

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155329	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  10/28/2015
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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 Complaints IN00183860 and IN00184222</p> <p>Complaint IN00183860- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00184222- Substantiated. Federal/State deficiency related to the allegations are cited at F279.</p> <p>Survey date: October 23, 26, 27, and 28, 2015</p> <p>Facility number 000222 Provider number 155329 AIM number 100274950</p> <p>Census bed type: SNF: 39 SNF/NF: 109 Total: 148</p> <p>Census payor type: Medicare: 39 Medicaid: 71 Other: 38 Total: 148</p> <p>Sample: 4</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 November 6th, 2015.</p>	

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 0279 SS=D Bldg. 00	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.3-1.</p> <p>Quality review completed by 30576 on October 30, 2015.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop and implement care plans for a resident who</p>	F 0279	This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of	11/06/2015

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	<p>refused recommended safety precautions, prescribed medications, and prescribed treatments (Resident B), and for a resident who refused prescribed medications (Resident D). 2 of 4 residents reviewed for care plans.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 10/26/15 10:00 A.M. Diagnoses, obtained from Resident B's October 2015 recapitulation of orders, included, but were not limited to, right hip fracture, dementia, urinary retention, adult failure to thrive, hypoxemia. anemia, chronic obstructive pulmonary disease, atrial fibrillation, and stage 4 lung cancer with metastasis to the bones.</p> <p>A 14 day Minimum Data Set (MDS) assessment dated 9/14/15 indicated Resident B was not cognitively impaired, required extensive staff assistance for activities of daily living, and was continent of bowel and bladder.</p> <p>A care plan initiated 9/03/15 indicated Resident B was at risk for falls related to weakness, impaired mobility, impaired balance, needing assistance with transfers, walking, bed mobility, and receiving pain and psychotropic medications.</p>		<p>Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after November 6th, 2015.</p> <p><b>F279 Develop Comprehensive Care Plans</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> <p>Resident B no longer resides in the facility. Resident D care plan conference was held on 11/4/15, with resident indicating she had no issues with her medications at this time and was not refusing anything. Resident D Care plan has been updated to reflect medication refusal.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents who have orders for safety precautions, prescribed medications, and prescribed treatments have the potential to be affected by the alleged deficient practice. Social services staff, MDS staff, and nursing administration have been inserviced by SDC and ED on policy regarding care planning for refusals. The Facility Activity report and facility</p>				

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	<p>The progress notes indicated:                      09/04/15 2:04 P.M., "Resident (B) had a fall at the hospital. Resident refused to have any fall interventions placed education was provided resident verbalized understanding of teaching."                      09/08/15 12:53 P.M., "MD notified of resident refusal of (named medication) 9/5, 6, 7 (2015) education was provided."                      09/09/15 12:28 P.M., "MD notified of resident refusal of medication education was provided."                      09/10/15 11:28 A.M., "MD notified of resident refusal of medication education was provided."                      09/14/15 12:09 P.M., "MD notified of res (resident) refusal of (medication) and neb (nebulizer) treatment 9/11-9/13."                      09/16/15 11:31 A.M., "MD notified of resident refusal of neb treatments education was provided."                      09/21/15 12:19 P.M., "MD notified of pt (patient) refusal of neb tx (treatment) 9/18, 9/19, and 9/20."                      09/23/15 12:36 P.M., "MD notified of pt refusal of neb tx 9/22." 09/28/15 11:55 A.M., "MD notified of resident refusal of medications on 9/27 and 9/26 education was provided."                      09/29/15 12:53 P.M., "MD notified of refusal of medication education provided."                      09/30/15 1:15 P.M., "MD notified of</p>		<p>compliance report will be run daily to capture instance of safety intervention, medication, and treatment refusals. Care plans will be initiated if refusal is identified.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>Nursing administration staff will daily run a facility activity report and compliance report, indicating refusal of recommended safety precautions, prescribed medications, and prescribed treatments to identify resident refusals. IDT will then follow facility policy on care planning those refusals. Social services staff, MDS staff, and nursing administration have been in-serviced by SDC and ED on policy regarding care planning for refusals. Policy indicates refusals of 3 consecutive days will initiate a call to physician and family to make them aware of refusal. Care plan conference will be scheduled with resident and responsible party to discuss the continued non-compliance. The resident's preferences will be identified and resident's right to refuse will be discussed. The reason for the physician's order will be discussed, as well as the potential negative outcomes of</p>	

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	<p>resident refusal of medication education was provided." 10/02/15 11:27 A.M., "MD and family notified of refusal of medication education is provided." 10/05/15 12:36 P.M., "MD notified of refusal of medication education was provided."</p> <p>Resident B's care plan contained no plan to address the issues of refusal of safety interventions, refusal of nebulizer treatments, or refusal of medications.</p> <p>The record of Resident D was reviewed on 10/27/15 at 2:30 P.M. Diagnosis, obtained from Resident D's October 2015 recapitulation of orders, included, but were not limited to, a history of cerebrovascular accident (stroke), coronary artery disease, dependence on supplemental oxygen, chronic obstructive pulmonary disease, and gastro esophageal reflux disease.</p> <p>A 30 day Minimum Data Set (MDS) assessment dated 10/18/15 indicated Resident D was not cognitively impaired, had mood concerns including depression, sleep difficulties, tiredness, and appetite dysfunction, required limited to extensive staff assistance with activities of daily living, could ambulate with supervision, and was continent of bowel and bladder.</p>		<p>thecontinued refusal. Also reviewed will beother methods to provide medications, with physician approval. If resident chooses to refuse, a care planwill be initiated by the IDT team.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficientpractice will not recur, i.e. what quality assurance program will be put intoplace?</b></p> <p>A refusals CQI audit tool will becompleted on all residents daily for 1 month, then weekly x 4, Monthly X 4. If a 95% threshold is not met, and action planwill be developed and presented to the CQI committee.</p> <p>Deficiency in this practice willresult in disciplinary action up to and including termination of theresponsible employee. Date of Compliance 11/6/15.</p>	

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	<p>The progress notes indicated: 09/29/15 12:52 P.M., "MD notified of refusal of medication education provided." 09/30/15 1:14 P.M., "MD notified of resident refusal of medication education provided." 10/05/15 12:35 P.M., "MD notified of refusal of medication education was provided." 10/08/15 2:10 P.M., "MD notified of resident refusal of medication education."</p> <p>Resident D's care plan contained no plan to address the issue refusal of medications.</p> <p>This Federal tag relates to complaint IN00184222.</p> <p>3.1-35(a)</p>			