STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155757	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEGATE VILLAGE	7510 ROSEGATE DR INDIANAPOLIS, IN 46237

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint IN00148850. Complaint IN00148850 - Substantiated. Federal/state deficiencies related to the allegations are cited at F204. Survey dates: June 2 and 3, 2014 Facility number: 011149 Provider number: 155757 AIM number: 200829340 Survey team: Susan Worsham, RN-TC Census bed type: SNF: 16 SNF/NF: 119 Total: 135 Census payor type: Medicare: 25 Medicaid: 68 Other: 42 Total: 135 Sample: 04 This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.	F000000	Rosegate Village respectfully requests desk review in lieu of an onsite visit for F202	

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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	Quality review completed on June 10, 2014; by Kimberly Perigo, RN.			
F000204 SS=D	483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency the State LTC ombudsman, residents of the facility, and the legal representatives of the residents or other responsible parties, as well as the plan for the transfer and adequate relocation of the residents, as required at §483.75(r). Based on interview and record review, the facility failed to ensure the resident and/or the resident's responsible party was informed in writing in regard to dressing change orders for the resident's right forearm skin wound for 1 of 3 residents reviewed for sufficient discharge orientation. (Resident #A)	F000204	F- 202- Preparation For Safe/Orderly Transfer/Discharge **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** · Resident A no longer resides at the facility. **How will you identify other residents**	06/20/2014

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	Findings include: Resident #A's clinical record was reviewed on 6/3/2014 at 11:15 a.m. Physician orders dated 4/01/2014, indicated a petroleum gauze dressing to the right upper arm skin tear and to be changed daily. Resident #A's discharge papers dated 4/23/2014, did not have the treatment discharge instructions for the right upper arm skin tear provided by the Physician. It was noted on the discharge papers Resident #A had a skin tear on the right upper arm and a petroleum gauze dressing was used to cover the skin tear. No indication/instructions of when and/or how to change the dressing. Interview with the DON on 6/3/14 at 9:15 a.m., the DON acknowledged the nurse should have documented the discharge treatment orders on the discharge papers. She also indicated she called that nurse who completed the discharge for Resident #A and the nurse informed the DON she did tell the daughter verbally how to take care of the skin tear. However, the nurse did not write the petroleum gauze dressing treatment in the discharge notes on the		**having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents that are being discharged have the potential to be affected by the alleged deficient practice. · Discharge Summaries will be completed 24 hours prior to discharging home when applicable, and reviewed by DNS\Designee. · DNS/Designee will review all discharge summaries on residents discharged in the last 14 day. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** · The DNS/Designee will review Discharge Summary prior to resident discharging home to ensure documentation is completed. · Nures will be in-serviced by the Director of Nursing and/or designees by June 20th, 2014 to ensure all nurses are knowledgeable on completing Home Discharge Summaries. **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?** · The "Discharge to Home" CQI audit tool will be utilized by the Director of Nursing and/or designee to monitor compliance with residents being discharged home. Audits will be completed daily X 4 weeks,	

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	discharge form. This Federal tag relates to Complaint IN00148850. 3.1-12(a)(21)		weekly X 4 weeks, monthly X 6 months, and quarterly thereafter for at least two quarters. · Results of Audit tool will be presented to the CQI Committee monthly to review for compliance and follow-up. Identified noncompliance may result in staff re-education and/or disciplinary action. · If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. Data will be submitted to the CQI committee for review and follow up.	