STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155784	A. BUILDING _____ B. WING _____	**05/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CREEKSIDE VILLAGE	**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)
F 0760 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that residents are free from significant medication errors.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a physician's order was followed for a resident who experienced an acute episode of unresponsiveness which required cardiopulmonary resusitation and hospitalization with mechanical ventilation. This deficient practice affected 1 of 3 residents reviewed for physicians orders. (Resident B) Finding includes: The clinical record for Resident B was reviewed on [DATE] at 1:00 P.M [DIAGNOSES REDACTED]. A Resident Progress Note, was entered on [DATE] at 5:31 P.M, and dated for [DATE] at 5:06 P.M., it included the following: .This writer was called to resident's room because family members stated that she didn't look ok. When I arrived the resident asked to be assisted to the bathroom. She requested not to be left unattended. Resident appeared to be anxious. This writer asked a CNA (Certified Nursing Assistant) to stay with the patient. The CNA returned to the nurses station to report that the resident is complaining of dizziness. When I returned to the patient's room with test strips to check the resident's blood sugar since she has a history of [DIAGNOSES REDACTED], I found her slouched over in the wheelchair. I asked a staff member who was in the room to run and get OJ (orange juice) while I was sternal rubbing the resident. She presented with s/s [DIAGNOSES REDACTED] which included cold clammy skin, anxiety previously and she had passed out. I decided to move the resident to the nurses station so I could call for help. Once I got to the nurses station I paged for a second nurse to help find [MEDICATION NAME] (medication used to increase blood sugar). I asked a CNA to call 911. [MEDICATION NAME] was administered on the RUE (right upper extremity). The resident didn't respond. I felt for a pulse and didn't find one. Therefore, I asked a CNA to assist in lowering the resident to the floor where we started chest compressions. After about 1 minute of chest compressions the resident started breathing on her own. EMT's (Emergency Medical Technician's) arrived shortly after and transferred her to (name of local hospital) A Physician's Order Report, dated [DATE]-[DATE], indicated .Start Date: [DATE] Hypoglycemic Protocol: Blood glucose 60 or below and resident is able to consume PO (oral) intake: administer 4 ounces of juice and recheck blood glucose in 15 minutes. If symptomatic or if blood glucose is still 60 or less, repeat another 4 ounces of juice. Recheck blood glucose in 15 minutes. If symptomatic or blood glucose is still 60 or less after two treatments, notify physician of Resident's status A Physcian's Order Report, dated [DATE]-[DATE], indicated .Start Date: [DATE] Hypoglycemic Protocol: Blood glucose 60 or below and resident is NOT able to consume PO intake: Administer PRN (as needed) glucose ([MEDICATION NAME]) per order. Recheck blood glucose in 15 minutes, document results, assessment, current resident status and MD/family notification. *If there is not a PRN order, notify MD (Medical Doctor) immediately* During an interview, conducted with RN (Registered Nurse) 1, on [DATE] at 2:10 P.M., RN 1 indicated she was called into the residents room related to Resident B's complaint of dizziness, she gathered the supplies to check Resident B's blood sugar as she had a history of [REDACTED]. RN 1 was not aware of the resident's blood sugar at the time of giving the [MEDICATION NAME], she indicated it was an emergent situation and the resident had a recent history of hypoglycemic episodes so she administered the [MEDICATION NAME] first without checking to see if Resident B's sugar was low. A (local fire department) Run Report, dated [DATE] at 5:56 P.M., indicated .History of Present Illness: After eating she told staff tht she did not feel well. Went unconscious. They figured the problem was low blood sugar but thought patient lost pulses and stopped breathing for a minute. Was given a couple of chest compressions ans she started breathing again. AED (Automated External Defibrillator) was applied with no shock advised. Supine on floor with pillows under her head. Breathing 10/min.(per minute) Reps (respirations) were deep and did not appear to be labored. Rhonchi heard. Airway sounded better when pillows were removed. Skin was diaphoretic, strong irregular carotid pulse. Capillary blood sugar 555 and then rechecked with venous blood and was 557mg/dl (milligrams per deciliter). She may have had some very slight left facial droop. Would squeeze her fingers on both hands around our hands when touched but it appeared to be an involuntary reflex. We did not witness her moving her legs. [MEDICAL TREATMENT] access in left arm. We were having a difficult time with the monitor due to a lotion on her skin. She had a wide QRS wave and a prolonged Q-T believed to be [MEDICAL CONDITION] (an irregular heartbeat), no SPO2 (measure of oxygen in blood) poor pleth wave, cold fingers .First BP (blood pressure) was ,[DATE]. Brief period of apnea and no pulses as we pulled into E.D. 30 seconds of chest compressions and a few breaths with (bag valve mask) and patient started breathing on her own again and had strong irregular carotid pulses again. IV (intravenous) reseal started while trying to obtain blood sugar and rule out [DIAGNOSES REDACTED]. ED notified for possible stroke as we had an unconscious patient with possible facial droop and no EKG (electrocardiogram) yet A Physician Email, dated [DATE] indicated .(Resident B). During her stay, due to the coronavirus pandemic, her care was transitioned to myself on [DATE]. She had a hospitalization shortly after my taking over ([DATE]). That hospitalization involved profound [MEDICAL CONDITION] and [MEDICAL CONDITION] was suspected as the etiology at that time per hospital notes. She has a chronic history of type 2 diabetes mellitus as well as end stage [MEDICAL CONDITION] requiring [MEDICAL TREATMENT]. It is also of note tht she has had issues with hypogycemic episodes. She had required [MEDICATION NAME] during past episodes (most recently on [DATE]) A Emergency Department Physician Note, dated [DATE] at 6:47 P.M., indicated .Patient presents to the emergency deprtment from a local extended care facility after she suffered a [MEDICAL CONDITION]. Patient does have a history of [MEDICAL CONDITION], diabetes, [MEDICAL CONDITION]. She apparantly had a [MEDICAL TREATMENT] last week. Family reports that she today started not feeling well and then she collapsed. Upon arrival here she was in asystole with agonal respirations. CPR was started on this patient. Patient was intubated. She did require several defibrillations. She was also treated for [REDACTED]. Patient did seem to start to become more responsive A History and Physical, dated [DATE], indicated .Past Medical History: The patient was just hospitalized here for hypertensive urgency and [MEDICAL CONDITION], which was felt to be related to vasovagal effect and [MEDICAL CONDITION]; the patient was discharged back to her nursing home on ,[DATE] Impression: 1. Cardiopulmonary arrest of uncertain etiology. The patient's workup is in its infancy. 2. Acute [MEDICAL CONDITION], secondary to above. The patient has been intubated and is now mechanically ventilated. 3. [MEDICAL CONDITION], stage v (on intermittent [MEDICAL TREATMENT]) in addition to diabetes mellitus type 2 (presently uncontrolled, with resultant severe [MEDICAL CONDITION]) as well as hypertension, [MEDICAL CONDITION], and importantly recent history of signifcant [MEDICAL CONDITION], for which the patient has just been hospitalized her several days ago During an interview, conducted with the Director of Nurses, on [DATE] at 2:30 P.M., she indicated that Resident B had a history of [REDACTED]. The resident was a full code and was found slumped over, unresponsive and presented with symptoms that led RN 1 to believe Resident B was suffering from a hypoglycemic episode. A Blood Glucose Monitoring policy, with a revision date of ,[DATE], was provided by the Director of Nurses on [DATE] at 2:45 P.M. The policy indicated .A resident wtih blood glucose below 70 requires an assessment for symptoms of [DIAGNOSES REDACTED]. Document assessment in nursing progress notes. Immediate treatment of [REDACTED].Blood glucose less than 70 and resident is unable to consume po intake: Administer PRN IM or I glucose as ordered. Recheck blood glucose in 15 minutes, document findings and current resident status and notify MD During an interview, conducted with the Executive Director of the facility, on [DATE] at 3:00 P.M., she indicated this incident was reviewed with both Resident B's physician and the executive management team at the corporate level and thought not to be a significant medication error, the reporting criteria was reviewed and discusssed but thought not to apply in

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.

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F 0760 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) this situation. This Federal tag is related to Complaint IN 006. 3XXX,[DATE](c)(2)