

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155329	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/28/2016
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NAME OF PROVIDER OR SUPPLIER  ROSEWALK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN 46219
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F 0000  Bldg. 00	<p>This visit was for the investigation of Complaint IN00191348 and IN00191586.</p> <p>Complaint IN00191348 - Substantiated. Federal/state deficiencies related to the allegations are cited at F499.</p> <p>Complaint IN00191586 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: January 28, 2016</p> <p>Facility number: 000222 Provider number: 155329 AIM number: 100274950</p> <p>Census bed type: SNF: 11 SNF/NF: 142 Total: 153</p> <p>Census payor type: Medicare: 51 Medicaid: 64 Other: 38 Total: 153</p> <p>Sample: 3</p> <p>These deficiencies also reflects State</p>	F 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after February 9th, 2016.</p>	
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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 0499 SS=D Bldg. 00	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on February 2, 2016.</p> <p>483.75(g) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.</p> <p>Professional staff must be licensed, certified, or registered in accordance with applicable State laws.</p> <p>Based on interview and record review, the facility failed to ensure a staff member, employed as a nurse in the facility, had an Indiana nursing license for 1 of 5 nurses reviewed for licenses. (RN #5)</p> <p>Findings include:</p> <p>The Employee Records form and employee file for RN #5 were provided by the Executive Director (ED) on 1/28/16 at 1:00 p.m.</p> <p>The Employee Records form indicated RN #5 began working at the facility in August, 2015.</p> <p>RN #5's employee file included a copy of</p>	F 0499	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after February 9th, 2016.</p> <p><b>F499 Employ Qualified professionals</b></p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p>	02/09/2016

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	<p>her Indiana Online Licensing information that indicated her Indiana Registered Nurse license expired on 10/31/13.</p> <p>RN #5's employee file included a copy from the Texas Board of Nursing that indicated she had a current Texas Registered Nurse license that would expire on 3/31/17.</p> <p>The Charge Nurse position description was included in RN #5's employee file. It indicated, "The Charge Nurse serves as a member of the interdisciplinary team, assumes responsibility with planning and accountability for resident care of designated unit and in accordance with Federal and State regulations and company/facility policies, procedures, and care plans; and ensures a homelike environment for the residents, protects and promotes resident rights." It indicated, "Certificates, Licenses, Registrations: Current active Indiana Registered Nurse or Licensed Practical Nurse." The Acknowledgement Of Receipt Job Description was signed by RN #5 on 8/13/15.</p> <p>An interview was conducted with the Clinical Education Coordinator (CEC) on 1/28/16 at 2:45 p.m. She indicated, to her knowledge, the Texas nursing license was the only license RN #5 had, as well</p>		<p>Per the 2567, no residents werefound to be affected by the deficient practice. RN # 5 was immediately removed from the schedule, pending investigation regarding her Indiana nursing license.</p> <p><b>How will you identify other residents having the potential to beaffected by the same deficient practice and what corrective action will betaken?</b></p> <p>All residents have the potentialto be affected by the the alleged deficient practice. Clinical Education Coordinator, Director ofNursing, and Payroll clerk have been in-serviced on following policy that allnurses must possess a valid Indiana nursing license. All nursing licenses will be reviewed weeklyby the DNS or designee in the weekly HR meeting. All nursing licenses were verified throughPLA website as active and in good standing, by ED on 1/29/2016.</p> <p><b>What measures will be put into place or what systemic changes will youmake to ensure that the deficient practice does not recur?</b></p> <p>All nursing licenses will beverified through the PLA website prior to hire by the payroll clerk and allemployed nurses will have licenses checked weekly in the HR meeting by the DNSor her designee. ED will be in attendanceat weekly HR meeting to ensure verification.</p>	

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	<p>as the expired Indiana nursing license.</p> <p>A 1/28/15, 2:52 p.m., email from the Assistant Board Director of Pre-Licensing for the Indiana State Board of Nursing indicated, nurses "must be actively licensed before they can begin working in our state." The email referenced the following rule pertaining to the above situation:</p> <p>848 IAC 1-1-13 Employment conditions; enforcement powers and duties; records and reports Authority: IC 25-23-1-7 Affected: IC 4-1-6; IC 25-23-1-7; IC 25-23-1-16.1</p> <p>Sec. 13. Any person who practices or offers to practice nursing as either a registered or licensed practical nurse in Indiana shall hold a current Indiana license as proof of their legal authorization to practice.</p> <p>(b) The Indiana board of nursing (board) shall be responsible for the following:</p> <p>(1) The verification of licensure of nurses to employers of nurses.</p> <p>(2) Initiating appropriate action as authorized by the Nurse Practice Act under IC 25-23-1 on reports to the board concerning Incidents involving a licensee that</p>		<p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>All licenses will be checked prior to hire by payroll clerk, and documented on the CQI tool. All licenses for employed nurses will be checked weekly in the HR meeting by ED, and DNS (or her designee) and documented on the license verification CQI tool. Checks will be completed for a minimum of 6 months. Home office payroll staff will conduct employee file audits every 6 months to ensure compliance. If a 100% threshold is not met, and action plan will be developed and presented to the CQI committee.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 2/9/16</p>				

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	<p>may be cause for disciplinary action.</p> <p>(3) Assuring that imposters are not functioning in roles normally assumed by the licensed nurse.</p> <p>(4) Carrying out the duties of the board in compliance with the Fair Information Practice act under IC 4-1-6. (Indiana State Board of Nursing: Reg 13; filed Mar 1, 1978, 8:51 a.m.: Rules and Regs. 1979, p. 167; readopted filed Nov 21, 2001, 10:23 a.m.; 25 IR 1328; readopted filed Jul 19, 2007, 12:54 p.m.; 20070808-IR-848070058RFA; readopted filed Nov 25, 2013, 9:22 a.m.; 20131225-IR-848130284RFA)</p> <p>The worked schedule for RN #5 was provided by the ED on 1/28/16 at 4:14 p.m. It indicated she worked 879 hours in the facility from 8/13/15 to 1/27/16.</p> <p>The Licensure Compliance policy was provided by the ED on 1/28/16 at 4:19 p.m. It indicated, "It is the policy of the facility to be in compliance with all state and federal regulations concerning licensure and with accepted professionals providing services within the facility."</p> <p>This federal tag relates to Complaint #IN00191348.</p> <p>3.1-14(s)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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