

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155784	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Creekside Village		STREET ADDRESS, CITY, STATE, ZIP CODE 1420 E Douglas Rd Mishawaka, IN 46545	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>38121</p> <p>Based on record review and interview, the facility failed to complete and submit a timely 5-day follow-up report regarding a fall investigation that had been reported to IDOH (Indiana State Department of Health) for 1 of 3 residents reviewed for falls. (Resident D)</p> <p>Findings include:</p> <p>A record review was completed, on 7/1/2024 at 11:24 A.M. The resident's diagnoses included, but were not limited to: atrial fibrillation, metabolic encephalopathy, dementia, hypertension, weakness and fracture of right pubis.</p> <p>A Significant Change MDS (Minimum Data Set) Assessment, dated 6/13/2024, indicated Resident D was severely cognitive impaired, required the assistance of 1 staff member for transfers and utilized a front wheeled walker for mobility.</p> <p>A current care plan, dated 2/15/2023, indicated the resident was at risk for falls related to: History of recent fall with fracture to right pelvic region, age, medication use, incontinence, impaired mobility. Resident's lack of understanding of her own limitations, abnormalities of gait and mobility, unsteadiness on feet and lack of coordination.</p> <p>A Nursing Progress Note, dated 6/12/2024 at 11:45 P.M., indicated Resident D was found on her bathroom floor, on her right side with her head facing the toilet. The resident had complaints of pain to her right hip, right shoulder, head and neck. She had a 5cm (centimeters) in length laceration to her left lower extremity. The Director of Nursing, Executive Director, Medical Director and resident's family member were notified and 911 was notified. A report was given to the local receiving hospital and Resident D was transferred by paramedics to the hospital.</p> <p>A Progress Note, dated 6/13/2024 at 8:40 A.M., indicated Resident D had returned to facility via the local ambulance transport service.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An IDT (Interdisciplinary Team) note regarding Resident D;s fall, dated 6/13/2024 at 3:49 P.M., included a description of the incident indicated Resident D's wheelchair was noted to be backed into the shower stall. The foot pedals of the wheelchair were on with the foot rests in the lowest position. Resident D was dressed in a shirt, pants, shoes and was continent of her bowels and bladder at the time of the fall. The call light was not activated in the room or the bathroom. The resident stated she was taking herself to the bathroom and tripped. Resident D had skin tears noted to both shins and a fracture to her right superior pubic ramus and pubic symphysis bones. The Medical Director and the resident's family member were notified of the change in condition.</p> <p>Review of the Facility Reported Incident revealed Resident D's incident was submitted to the State agency on 6/13/2024 but there with no 5-day follow-up investigation reported.</p> <p>During an interview on 7/2/2024 at 8:55 A.M., the Executive Director indicated she did not complete a 5 day follow up of the incident or report the follow up to ISDH (Indiana State Department of Health). She indicated the follow up was completed on 6/24/2024 and should have been completed within five days of the initial report. She indicated she had been re-educated regarding the facility's policy to investigate and submit any reportable issue timely, within the 5 day time frame to the State agency by the Regional Executive team. In addition, a monitoring system was implemented to ensure the reportable investigations were submitted timely in the future.</p> <p>On 7/2/2024 at 3:19 P.M., the Executive Director provided a policy titled, Long-Term Care Abuse and Incident Reporting Policy dated 4/1/2024, and indicated it was the current facility reporting policy. The policy indicated, .2. Follow-up report should include: a. Results of the investigation. b. Interventions implemented or corrective action taken. c. Method in which facility will continue to monitor efficacy of plan/interventions. d. Other persons or agencies to which the incident was reported</p> <p>This deficient practice began on 6/18/2024 when the facility failed to complete and submit a timely follow up investigation to the fall for Resident D, which occurred on 6/13/2024. The deficiency was corrected on 6/24/2024 when the facility Administrator was re-educated, a follow up investigation report was submitted to the Department of Health and an auditing system was implemented to ensure compliance was achieved. Therefore , the deficient practice was deemed Past Noncompliance</p> <p>This citation relates to complaint IN00434201</p> <p>3.1-28(e)</p>		