

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 03/21/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>44111</p> <p>Based on observation, interview and record review the facility failed to ensure a controlled narcotic medication was either secured in a locked environment or under direct observation of the staff member administering the medication for 1 of 1 residents observed for medication administration and safety. (Resident D)</p> <p>Finding includes:</p> <p>During an observation and interview on 3/21/2025 at 10:11 A.M., Resident D had a breakfast tray and a disposable scouffle cup of medications on his bedside table by the foot of the bed. He indicated they always left his pills on his table and there was a pain pill in the cup for him.</p> <p>During an interview on 3/21/2025 at 10:56 A.M., LPN 2 indicated Resident D had refused his medication and he planned to go back later to see if Resident D had taken them. He identified the medications in the cup as the following: Eliquis 2.5 mg(milligrams) (blood thinner), tamsulosin 0.4 mg (prostate), lexapro 5 mg and 10 mg (antidepressant), daily-vite (vitamin) hydrocodone-acetaminophen 5-325 mg (narcotic pain medication) and mucinex 600 mg (expectorant). He indicated he should not have left the medications at the bedside.</p> <p>On 3/21/2025 at 11:45 A.M., the DON provided a medication pass procedure titled, Medication Administration, revised 7/2023, and indicated the procedure was the one currently used by the facility. The procedure indicated .11. Observed (sic) taking medications-not left at bedside .</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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