

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155628	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Creekside Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3114 East 46th Street Indianapolis, IN 46205	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>28309</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 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 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>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 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>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>28309</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 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 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>(continued on next page)</p>		

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