

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/16/2016
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NAME OF PROVIDER OR SUPPLIER  ROSEWALK AT LUTHERWOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RITTER AVE INDIANAPOLIS, IN 46219
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00191998.</p> <p>Complaint IN00191998-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 14, 15, and 16, 2016</p> <p>Facility number: 011587 Provider number: 011587 AIM number: n/a</p> <p>Census bed type: Residential: 83 Total: 83</p> <p>Census payor type: Medicaid: 59 Other: 24 Total: 83</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on March 16, 2016.</p>	R 0000	The creation and submission of this Plan of Correction doesnot constitute an admission by this provider of any conclusion set forth in thestatement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Review or Post Survey Review on or after 4/12/16.	
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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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R 0091  Bldg. 00	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request. Based on interview and record review, the facility failed to establish a policy in regards to following physician 's orders for 1 of 5 residents reviewed for facility policy establishment. (Resident #43) Findings include: Clinical record for Resident #43 was reviewed on 3/15/2016 at 9:30 a.m. The diagnosis for Resident #43 included, but was not limited to, hypertension and congestive heart failure. The March, 2016 physician orders indicated that Resident #43 was to receive 12.5 milligrams of carvedilol (blood pressure medication) twice daily effective 7/23/2015. The order indicated to hold the medication if the systolic blood pressure (top number of the blood pressure) was less than 120. The January, February, and March of 2016 vital sign flowsheet for Resident #43 indicated that the systolic blood</p>	R 0091	<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Resident #43 orders were reviewed by Clinical Director/designee and MD. On 3/20/16 all nurses were re-educated on Telephone/Physician Orders pertaining to blood pressures and parameters. Licensed Nurses and Qualified Medication Aides will be re-educated by 4/3/16 on facility policy which has been updated to include: "The Community is responsible for ensuring that each resident receives his or her medication according to the doctor's orders and has documented in the Resident records. Physicians orders may also include, but are not limited to, medication order, diagnosis, vital signs, precautions, laboratory/diagnostic orders, transfer/discharge orders." How will other residents having the potential to be affected by the</p>	04/12/2016			

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	<p>pressure was below 120 for 9 out of 31 days in January, 10 out of 29 days in February, and 6 out of 15 days through March.</p> <p>The January, February, and March 2016 medication administration records (MAR) indicated that the carvedilol was administered despite the systolic blood pressure being less than 120 for 6 out of 31 days in January, 9 out of 29 days in February, and 3 out of 15 days through March.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 3/15/16 at 11:00 a.m. She indicated there was a vital signs flowsheet utilized to document residents ' vital signs and that was the only source of documentation they utilize when they obtain residents ' vital signs. On 3/15/16 at 1:18 p.m., review of the January of 2016 and February of 2016 vital signs sheet indicated that no evening blood pressures were obtained prior to administration of the medication for 3 out of 31 days in January, 21 out of 29 days in February, and 9 out of 15 days through March for Resident #43.</p> <p>An interview was conducted with LPN #2 on 3/15/16 at 2:55 p.m. She indicated the blood pressure would be obtained at the time of administration of the beta blocker twice daily. The blood pressure</p>		<p>same deficient practice and what corrective action will be taken? All Residents have the potential to be affected. Clinical Director/designee will perform audit of all resident Medication Administration Records (MARs) and Physician Orders by 4/11/16, including but not limited to Physician Orders that may include blood pressures, other vitals and parameters to ensure compliance. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? Staff will be educated by 4/3/16 on Telephone/Physicians Orders policy by Clinical Director/designee. Clinical Director/designee will be responsible for auditing daily physicians orders to ensure Telephone Orders/Physician Orders policy is followed. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? A CQI tool will be completed as a monitoring tool. This tool will be completed weekly x4, bi-monthly x2, then on quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Clinical Director or designee. If a threshold of 95% is not met, the results will be reviewed at monthly At-Risk meetings and an action plan will</p>				

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	<p>should be documented on the vital signs sheet.</p> <p>An interview was conducted with the General Manager on 3/16/16 at 10:15 a.m. She indicated the facility does not have a policy regarding following physician orders.</p>		<p>be developed and/or disciplinary action. The CQI tool will be overseen by the Clinical Director and General Manager.</p>		