STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155735	A. BUILDING 00 B. WING	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ASHFORD PLACE HEALTH CAMPUS	2200 N RILEY HWY SHELBYVILLE, IN 46176

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00456300. Complaint IN00456300 -- Federal/state deficiencies related to the allegations are cited at F677. Survey date: April 4, 2025 Facility number: 004268 Provider number: 155735 AIM number: 200504460 Census bed type: SNF: 16 SNF/NF: 35 Residential: 32 Total: 83 Census payor type: Medicare: 13 Medicaid: 30 Other: 8 Total: 51 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on April 7, 2025.	F 0000	The submission of this Plan of Correction does not indicate an admission by Ashford Place Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Ashford Place Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). Attached you will find our Plan of Correction for Ashford Place Health Campus for our complaint survey completed on 4/4/25. We initiated immediate interventions when concerns were identified on this date. We respectfully request desk review with paper compliance for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at 317-398-8422. Sincerely, Zach Simpson	
F 0677 SS=D	483.24(a)(2) ADL Care Provided for Dependent Residents			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Zach Simpson	Executive Director	04/29/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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Bldg. 00	Based on interview and record review, the facility failed to provide bathing, as scheduled, to 1 of 3 residents reviewed for bathing. (Resident D) Findings include: The clinical record for Resident D was reviewed on 4/4/25 at 10:49 a.m. Her diagnoses included, but were not limited to, depression and diabetes. She was admitted to the facility on 3/17/25 and discharged on 3/29/25. The 3/21/25 Admission MDS (Minimum Data Set) assessment indicated she required substantial, maximal assistance for bathing and was cognitively intact. The 3/18/25 ADL (activities of daily living) care plan indicated she required staff assistance to complete self-care and mobility functional tasks completely and safely. The goal was for her to have her functional needs met safely by staff. An approach was for showers on Wednesdays and Saturdays on the evening shift. A telephone interview was conducted with Resident D on 4/4/25 at 12:38 p.m. She indicated she did not receive baths or showers in the facility twice a week. The first time she asked for a shower, it took about a week and half before she finally received one. The second shower she received was because she had an accident. She only received two showers while there. The Point of Care ADL report indicated she received a bed bath, on 3/18/25, and a shower on 3/25/25. It indicated she received "other" type of bathing, on 3/23/25 and 3/24/25, both signed off by CNA (Certified Nurse Aide) 4. All the other	F 0677	**F 677 – ADL care Provided for dependent residents** What corrective action will be accomplished for the resident found to be affected? 1 Resident D was found to be affected by the alleged deficient practice. Resident discharged and no longer in facility. How other residents having the potential to be affected by the same practice will be identified and what corrective actions will be taken? 2 All like residents have the potential to be affected by alleged deficient practice. DHS or designee will conduct an audit to ensure all like residents received bathing twice the previous week. If any resident has not, then one will be scheduled. What measure will be put into place and what systemic changes will be made to ensure that deficient practice does not recur. 3 All nursing staff in-serviced on bathing policy. During the morning meeting the DHS or designee will audit bathing 5x a week. If a resident does not receive bathing assistance, then it will be scheduled for that same day.	04/22/2025

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	days indicated a partial bed bath only. An interview was conducted with the DON (Director of Nursing) on 4/4/25 at 11:59 a.m. She indicated residents were scheduled to be bathed twice weekly. She reviewed the CNA assignment sheet and indicated Resident D's shower days were scheduled for Monday and Thursday mornings. She was unsure what "other" bath meant on the Point of Care ADL report. She was unaware Resident D missed any bathing while at the facility. She didn't see anything in the progress notes about her refusing or therapy providing her with showers. The only verification of bathing was the Point of Care ADL report. An interview was conducted with CNA 4 on 4/4/25 at 12:07 p.m. She indicated Resident D got "washed up" on the toilet on 3/23/25 and 3/24/25. Resident D did most of it herself, and she didn't know how to chart it, so she documented "other." Resident D never refused bathing for her. If a resident refused, they could document refused in Point of Care and inform the nurse. The Guidelines for Bathing Preference policy was provided by the Nurse Consultant on 4/4/25 at 12:54 p.m. It indicated, "Bathing shall occur at least twice a week unless the resident preference states otherwise." This citation is related to Complaint IN00456300. 3.1-38(b)(2)		How will they be monitored? 4 As a measure of ongoing compliance, The Director of Health Services and/or Designee will complete an audit to ensure all scheduled showers are given. Audit will be conducted 5x a week x 4 weeks for, 3x a week x 8 weeks, and 1x a week x 3 months. By what date? 5 These changes will be completed on 4/22/2025. As a quality measure, the Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted and will continue until 100% compliance is maintained.	