

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 10/06/2015
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NAME OF PROVIDER OR SUPPLIER ROSEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5200 S BURLINGTON DR MUNCIE, IN 47302
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Date: October 5 and 6, 2015</p> <p>Facility number: 000312 Provider number: 000312 AIM number: N/A</p> <p>Census bed type: Residential: 35 Total: 35</p> <p>Sample: 6</p> <p>This state finding is cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on October 6, 2015.</p>	R 0000		
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the:</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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	<p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>This Residential Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to develop a signed plan of service with the resident and or their representative. This effected 5 of 5 current residents reviewed for service plans (Residents #s R3, R8, R15, R26 and R30).</p> <p>Findings include:</p> <p>1. Resident #R3's clinical record was reviewed on 10/6/15 at 8:25 a.m.</p>	R 0217	410 IAC 162-5-2(e)(1-5) Corrective action for residents affected: all residents will sign and date their service plan upon admission and all current residents will sign their current service plan if they are unable to sign their name an "x" will take the place of signature How will we identify other residents with the potential to be affected and corrective action taken: All residents have the potential to be affected Measure to ensure practice does not recur: All residents service plans upon admission will be explained thoroughly and signed by resident all current residents will have the	10/19/2015			

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	<p>Resident #R3's current diagnoses included, but were not limited to, paranoid schizophrenia, hyponatremia, and hepatomegaly.</p> <p>Resident #R3's clinical record had a service plan last reviewed on 1/2015. The service plan was not signed by the resident or their representative.</p> <p>2. Resident #R8's clinical record was reviewed on 10/5/15 at 2:01 p.m. Resident #R8's current diagnoses included, but were not limited to, diabetes, social phobia and major depressive disorder with recurrent psychotic features.</p> <p>Resident #8's clinical record had a service plan last reviewed on 1/2015. The service plan was not signed by the resident or their representative.</p> <p>3. Resident #R15's clinical record was reviewed on 10/5/15 at 2:45 p.m. Resident #R15's current diagnoses included, but were not limited to, diabetes, personality disorder and schizoaffective disorder.</p> <p>Resident #15's clinical record had a service plan last reviewed on 1/2015. The service plan was not signed by the resident or their representative.</p>		<p>opportunity to make changes to their service plan then sign their individual plan This corrective action will be monitored by : The administrator and Director of Nursing or his/her designee will monitor all new admissions for signing of individual service plans and ensure all current residents plans are signed by date provided POC COMPLETED BY 10-19-2015</p>				

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	<p>4. Resident #R26's clinical record was reviewed on 10/5/15 at 2:00 p.m. Resident #R26's current diagnoses included, but were not limited to, diabetes, anemia and gout.</p> <p>Resident #26's clinical record had a service plan last reviewed on 1/2015. The service plan was not signed by the resident or their representative.</p> <p>5. Resident #R30's clinical record was reviewed on 10/6/15 at 10:15 a.m. Resident #R30's current diagnoses included, but were not limited to, diabetes, bipolar disorder and hypertension.</p> <p>Resident #30's clinical record had a service plan last reviewed on 1/2015. The service plan was not signed by the resident or their representative.</p> <p>During an interview on 10/5/15 at 2:00 p.m., the Director of Nursing indicated the facility did not have the resident or their representative sign the service plans. She indicated she did not know the service plans needed to be signed by the resident or their representative.</p>			