

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 05/28/2020
NAME OF PROVIDER OF SUPPLIER CREEKSIDE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to place a resident in transmission based precautions for 14 days after exposure to a resident that tested positive for Covid 19. (Resident M and Resident P) Findings include: The clinical record for Resident M was reviewed on 5/27/20 at 2:00 p.m. The [DIAGNOSES REDACTED]. The hospital records for Resident M dated 5/20/20 at 1:41 a.m., indicated the resident was brought into the emergency room (ER) in respiratory distress and was admitted. Covid 19 testing was ordered and tested positive. The clinical record for Resident P was reviewed on 5/28/20 at 10:00 a.m. The [DIAGNOSES REDACTED]. Resident P's clinical record did not have documentation she was placed in isolation due to exposure of Covid 19. An interview was conducted with License Practical Nurse (LPN) 3 on 5/28/20 at 10:59 a.m. He indicated Resident M did share a room with Resident P. Resident P was in the room the morning Resident M was sent to the ER on [DATE]. The residents' were not on isolation precautions at that time. An interview was conducted with Assisted Director of Nursing (ADON) on 5/28/20 at 3:54 p.m. She indicated the facility was notified on 5/22/20. Resident M had tested positive for Covid 19. Resident P was then placed on isolation and tested for the coronavirus that day. The resident continued on isolation precautions until she had received the test results on 5/27/20. Resident P had tested negative for Covid 19 and isolation precautions were discontinued that day. There should have been an order in the clinical record Resident P was placed in isolation, but it was missed. An interview was conducted with the Nurse Consultant on 5/28/20 at 2:00 p.m. She indicated the facility follows the Centers for Disease Control and Preventions (CDC) guidelines. Responding to Coronavirus (Covid-19) in Nursing Homes from the CDC at www.cdc.gov dated 4/30/20, was retrieved on 5/28/20. It indicated. A single negative test does not mean that the resident was not exposed or will not become infected in the future. Residents should still be monitored for evidence of Covid-19 for 14 days and cared for using all recommended COVID-19 PPE (Personal Protective Equipment). Resident with new-onset suspected or confirmed Covid-19. Roommates of residents with Covid-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-COV-2 14 days after their last exposure (e.g., date their roommate was moved). 31-18(a)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.