STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155329		06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWALK VILLAGE	1302 N LESLEY AVE INDIANAPOLIS, IN 46219

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00174705. This visit was in conjunction with a Recertification and State Licensure Survey. Complaint IN00174705 - Substantiated. Federal/State deficiencies related to the allegations are cited at F312. Survey Dates: June 11,12, 15,16,17, and 18, 2015. Facility number: 000222 Provider number: 155329 AIM number: 100274950 Census Bed Type: SNF: 11 SNF/NF: 141 Total: 152 Census Payor Type: Medicare: 36 Medicaid: 75 Other: 41 Total: 152 This deficiency reflects state findings cited in accordance with 410 IAC	F 0000	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. 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 July 2nd , 2015.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	16.2-3.1.			
F 0312 SS=D Bldg. 00	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on interview and record review, the facility failed to ensure a resident was provided bathing care for 1 of 3 residents reviewed for ADL ' s. (Resident #B) Findings include: Resident #B's record was reviewed on 6/15/15 at 10:50 a.m. The resident's diagnoses included, but were not limited to, motor vehicle accident, ischemic heart disease, multiple rib fractures, and other bone fracture. A 5/7/15 MDS (Minimum Data Set) assessment indicated Resident #B had a BIMS score of "13" which indicated the resident did not have a severe cognitive impairment. The assessment also indicated the resident required "Two+persons physical assist" from staff	F 0312	**F 312 ADL care provided for dependent residents** It is the practice of this provider to ensure that all alleged violations involving ADL care provided for dependent residents are provided in accordance with State and Federal law through established procedures. **What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?** Resident #B no longer resides at the facility. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents have the potential to be affected by this alleged deficient practice.	07/02/2015

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	for bathing care. A 5/1/15 ADL care plan for Resident #B, indicated "...Resident requires staff assist to complete daily bathing, dressing, grooming, personal hygiene..." One of the interventions on the care plan, dated 5/1/15, indicated for the resident to receive two showers per week with partial baths in between. A document titled "Preferences for Daily Customary Routines" (for Resident #B), dated 5/4/15, was received from Medical Records on 6/16/15 at 1:28 p.m. It indicated the resident preferred to take a shower 2 times weekly between 8:00 a.m. and 9:00 a.m. ADL records for Resident #B indicated he received a shower on 5/1/15 (third shift), 5/2/15 (third shift), 5/6/15 (third shift), 5/8/15 (third shift), 5/10/15 (third shift), 5/15/15 (third shift), 5/20/15 (first shift), 5/21/15 (first shift), 5/22/15 (third shift), 5/25/15 (third shift), 5/27/15 (one shower documented on third shift and one on first shift) and 5/29/15 (two showers documented on third shift). The same records indicated the resident received a "Partial Bed Bath" on the following dates: 5/1/15 (2), 5/3/15, 5/4/15, 5/5/15, 5/6/15, 5/7/15, 5/9/15, 5/11/15, 5/13/15, 5/14/15 (2), 5/14/15		CEC/designee will in-service all nursing staff on bathing according to residents preference and how to properly document bathing in Matrix/POC by 7/2/15. **What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?** Unit managers/designee will complete daily audits to ensure that residents are receiving bathing per resident preference. DNS/designee will review bathing documentation in POC/Matrix daily to ensure bathing was performed and appropriate documentation occurred per plan of care. CEC/designee will in-service all nursing staff on bathing according to residents preference and how to properly document bathing in Matrix/POC by 7/2/15. **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?** An accommodation of needs CQI tool will be completed weekly x 4 weeks, monthly x 5 months with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director.	

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	(2), 5/15/15 (2), 5/16/15, 5/17/15, 5/18/15 (2), 5/19/15, 5/21/15, 5/22/15, 5/23/15, 5/24/15 (2), 5/26/15, and 5/30/15. The record also indicated the resident received a "Complete Bed Bath" on the following dates: 5/2/15, 5/5/15 (one on third shift and one on first shift), 5/7/15 (third shift), 5/9/15, 5/10/15, 5/13/15, and 5/28/15 (one on first shift and one on third shift). The record indicated CNA #2 documented showers were provided for Resident #B on the following dates: May of 2015: 5/1/15 (1:34 a.m.), 5/2/15 (1:02 a.m.), 5/6/15 (12:27 a.m.), 5/8/15 (2:40 a.m.), 5/10/15 (12:11 a.m.), 5/15/15 (2:48 a.m.), 5/25/15 (12:07 a.m.), 5/27/15 (4:48 a.m.), 5/29/15 (12:46 a.m.) 5/29/15 (9:54 p.m.). Facility "Shower Report"(s) for Resident #B were provided by the DNS (Director of Nursing Services on 6/15/15 at 3:02 p.m. The sheets indicated the resident refused a shower on 5/6/15 and 5/13/15 (refused shower but received bed bath). The sheets indicated the resident received a shower on 5/7/15, 5/9/15, 5/16/15, 5/20/15, and 5/23/15. On 6/15/15 at 12:50 p.m., On 6/15/15 at 12:50 p.m., during an interview with the complainant, she indicated Resident #B		If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 7/2/15	

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	was not provided a shower or complete bed bath between 4/30/15 and 5/18/15. On 6/17/15 at 8:19 a.m., during an interview, the DNS indicated CNA's (Certified Nursing Assistants) "do not give showers on third shift usually." She indicated shower sheets are "not part of the resident's clinical record", but indicated the ADL (Activities of Daily Living) bathing record in the electronic record reflects the actual number of times a resident received bathing care. On 6/16/15 at 9:42 a.m., during an interview, Unit Manager #4 indicated "We don't do showers on night shift." She indicated the facility routine was to attempt to balance showers between days and evening shift and to accommodate resident preferences as much as possible. She also indicated the staff was guided by nursing management not to get people out of bed before 5 a.m. to allow the residents to get as much rest as possible. On 6/17/15 at 8:53 a.m., during an interview, the Clinical Education Coordinator (CEC) indicated Resident #B "probably did not get showered on third shift" on the dates listed above and it was not customary for facility residents to receive showers on third shift which she identified as between the hours of 9			

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	p.m. and 5 a.m. She indicated the employees who documented the third shift showers for Resident #B in the electronic record, "may need further training" on the bathing process. On 6/17/15 at 11:31 a.m., during an interview, the DNS (Director of Nursing Services) indicated she did not believe Resident #B received showers on third shift as documented by CNA #2 She indicated third shift CNA #2, who documented the third shift showers provided to Resident #B, was no longer an employee of the facility. She indicated showers are not normally done on third shift and are scheduled throughout the days and evening shifts except by individual resident preference or as some other unique circumstance would warrant a third shift shower. On 6/17/15 at 1:13 p.m., during a telephone interview, Resident #B indicated he only received one shower during his time at the facility and had never received a complete bed bath at any time during his stay at the facility. He indicated the one shower he received was on the day shift and he was assisted by therapy staff to the shower where he was able to complete the shower mostly by himself. He also indicated having never refused a shower or bed bath while a			

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	resident of the facility. On 6/18/15 at 12:43 p.m., during an interview, CNA #3 indicated she was familiar with Resident #B ' s care needs. She indicated he was not resistive to care with bathing. She did not recall how often he was bathed. On 6/17/15 at 1:58 p.m., the DNS provided 2 documents, dated "2/2010" and titled "HS CARE" and "AM CARE". She identified the documents as "basically the policy" on how CNA staff should provide care for residents to maintain a resident's highest functional level regarding ADL's. The documents indicated for CNA's to provide assistance to resident's for toileting, perineal care, washing, shaving, and other grooming and ADL routines. This Federal Tag relates to Complaint IN00174705. 3.1-38(b)(2)			