

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/01/2016
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NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00193403.</p> <p>Complaint IN00193403- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: March 28, 29, 30, 31, April 1, 2016</p> <p>Facility number: 000051 Provider number: 155121 AIM number: 100275490</p> <p>Census bed type: SNF/NF: 100 SNF: 13 Total: 113</p> <p>Census payor type: Medicare: 27 Medicaid: 79 Other: 7 Total: 113</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662</p>	F 0000		
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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 0280 SS=D Bldg. 00	<p>on April 6, 2016.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review, observation, and interview, the facility failed to follow and revise the plan of care regarding dental care for 1 of 3 residents reviewed for dental issues (Resident #103).</p> <p>Findings include:</p> <p>The clinical record, reviewed on 03/31/2016 at 8:56 a.m., indicated</p>	F 0280	Care plan has been revised to reflect current status for resident #103. MD and family aware. Resident #103 scheduled to see dentist on next visit to facility as dentures not located. Resident #103 has continued to have consistent meal intakes and no weight loss has occurred. Speech therapy to screen to identify any potential issues with eating. All residents with missing dentures	05/01/2016

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	<p>Resident #103's diagnoses included, but were not limited to, Parkinson's, diabetes mellitus, hyperlipidemia, schizophrenia, nicotine dependence, toxic encephalopathy, hypertension, arteriosclerotic heart disease, ischemic cardiomyopathy, heart failure, and dysphagia.</p> <p>The new admission assessment, dated 9/25/15, indicated Resident #103 had upper dentures.</p> <p>The nutritional assessment, dated 10/7/15, indicated Resident #103 had a pureed diet, 2 handle cup with lid, and upper dentures.</p> <p>The Medical Doctor's order, dated 11/21/15 indicated upgrade diet to a mechanical soft diet with a plate guard.</p> <p>The care plan for Resident # 103, dated 9/29/15, indicated the resident utilized upper dentures. Interventions included, but were not limited to, assist the resident in proper dental care/cleaning of device, assure the device is fitting properly, assure that the device is present before meals, and provide assist for oral care of upper dentures.</p> <p>The care plan for Resident #103, dated 10/10/15, indicated resident required</p>		<p>have the potential to be affected. Interdisciplinary care team will be notified, MD and family will be notified of any missing dentures. Care plan for residents with missing dentures will be revised to reflect resident's current status. Appropriate actions will be taken to locate or replace missing dentures. Nursing staff will be re-inserviced to report and missing dentures immediately. Residents and family will also be educated through news letter and resident council to report missing dentures. Interdisciplinary care team will be notified, MD and family will be notified of any missing dentures. Care plan for residents with missing dentures will be revised to reflect resident's current status. Appropriate actions will be taken to locate or replace missing dentures. CQI tool will be completed by SS monthly x 6 months then quarterly thereafter for one year. Results of the CQI tool will be shared with the CQI committee for evaluation for minimum of one year. if 95% threshold is not achieved, an action plan will be developed to ensure compliance. All corrective actions will be completed by May 1, 2016.</p>		

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	<p>eating/swallowing program related to swallowing difficulty. Interventions included, but were not limited to, an assistive device of a 2 handle cup with lid, eating/swallowing program 7 days a week, 3 meals a day, observe for signs and symptoms of aspiration, verbal prompts: alternate liquids and solids, chew thoroughly, and take smaller bites.</p> <p>During an interview, with Resident #103 on 3/29/2016 at 10:57 a.m., she indicated her dentures were missing.</p> <p>During an interview, with Resident #103's roommate on 03/31/2016 at 9:55 a.m., she indicated around 3/9/16 her roommate dropped her dentures on the floor, a second shift staff member picked them up for her, and indicated she would go get a clean denture cup.</p> <p>During an interview, with the second floor Social Services Employee on 03/31/2016 at 9:59 a.m., she indicated she was not aware of the missing dentures.</p> <p>During an interview, with CNA #2 on 4/1/2016 at 1:11 p.m., she indicated a.m. care is completed for every resident in the building. A.M. care included, but was not limited to, washing up, dressing, toileting, combing hair, brushing</p>			

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F 0431 SS=D Bldg. 00	<p>resident's teeth or cleaning and inserting dentures.</p> <p>During an interview, with the Executive Director on 4/1/2016 at 2:18 p.m., she indicated if nursing and nursing assistants were following the care plan the missing dentures would have been reported and followed up on sooner. She indicated she was unable to located a facility policy regarding dental care.</p> <p>3.1-35(b)(1)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and</p>			

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	<p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review the facility failed to ensure expired medication was disposed of properly in 1 of 6 medications carts observed. (Resident # 100)</p> <p>Findings include:</p> <p>During the medication storage observation on 3/31/16 at 10:03 a.m., the 2nd floor west medication cart had a container of fluocinonide 0.5 cream, used for dermatoses (any noninflammatory disorder of the skin) that expired on 11/29/15 in bottom drawer of cart. The fluocinonide cream was identified with name of Resident #100.</p> <p>During an interview on 3/31/16 at 10:20 a.m., with LPN #1, she indicated the fluocinonide cream should have been discarded.</p>	F 0431	<p>Resident #100 discharged from the facility on 3/1/16 and no longer resides in this facility. The expired medication located in the medication cart was discarded immediately per policy. All residents who receive medication have the potential to be affected. All medications were audited for expiration dates. Licensed nurses have been inserviced on the policies for expired medication destruction. A CQI tool will be completed to audit for expired medications daily x 1 week, weekly x 4 weeks, and monthly x 6 months, then quarterly thereafter for one year. Results of the CQI audit will be shared with the CQI committee for evaluation for a minimum of 1 year. If threshold of 95% is not achieved, an action plan will be developed to ensure compliance. All corrective actions will be completed on or before 5/1/16</p>	05/01/2016

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	<p>The policy titled "Expiration Dating" dated 11-2013, received from the Director of Nursing on 3/31/16 at 3:35 p.m., indicated "...Purpose: To ensure all prescriptions are labeled with appropriate expiration dates according to manufacturer recommendations and in compliance with all State and Federal laws and regulations. To also ensure all expired medications are removed from medication storage areas and disposed of properly...2. Disposal of Expired Non-Controlled Medication 2.1 Medications must be checked by the facility regularly for expiration dates and deterioration. 2.2 Expired medications will be removed from use and destroyed as per the facility's policies and procedures...."</p> <p>3.1-25(o)</p>			