

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 03/26/2026
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on interview and record review, the facility failed to correctly document a resident's anti-psychiatric medication use on the annual Minimum Data Set assessment for 1 of 4 residents reviewed for use of accuracy of assessments. (Resident D) Findings include: The clinical record of Resident D was reviewed on 3-26-26 at 12:25 p.m. Her diagnoses included, but were not limited to delusional disorder (serious psychotic disorder characterized by the presence of one or more fixed, false beliefs that persist for at least one month) and anxiety. The annual Minimum Data Set (MDS) assessment (a tool to track, review, and report the high-risk medications a nursing home resident received), dated 2-6-26, indicated under the medication section, the resident had not received any anti-psychotic medications. A review of Resident D's physician orders, revised on 9/5/25, indicated the resident was prescribed, by the physician, risperidone .025 milligrams twice daily (an anti-psychotic medication) for a diagnosis of delusional disorder. The medication administration records (MAR) for January and February 2026, indicated Resident D had routinely received risperidone, twice daily, during the seven (7) day look back period prior to the MDS assessment period. During an interview with the MDS Coordinator on 3-26-26 at 2:19 p.m., she indicated she had worked at the facility for over 1 year and had worked in the area of MDS assessments for over 5 years. The resident's MDS assessment under the medication sections had an error It was nothing but human error, and she had corrected the error involving the medication section on 3/26/26. Resident D's was prescribed an anti-psychotic medication on a routine basis during the seven (7) day look-back period for the annual MDS assessment. In review of the Centers for Medicare and Medicaid Services Long Term Care Facilities Resident Assessment Instrument 3.0 User's Manual Version 1.20.1, October 2025, section N, Medications, instructions, it indicated the MDS assessment should identify, by pharmacological category, any medication received in that category in the last seven (7) days. This citation relates to Intake 2807309. 410 IAC (Indiana Administrative Code) 16.2- 3.1-31(c)(1)410 IAC 16.2- 3.1-31(c)(6)</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
---	-------	-----------