 9/25/23, indicated 90 milliliters (ml) was received by the facility. On 9/30/23 at 2:00 P.M., 4:00 P.M., 6:00 P.M., 8:00 P.M. and 10:00 P.M., 3 milliliters of liquid hydromorphone were signed out, to be administered, by LPN 2, when the order stated every 4 hours.</p> <p>The Medication Administration Record for September indicated LPN 2 had documented the administration of hydromorphone, on 9/30/23 at 4:00 P.M. There were no other documentation of administration of the hydromorphone by LPN 2.</p> <p>A Self-Reported incident #709, dated 10/2/23, indicated Resident B was missing a medication. An investigation was initiated with staff, with LPN</p>			F 0602	<p>The facility requests a face to face IDR as we disagree with the assigned scope and severity assigned for F602 F602 – Free from Misappropriation and Exploitation</p> <p>It is the policy of this facility to keep residents free from abuse, neglect and misappropriation of resident property and exploitation.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The residents identified were interviewed and assessed for signs and symptoms of pain. Residents B and C are receiving medication as ordered by the physician.</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 receiving liquid narcotic medications have the potential to be affected by this finding. An audit of all liquid narcotics was completed by the DNS to ensure residents were receiving medications per the physician order, medications were signed out in the MAR and narcotic book and that all counts</p>		10/27/2023

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	<p>2 being suspended, pending the investigation.</p> <p>A copy of a texted statement from LPN 3, dated 10/2/23, indicated she arrived to work on 9/30/23 and " ...count was good. Included liquid hydromorphone and 90 tablets plus 30 tablets PRN [as needed] ...Later I transferred to another hall. On break 400 hall nurse stated "we don't have to worry about the liquid hydromorphone because I split it" Sunday October 1st 2023 at 6 am count was correct with only tablet form of hydromorphone. No liquid in count or cart"</p> <p>LPN 2's written statement, dated 10/4/23, indicated " ...While getting liquid hydromorphone out of bottle on 9-30-23 I accidentally tapped bottle causing it to spill onto the cart. I wiped the cart with a tissue where medication was spilled. There was no liquid left. I either put the bottle in either the sharps container or trash can on nurse's cart. I don't recall. The blue sheet was in sharps shred box torn in half by mistake I always tear my report sheets in half before placing in shred box"</p> <p>A typed paper, undated, indicated the following: on 9/30/23 from 2:00 - 2:30 P.M., video footage was observed by the Director of Nursing (DON). The footage showed LPN 2 did not spill the entire contents, that was remaining in the bottle of hydromorphone. LPN 2 was observed to wipe up the spill, with a tissue and disposed of the tissue in the medication cart trash. Later, between 4:00 - 5:00 P.M., the footage showed LPN 2 pulled the narcotic-blue form out of the narcotic binder. At that time, she was observed to pour out the remainder of the liquid, from the bottle, into a medication cup and dispose of it, into the medication cart trash. She was observed to pull the trash liner out and tied it up. She took 2-3 med cards into the medication room and blue narcotic</p>				<p>were accurate. All residents were interviewed to ensure they were receiving their pain medications. Non interviewable residents were assessed for pain</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 nurses/QMAs will be held on or before 10/27/23 by the ED/DNS or designee. This in-service will include review of the policies titled Abuse Policy, Medication Pass Procedure, and Controlled Substance policy. Director of Nursing/ designee will audit all liquid narcotics M-F to ensure counts are accurate and medications are being given per physician order.</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, "Narcotic Administration and Destruction" 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</p>		

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	<p>count sheet went into the medication room with the cards. The typed paper indicated the Controlled Substance Record form was found in the shred box.</p> <p>A statement, dated 10/5/23, by the DON indicated " ...On Friday Sept. 29th, hospice nurse was here for [name of Resident B]. She gave nurse new orders for his pain medication. The nurse discontinued the liquid hydromorphone and started pill form. [Name of LPN 2] received the orders to continue liquid medication until pills were delivered. On Monday Oct. 2nd after reading orders, the nurse manager went to 400 hall to destroy the d/c [discontinued] narcotic and discovered that the bottle and count sheet was missing. At this time an internal investigation was started"</p> <p>During an interview, on 10/5/23 at 1:26 P.M., the DON was not aware that LPN 2 had signed out the hydromorphone on 9/30/23 every 2 hours instead of every 4 hours, as the physician order directed.</p> <p>On 10/5/23 at 11:20 A.M., the Administrative Coordinator provided a policy titled, "Abuse Prohibition, Reporting, and Investigation", dated February 2010 and revised on June 2023, and indicated the policy was the one currently used by the facility. The policy indicated "...It is the policy [name of community] to provide each resident with an environment that is free from abuse, neglect, misappropriation of resident property, and exploitation...Misappropriation of Resident Funds or Property - Deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of resident's property or money without the resident's consent...."</p>		<p>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 = 10/27/23</p>		

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F 0755 SS=D Bldg. 00	<p>On 10/5/23 at 12:34 P.M., the DON provided a policy titled, "Controlled Substance", dated October 2002 and revised on April 2023, and indicated the policy was the one currently used by the facility. The policy indicated "...Purpose of Policy: To prevent diversion, improper use and accidents related to controlled substances...3. When a controlled substance is administered to a resident, it must be recorded on the resident's Medication Sheet. Documentation on the Controlled Substance/Schedule II Narcotic Sheet that is created for each prescription...."</p> <p>During an interview, on 10/6/23 at 12:50 P.M., the DON indicated the Medication Sheet is the same as the MAR when described on the Controlled Substance policy.</p> <p>This Federal tag relates to complaint IN00418819.</p> <p>3.1-28(a)</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p>						

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	<p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to prevent the improper disposal of liquid narcotics for 1 of 3 residents reviewed, who were being administered liquid narcotics. (Resident B)</p> <p>Finding includes:</p> <p>On 10/5/23 at 11:41 A.M., a review of the clinical record for Resident B was conducted. The resident's diagnoses included, but were not limited to: non-traumatic intracerebral hemorrhage affecting the left non-dominant side, heart disease and chronic kidney disease</p> <p>The resident had a Physician Order, dated 9/15/23 through 9/30/23, for liquid hydromorphone 1 mg (milligram)/ml (milliliter). The order indicated the resident was to be administered, 3 mg of the hydromorphone every 4 hours (3 ml).</p> <p>LPN 2's written statement, dated 10/4/23, indicated " ...While getting liquid hydromorphone out of</p>			F 0755	<p>F755 – Pharmacy Services/ Procedures/Pharmacist/Records</p> <p>It is the policy of this facility to dispose of liquid narcotics according to state laws.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident B orders were checked for accuracy and was assessed for signs and symptoms of pain</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 receiving liquid narcotic medications have the potential to be affected by this</p>		10/27/2023

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	<p>bottle on 9-30-23 I accidentally tapped bottle causing it to spill onto the cart. I wiped the cart with a tissue where medication was spilled. There was no liquid left. I either put the bottle in either the sharps container or trash can on nurse's cart. I don't recall. The blue sheet was in sharps shred box torn in half by mistake I always tear my report sheets in half before placing in shred box"</p> <p>A typed paper, undated, indicated the following: on 9/30/23 from 2:00 - 2:30 P.M., video footage was observed by the Director of Nursing (DON). The footage showed LPN 2 did not spill the entire contents, that was remaining in the bottle of hydromorphone. LPN 2 was observed to wipe up the spill, with a tissue and disposed of the tissue in the medication cart trash. Later, between 4:00 - 5:00 P.M., the footage showed LPN 2 pulled the narcotic-blue form out of the narcotic binder. At that time, she was observed to pour out the remainder of the liquid, from the bottle, into a medication cup and dispose of it, into the medication cart trash. She was observed to pull the trash liner out and tied it up. She took 2-3 med cards into the medication room and blue narcotic count sheet went into the medication room with the cards. The typed paper indicated the Controlled Substance Record form was found in the shred box.</p> <p>An Employee Communication form, dated 10/4/23, indicated LPN 2 had a violated the medication pass and medication disposal policy and procedure. The details indicated "...[Name of LPN 2] failed to follow [name of community] preferred method of destruction by disposing a liquid narcotic medication into the trash. [Name of community] policy is to destroy medications with two licensed nurses using the Drug Buster. Proper documentation of medication disposal was not</p>				<p>finding. An audit of all liquid narcotics was completed by the DNS to ensure any medications destroyed in the last 30 days was done per policy. DNS/designee will perform an audit daily M-F on all narcotics that are destroyed to ensure it was done per policy.</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 nursing will be held on or before 10/27/23 by the DNS or designee. This in-service will include review the policy titled Controlled Substance policy. Director of Nursing/ designee will audit all liquid narcotics destruction records to ensure destruction was done per policy.</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, "Narcotic Administration and Destruction" 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</p>		

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	<p>completed per policy...."</p> <p>During an interview, on 10/5/23 at 1:26 P.M., the DON indicated it was the facility's policy to have a witness when destroying unused narcotic medication.</p> <p>On 10/5/23 at 12:34 P.M., the Director of Nursing (DON) provided a policy titled, "Controlled Substance", dated October 2022 and revised on April of 2023, and indicated the policy was the one currently used by the facility. The policy indicated "...Policy: It is the policy of this community that all controlled substances will be stored, counted, recorded and destroyed per state regulations...6. When the resident's physician discontinues a controlled substance, all unused medication will be destroyed with two licensed nurses and document on the medication destruction logs. 7. Preferred method of destruction of all medications will be placed in container of "Drug Buster" solution or like solution purchased via company preferred medical supply vendor...."</p> <p>This Federal tag relates to complaint IN00418819.</p> <p>3.1-25(b)(3)</p>				<p>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 = 10/27/23</p>		