

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

PRINTED: 03/28/2025

FORM APPROVED

OMB NO. 0938-039

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 03/12/2025	
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 Complaints IN00454080 and IN00454941.</p> <p>Complaint IN00454080 -- Federal/state deficiencies related to the allegations are cited at F655 and F656.</p> <p>Complaint IN00454941 -- No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 11 and 12, 2025</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Census Bed Type: SNF/NF: 106 Total: 106</p> <p>Census Payor Type: Medicare: 19 Medicaid: 82 Other: 5 Total: 106</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 14, 2025.</p>			F 0000	<p>F-655 Base Line Care Plans F-656 Comprehensive Care Plans Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. This facility is requesting a desk review for compliance.</p>		
F 0655 SS=D Bldg. 00	<p>483.21(a)(1)-(3) Baseline Care Plan</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for pressure ulcers had a baseline care plan</p>			F 0655	<p>The facility will ensure this requirement is met through the following corrective measures:</p>		03/25/2025

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

TITLE

(X6) DATE

LaDonna Lewis-Ogundeji

RN, DON

03/25/2025

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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	<p>developed and implemented within 48 hours of admission. (Resident D)</p> <p>Findings include:</p> <p>The clinical record of Resident D was reviewed on 3-12-25 at 9:25 a.m. His diagnoses included, but were not limited to metabolic encephalopathy, atherosclerotic heart disease, high blood pressure and cognitive impairment following cerebrovascular disease. His admission Minimum Data Set (MDS) assessment, dated 2-26-25, indicated he had severe cognitive impairment and was admitted with a stage 2 pressure ulcer. A review of his admission nursing assessment, dated 2-21-25, indicated he was admitted to the facility with a pressure ulcer to the coccyx.</p> <p>A review of Resident D's care plans indicated there was not a baseline care plan developed for Resident D related to skin concerns or pressure ulcers.</p> <p>In an interview with the Wound Nurse on 3-12-25 at 1:05 p.m., she indicated she and the MDS staff were responsible for developing care plans for any skin related issues.</p> <p>In an interview with the Director of Nursing on 3-12-25 at 2:15 p.m., she indicated a month or so ago, she identified an issue with care plans, including baseline care plans, not being conducted routinely by the floor nurses. She shared this issue was put into QAPI (Quality Assurance and Performance Improvement, a process to improve the quality of care and safety in nursing homes) and yesterday, 3-11-25, the facility held an in-service educational offering, dealing with baseline care plans, in addition to other issues. "I tell the nurses that all of them can</p>				<p>1. No harm was incurred to (Resident D) by the alleged deficient practice.</p> <p>2. All other residents have the potential to be affected. Care plans will be reviewed for all residents admitted in the last 30 days that still reside in the facility to ensure all pertinent problems are addressed.</p> <p>3. The care planning policy was reviewed. No revisions are indicated. Staff were educated on the baseline and comprehensive care plan policies. A performance improvement tool has been initiated. The DON/designee will audit 10 random resident base line care plans to ensure accuracy and completion within 48hrs of admission weekly x 4 weeks and until 100% compliance is achieved, then 10 residents per month for 4 months and until 100% compliance is maintained. The DON/designee will audit 10 random resident comprehensive care plans to ensure patient centered focus goals accuracy weekly x 4 weeks and until 100% compliance is achieved, then 10 residents per month for 4 months and until 100% compliance is maintained.</p> <p>4. The findings of these audits will be reviewed during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.</p>		

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	<p>put care plans into the record, not just the MDS staff." She indicated baseline care plans were a part of the admission nursing assessment document and only required the nurse to electronically "click on" the areas of concern. She added when she reviewed Resident D's chart, the staff had obtained an assessment of the wound to his coccyx, notified the doctor and family and had care orders, but there was an absence of baseline care plans. "It looks like they did everything they should have, except for the [baseline] care plans."</p> <p>In an interview on 3-12-25 at 2:53 p.m., with the Executive Director, she indicated the facility held an in-service educational offering on 1-14-25, with the licensed nurses on "Admission Assessment and Care Plans," and yesterday, 3-11-25, another in-service educational offering addressed baseline care plans. She provided an attendance sign-in sheet, from 1-14-25, which indicated it was attended by 11 nursing staff persons.</p> <p>On 3-12-25 at 2:53 p.m., the Executive Director provided a copy of a policy and procedure, dated 12/2022, entitled, "Admission of Resident." It indicated its purpose as, "To facilitate a smooth transition into a healthcare environment, to help alleviate concerns and answer questions the resident and family may have [and] to gather comprehensive information as a basis for the planning of care...Conduct the initial interview and nursing history...Conduct a head-to-toe observation/assessment. Identify functional abilities, needs, or problems...initiate a plan of care."</p> <p>On 3-12-25 at 1:33 p.m., the Executive Director provided a copy of a policy, dated 10/2022, entitled, "Care Planning." This policy indicated, "It is the policy of this facility to develop a</p>						

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F 0656 SS=D Bldg. 00	<p>comprehensive plan of care that is individualized, and reflective of the resident's goals, preferences, and services that are to be provided to attain or maintain the resident's highest practical physical, mental, and psychosocial well-being...A baseline plan of care will include at a minimum and will be completed within 48 hours of admission: physician orders, dietary orders, therapy services, social services...initial goals based on admission orders..."</p> <p>This citation relates to Complaint IN00454080.</p> <p>3.1-30(a)</p> <p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for pressure ulcers had a comprehensive care plan developed and implemented. (Resident D)</p> <p>Findings include:</p> <p>The clinical record of Resident D was reviewed on 3-12-25 at 9:25 a.m. His diagnoses included, but were not limited to metabolic encephalopathy, atherosclerotic heart disease, high blood pressure and cognitive impairment following cerebrovascular disease. His admission Minimum Data Set (MDS) assessment, dated 2-26-25, indicated he had severe cognitive impairment and was admitted to the facility with a stage 2 pressure ulcer. A review of his admission nursing assessment, dated 2-21-25, indicated he was admitted to the facility with a pressure ulcer to the coccyx.</p> <p>A review of Resident D's care plans indicated</p>			F 0656	<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. Care plans will be reviewed for all residents admitted in the last 30 days that still reside in the facility to ensure all pertinent problems are addressed. 3. The care planning policy was reviewed. No revisions are indicated. Staff were educated on the baseline and comprehensive care plan policies. A performance improvement tool has been initiated. The DON/designee will audit 10 random resident base line care plans to ensure. accuracy 		03/25/2025

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	<p>there was not any type of care plan developed for Resident D related to skin concerns or pressure ulcers.</p> <p>In an interview with the Wound Nurse on 3-12-25 at 1:05 p.m., she indicated she and the MDS staff were responsible for developing care plans for any skin related issues.</p> <p>In an interview with the Director of Nursing on 3-12-25 at 2:15 p.m., she indicated a month or so ago, she identified an issue with care plans not being conducted routinely by the floor nurses. She shared this issue was put into QAPI (Quality Assurance and Performance Improvement, a process to improve the quality of care and safety in nursing homes). "I tell the nurses that all of them can put care plans into the record, not just the MDS staff." She indicated baseline care plans are a part of the admission nursing assessment document and only requires the nurse to electronically "click on" the areas of concern. She added when she reviewed Resident D's chart, the staff had obtained an assessment of the wound to his coccyx, notified the doctor and family and had care orders, but there was an absence of baseline care plans. "It looks like they did everything they should have, except for the care plans."</p> <p>In an interview on 3-12-25 at 2:53 p.m., with the Executive Director, she indicated the facility held an in-service educational offering on 1-14-25, with the licensed nurses on "Admission Assessment and Care Plans," and yesterday, 3-11-25, another in-service educational offering addressed baseline care plans. She provided an attendance sign-in sheet, from 1-14-25, which indicated it was attended by 11 nursing staff persons.</p> <p>On 3-12-25 at 2:53 p.m., the Executive Director</p>				<p>and completion within 48hrs of admission weekly x 4 weeks and until 100% compliance is achieved, then 10 residents per month for 4 months and until 100% compliance is maintained. The DON/designee will audit 10 random resident comprehensive care plans to ensure patient centered focus goals accuracy weekly x 4 weeks and until 100% compliance is achieved, then 10 residents per month for 4 months and until 100% compliance is maintained.</p> <p>4. The findings of these audits will be reviewed during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.</p>		

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	3.1-35(a) 3.1-35(b)(1) 3.1-35(b)(2) 3.1-35(c)(1)						