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 10/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE VILLAGE OF COLUMBUS	2564 FOXPOINTE DR COLUMBUS, IN 47201

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R000000	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00135444. Complaint IN00135444 - Substantiated. No deficiencies related to the allegations are cited. Survey Dates: October 16, 17, and 18, 2013 Facility number: 010680 Provider number: 010680 AIM number: N/A Survey Team: Diana Sidell RN, TC Jennifer Carr RN (October 16 and 17, 2013) Sunny Jungclaus RN Paula Davidson RN Julie Dover RN Census bed type: Residential: 41 Total: 41 Census Payor type: Other: 41 Total: 41	R000000	Submission and implementation of this plan of correction shall not constitute an admission by Keepsake Village of Columbus to any allegations or conclusions, within the survey report. Rather, this plan of correction is submitted for compliance with State and Federal Rules.	

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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	Residential sample: 7 These state findings are cited in accordance with 410 IAC 16.2. Quality review completed on October 22, 2013 by Cheryl Fielden, RN			

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R000042	410 IAC 16.2-5-1.2(p) Residents' Rights - Noncompliance (p) Residents have the right to the examination of the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. Based on observation and interview, the facility failed to post a notice of where the annual state survey reports were located. This had the potential to affect all 41 residents residing in the facility and any visitors. Findings include: During the initial tour, on 10/16/13, which began at 10:30 a.m., the survey book and the posting for the survey book could not be located. During various times throughout the day on 10/17/13, the survey book and the posting for the survey book was not located. On 10/17/13 at 3:00 p.m., Resident #8 indicated she didn't know where the survey results might be and didn't know they were available. On 10/17/13, at 3:10 p.m., Resident #31 indicated he has never seen anything about a posting for survey	R000042	1. What corrective action will be accomplished for those residents found to be affected by the practice? A notice was posted at the front door for all residents and visitors notifying them of where the ISDH survey results are located. Residents were also notified of the posting in Resident's Council Meeting on 10/25/13.2.) How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken:The notice was posted at the front door for all residents and visitors notifying them of the location of the survey results. Residents were also notified of the posting in Resident's Council Meeting on 10/25/13.3.) What measures will be put into place or what systemic changes will the facility make to ensure that the practice will not recur?Facility has posted a sign at the front door to let all residents and visitors know where the survey results are located. Posting has been framed and will remain at all times at the front door.4.) How will the corrective action be monitored to ensure practice will not recur?Executive	10/25/2013

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	results. On 10/18/13, at 10:31 a.m., the Executive Director indicated a binder, with the state survey reports, was located in the dining room on a counter, and said she tells residents where the book is located when they tour the facility.		Director will check each morning to ensure that posting remains at the front door.5.) Changes were completed by 10/25/13	

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R000216	410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on record review and interview, the facility failed to ensure a resident's weight was obtained upon admission for 1 of 7 records reviewed. (Resident #46) Findings included: Resident #46's record was reviewed on 10/17/13 at 9:30 a.m. The record indicated Resident #46 was admitted on 7/10/13, with diagnoses that included, but were not limited to, high blood pressure, depression, and a terminal diagnosis of end stage dementia. The "Admission Nursing Assessment", dated 7/10/13, had a blank line where the admission weight	R000216	1.) What corrective action will be accomplished for the residents found to have been affected by the practice?Resident 46 is deceased. Future residents will be weighed upon admission and that weight documented on their intial nursing assessment. The nursing department will be inserviced on the initial nursing assessment with specific attention drawn to the admission weight that needs to be obtained upon admission. All residents will be weighed upon admission and at least semi-annually thereafter.2.) How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?All new admissions will have an initial nursing assessment completed, which will be inspected by the Director of	11/08/2013

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	would have been recorded. The "Monthly Weight Record" indicated a weight was obtained on 7/27/13. During an interview on 10/17/13, at 2:35 p.m., the Executive Director indicated the admission weight should be on the admission nursing assessment. During an interview on 10/17/13, at 2:43 p.m., the Executive Director indicated "I know we only ever got one weight on her" and indicated the nurse who did the admission assessment no longer worked at the facility.		Nursing and/or Executive Director within the first 24 hours of admission. Director of Nursing or Executive Director will sign the initial assessment to ensure that the medical record is accurate and completed. All nurses will be inserviced on this new practice and also inserviced on the initial assessment form.3.) What measure will be put in place to ensure practice does not recur? Director of Nursing and/or Executive Director will review initial nursing assessment and sign the form with the completing nurse to check for accuracy and completion within 24 hours of admission. All nurses will be inserviced on the initial assessment form. All nurses will also be inserviced that admission weights have to be done on the date of admission.4.) How will the facility monitor the corrective action to ensure practice will not recur?Director of Nursing will be responsible for monitoring all initial nursing assessments for all new admissions and Director of Nursing and/or Executive Director will be available for all admissions to co-sign the assessment to check for accuracy and completeness and ensure an admission weight has been taken. Director of Nursing will also report to monthly QA committee on the effectiveness of this procedure.5.) Date changes will be completed: 11/8/13.	