

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155329	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/10/2014
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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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F000000	<p>This visit was for the Investigation of Complaint IN00160535.</p> <p>Complaint IN00160535- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey date: December 9 and 10, 2014</p> <p>Facility number 000222 Provider number 155329 AIM number 100274950</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF: 8 SNF/NF: 133 Total: 141</p> <p>Census payor type: Medicare: 45 Medicaid: 67 Other: 29 Total: 141</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings</p>	F000000	<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. 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 December 29th, 2014.</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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F000280 SS=D	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 12, 2014 by Cheryl Fielden, RN.</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 and interview, the facility failed to ensure a resident was fully informed, their rights to make informed decisions were protected, and their wishes were determined before discharging the resident from the facility. 1 resident (Resident #B) of 3 reviewed for resident's rights.</p> <p>Findings include:</p>	F000280	<p>F280 Right to participate planning care- revise cp</p> <p>It is the practice of this provider to ensure that all alleged violations involving right to participate in planning care are provided in accordance with State and Federal law through established procedures.</p> <p>What corrective action(s) will be taken for those residents found to</p>	12/29/2014

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	<p>The record of Resident #B was reviewed on 12/09/14 at 2:30 P.M., diagnoses included, but were not limited to, right hip fracture with open reduction, internal fixation, coronary artery disease, diabetes mellitus, chronic obstructive pulmonary disease, a history of tobacco abuse, and an internal cardiac defibrillator.</p> <p>An initial Minimum Data Set (M.D.S.) assessment dated 10/18/14 indicated Resident #B was cognitively impaired, had exhibited no behaviors or rejection of care, required extensive assistance for all activities of daily living, did not ambulate, and was incontinent of bowel and bladder.</p> <p>Nursing progress notes indicated:</p> <p>10/06/14 8:46 P.M., "Resident arrived via ambulance...she is alert with intermittent confusion."</p> <p>10/06/14 9:00 P.M., "Pt (patient) in bed resting well at this time. Pt is alert and oriented x3 (oriented to person, place, and time)."</p> <p>10/07/14 12:00 A.M., "...able to verbalize wants and needs clearly."</p> <p>10/09/14 4:41 P.M., "Res (resident) alert</p>		<p>have been affected by the deficient practice?</p> <p>Resident B no longer resides in the facility.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents who transfer from this facility have the potential to be affected by the alleged deficient practice.</p> <p>All nursing staff, Social Services staff, and IDT members will be re-educated by CCC on a residents right to be fully informed, their rights to make informed decisions, and determining their wishes regarding transfers before the transfer occurs.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>Social services staff will interview residents prior to discharge to ensure they are fully informed and their wishes are known. Interview will be documented in medial record. DNS/ designees will run facility activity report to ensure residents have been involved in discharge plans.</p>	

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	<p>to self, able to make needs known..."</p> <p>10/11/14 1:12 P.M., "Res alert to self, able to make needs known..."</p> <p>10/18/14 11:52 P.M., "Res is awake and able to express needs..."</p> <p>10/19/14 6:22 A.M., "Res is alert and oriented and able to express needs..."</p> <p>10/19/14 9:12 P.M., "Res is alert and able to express needs...Res denies needing anything at this time..."</p> <p>10/21/14 7:55 A.M., "Faxed face sheet, therapy notes, and orders to (initials for another nursing facility) per family request for possible transfer to that facility."</p> <p>10/21/14 1:06 P.M., "Res is A and O (alert and oriented) this shift, able to make need known. Res is holding conversation and remembering earlier conversation in this shift..."</p> <p>10/22/14 11:00 A.M., "Transportation here to pick up resident and she refused multiple times. Son was notified and he was calling sister to talk to resident. Resident is in her room at this time..."</p> <p>10/22/14 2:45 P.M., "Resident transferred</p>		<p>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?</p> <p>A discharge CQI audit tool will be completed on all discharges for 1 month, then twice weekly x 4 weeks, weekly x 4 weeks, then monthly thereafter.</p> <p>The discharge CQI tool will be reviewed by the CQI Committee monthly for six months after which the CQI team will re-evaluate the continued need for the audit. If a 100% threshold is not achieved an action plan will be developed.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 12/29/14.</p>	

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	<p>to (Name of nursing facility) with all her belongings..."</p> <p>Resident #B's record contained no documentation of any Power of Attorney or Guardianship related to Resident #B.</p> <p>During an interview on 12/10/14 at 11:45 a.m., the Executive Director indicated he had been advised by Resident #B's family that her son was her Power of Attorney, but that the facility had received no documentation to verify that fact.</p> <p>Resident #B's record contained no documentation of any conversation with Resident #B's family concerning her discharge to another facility, including, but not limited to, the reason for the transfer, the potential effects on Resident #B, and whether it was Resident #B's desire to transfer to another facility.</p> <p>Resident #B's record contained no documentation of any conversation with Resident #B concerning her discharge to another facility, including, but not limited to, whether it was her desire to transfer to another facility.</p> <p>During an interview on 12/10/14 at 1:30 P.M., with the Executive Director, Director of Nursing, and Director of Social Services present, it was indicated</p>			

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F000283 SS=D	<p>that there was no additional documentation available related to Resident #B's discharge including, but not limited to, her involvement in the discharge process, including determining her desires and how best to meet her needs.</p> <p>3.1-3(c)</p> <p>483.20(l)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative. Based on record review and interview, the facility failed to ensure a resident who had a planned discharge from the facility had a discharge summary which included a recapitulation of stay, and a final summary of resident's status at time of discharge. 1 resident (Resident #B) of 3 reviewed for discharge planning.</p> <p>Findings include: The record of Resident #B was reviewed</p>	F000283	<p>F283 Anticipate discharge: recap stay/ final status.</p> <p>It is the practice of this provider to ensure that all alleged violations involving discharges and recap of stay are provided in accordance with State and Federal law through established procedures.</p> <p>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</p>	12/29/2014

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	<p>on 12/09/14 at 2:30 P.M., Diagnoses included, but were not limited to, right hip fracture with open reduction, internal fixation, coronary artery disease, diabetes mellitus, chronic obstructive pulmonary disease, a history of tobacco abuse, and an internal cardiac defibrillator.</p> <p>An initial Minimum Data Set (M.D.S.) assessment dated 10/18/14 indicated Resident #B was cognitively impaired, had exhibited no behaviors or rejection of care, required extensive assistance for all activities of daily living, did not ambulate, and was incontinent of bowel and bladder.</p> <p>Nursing progress notes indicated:</p> <p>10/21/14 7:55 A.M., "Faxed face sheet, therapy notes, and orders to (initials for another nursing facility) per family request for possible transfer to that facility."</p> <p>10/22/14 11:00 A.M., "Transportation here to pick up resident and she refused multiple times. Son was notified and he was calling sister to talk to resident. Resident is in her room at this time..."</p> <p>10/22/14 2:45 P.M., "Resident transferred to (Name of nursing facility) with all her belongings..."</p>		<p>Resident B no longer resides in the facility.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents who transfer from this facility have the potential to be affected by the alleged deficient practice.</p> <p>All nursing staff and IDT members will be re-educated on requirements for discharge summaries, recapitulation of stay and final summary of residents status at time of discharge.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>Social services staff will ensure the discharge summary and recapitulation of the residents stay is complete and completed by all appropriate disciplines, prior to discharge. Medical records will also review discharge summaries to ensure completeness.</p> <p>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?</p>	

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	<p>Resident #B's record contained no documentation of a discharge summary including a recapitulation of stay, or a final summary of the resident's status at time of discharge.</p> <p>During an interview on 12/10/14 at 1:30 P.M., with the Executive Director, Director of Nursing, and Director of Social Services present, it was indicated that there was no additional documentation available related to Resident #B's discharge, including a discharge summary which included a recapitulation of stay, or a final summary of the resident's status at time of discharge.</p> <p>3.1-36(a)(1) 3.1-36(a)(2)</p>		<p>A discharge CQI audit tool will be completed on all discharges for 1 month, then twice weekly x 4 weeks, weekly x 4 weeks, then monthly thereafter.</p> <p>The discharge CQI tool will be reviewed by the CQI Committee monthly for six months after which the CQI team will re-evaluate the continued need for the audit. If a 100% threshold is not achieved an action plan will be developed.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 12/29/14.</p>	