STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Voss	Executive Director	01/01/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). Based on observation, interview and record review, the facility failed to ensure their skin management program was followed for notification to the physician and the resident representative in a timely manner for 2 of 3 residents reviewed for notification of physician and resident representative. (Resident C and D) Findings include: 1. During an interview, on 12/14/22 at 1:27 p.m., with the ED (Executive Director) and DNS (Director of Nursing Services) in attendance. The DNS indicated Resident C was burnt by her coffee on 11/23/22 at 3:42 a.m. She had a 12 by 13 cm (centimeter) reddened area to her left buttocks. The resident's primary physician was not notified at the time of the burn. LPN 5 indicated in her progress note the next shift would notify the physician. The Wound Nurse assessed her left buttocks the same day (11/23/22) at 4:22 p.m., observing a 13 by 14.5 cm partial thickness burn which was reddened and starting to blister. The Wound Nurse contacted the physician at that time for wound treatment orders. The record for Resident C was reviewed on 12/14/22 at 2:45 p.m. Diagnoses included, but were	F 0580	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 the 2567 plan of correction be considered the letter of credible allegation and requests desk review (paper compliance) on or after 1/2/23. **F 580 Notify of changes (injury/decline/etc.)** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident C & D's, MD and representative have been notified of the Burn incident **How other residents having the potential to be affected by the same deficient practice will be**	01/02/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	not limited to, chronic obstructive pulmonary disease, iron deficiency anemia, osteo arthritis, chronic pain, hereditary and idiopathic neuropathies, and cerebral infarction. An "Event Report," dated 11/23/22 at 2:13 a.m., indicated the resident had a bright red 12 by 13 cm burn area to her left buttock, which was red, warm, and hot around the wound area. A progress note, dated 11/23/22 at 6:35 a.m., indicated the next shift nurse would follow up with the NP (Nurse Practitioner). A progress note, dated 11/24/22 at 4:22 p.m., indicated the NP was notified of the burn with wound orders. During an interview, on 12/14/22 at 3:56 p.m., Resident C indicated she was behind the nurse's station the night she was burnt by the coffee. She had gone behind there to show RN 4 how to use the Keurig coffee maker to make her a cup of coffee. It was approximately 2:15 a.m. The nurse had handed her the coffee in her locking coffee mug. As she was trying to exit through the gate at the nurses' station, the handle of her mug got caught on the trim part of the gate door and pulled the lid to her coffee cup off. The hot coffee spilt on the left side of her leg and down under her buttocks. The resident's left buttock wound was observed without a dressing on it as a partial thickness wound (2nd degree burn). There was a small amount of serosanguineous drainage observed on the drawsheet under the resident. The wound color was approximately a 75% reddish color. The wound had a wrinkled appearance with small open areas throughout the wound bed. There was no slough or necrotic tissue present in the wound bed.		**identified and what corrective action(s) will be taken:** No other residents were identified to have been affected by this alleged deficient practice All residents have the potential to be affected by the alleged deficient practice Inservice to be completed by 1/2/2023 educating Nursing staff on skin management program for notification to the physician and the resident representative in a timely manner **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur;** Inservice to be completed by 1/2/2023 educating Nursing staff on skin management program for notification to the physician and the resident representative in a timely manner DNS/designee will review the facility activity report daily to ensure MD and Resident Representative have been notified of all skin events have been **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; and by what date the systemic changes for each**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	2. During an interview, on 12/14/22 at 1:27 p.m., with the ED (Executive Director) and DNS (Director of Nursing Services) in attendance. When asked about Resident D's burn to her left thigh, the DNS indicated after reading Resident D's progress notes from her medical record, on 11/24/22, the resident asked for Chicken Noodle soup. RN 4 reheated the soup. As RN 4 was handing the soup to the resident, Resident D grabbed the soup out of RN 4's hands and the soup spilt on the resident's left thigh. RN 4 immediately lifted the resident's skirt and observed a 4 by 4 cm (centimeter) area of skin discoloration. The DNS indicated at that time; she did not know about the resident being burnt nor if she had a burn wound presently. On 12/14/22 at 1:50 p.m., with the DNS present, Resident D's left mid-thigh area was observed to have an 0.8 by 0.6 cm scarred area (measured by the DNS). At that time, the DNS indicated the area had previously been a blistered 2nd degree burn area, which occurred from the Chicken Noodle soup spilling onto her left thigh. The area was now healed. The record for Resident D was reviewed on 12/14/22 at 3:15 p.m. Diagnoses included, but were not limited to, cognitive communication deficit, moderate protein-calorie malnutrition, dementia with behavioral disturbances, delirium due to dementia, psychotic disorder with delusions, and paranoid personality disorder. A progress note, dated 11/24/22 at 11:18 p.m., indicated the resident had requested Chicken Noodle soup for a snack. RN 4 reheated her a bowl and told the resident the bowl was hot. The resident insisted on sitting the bowl on her lap		**deficiency will be completed** The DNS/designee will be responsible for the completion of the Nursing Audit CQI Tool 5 x/ week for 4 weeks, then weekly for 5 months, with results reported to the Quality Assurance and Performance Improvement Committee. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. After six months the QAPI committee will re-evaluate the continued need for the audit.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	and grabbed it from the nurse's hands spilling some of the hot soup on the resident's left thigh. The nurse raised the resident's skirt observing a 4 by 4 cm (centimeter) pink skin discoloration on her left thigh. Staff would continue to monitor. Resident D's record lacked any further documentation the physician and the resident's guardian being notified of the burn incident. During an interview, on 12/15/22 at 3:20 p.m., the DNS and ED were in attendance. The DNS indicated the NP (Nurse Practitioner) from the Healogics, who treated the facility wounds, did not assess Resident D's left thigh that day because her burn was healed. There was no physician notification of the burn incident to the resident's left thigh prior to the DNS notifying the resident's primary NP on 12/14/22 at 7:30 p.m. She had not contacted the resident's guardian to inform him of the burn incident as of the date and time of this interview. A current policy, titled "Skin Management Program," dated 5/22 and provided by the ED on 12/14/22 at 2:30 p.m., indicated "...Definitions...Wound Nurse: The facility will designate license nurse responsible for oversight and coordination of the skin management program. The wound nurse and/or IDT [Interdisciplinary Team] will review, assess and document on any new skin alterations in skin integrity the following business day to determine root cause and implement wound/skin integrity healing interventions and then on a weekly basis...PROCEDURE FOR ALTERATIONS IN SKIN INTEGRITY-PRESSURE AND NON-PRESSURE: 1. Alterations in skin integrity will be reported to the MD/NP, the resident and/or resident representative as well as to the direct care			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	staff. 2. Treatment order will be obtained from MD/NP...." This Federal tag relates to Complaint IN00396664. 3.1-5(a)(1)			
F 0609 SS=D Bldg. 00	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	Based on observation, interview and record review, the facility failed to ensure the "Long Term Care Incident Reporting Policy" was followed related to reporting incidents for 2 of 3 residents reviewed for mandatory incident reporting (Residents C and D). Findings include: The Medline Plus Medical Encyclopedia, at https://medlineplus.gov, indicated a second-degree burn affected both the outer and inner layer of skin. It caused pain, redness, swelling and blistering. The burn was called a partial-thickness skin disorder (or burn). The National Health Service of the United Kingdom, at www.nhs.uk, indicated a burn was caused by dry heat such as an iron or a fire. A scald was caused by something wet (liquid) such as hot water or steam. Burns were assessed by how seriously the skin was damaged and which layers of skin was affected. A second-degree burn was a superficial dermal burn involving the Epidermis (the outer layer of skin) and part of the Dermis (the layer of skin just below the Epidermis, which contained the blood capillaries, nerve endings, sweat glands and hair follicles.) The Dermis was damaged. The skin was pale pink and painful and may become blistered. A third-degree burn was a Deep Dermal or Partial Thickness burn. The Epidermis and Dermis were damaged. The skin turned red and blotchy, may be dry or moist and became swollen and blistered and may or may not be painful. 1. During an interview, on 12/14/22 at 1:27 p.m., with the ED (Executive Director) and DNS (Director of Nursing Services) in attendance. The DNS indicated Resident C was burnt by her coffee	F 0609	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident D's care plan has been updated with appropriate interventions **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** No other residents were identified to have been affected by this alleged deficient practice Any resident that is requesting hot liquids has the potential to be effected on the alleged deficient practice Inservice to be completed by 1/2/2023 educating staff on the skin management program and having a care plan initiated to include resident specific interventions **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur;** Inservice to be completed by 1/2/2023 educating staff on the skin management program and having a care plan initiated to include resident specific intervention	01/02/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	on 11/23/22 at 3:42 a.m. She had a 12 by 13 cm (centimeter) reddened area to her left buttocks. The Wound Nurse assessed her left buttocks the same day (11/23/22) at 4:22 p.m., observing a 13 by 14.5 cm partial thickness burn which was reddened and started to blister. The Wound Nurse contacted the physician for wound treatment orders. When asked if the ED reported the resident's burn to the state agency, according to the Federal mandatory reportable guidelines, she indicated she did not, as the resident's burn did not meet the reportable criteria at that time, so she did not to have to report it. The record for Resident C was reviewed on 12/14/22 at 2:45 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, iron deficiency anemia, osteo arthritis, chronic pain, hereditary and idiopathic neuropathies, and cerebral infarction. An "Event Report," dated 11/23/22 at 2:13 a.m., indicated the resident had a bright red 12 by 13 cm burn area to her left buttock, which was red, warm, and hot around the wound area. A progress note, dated 11/24/22 at 4:22 p.m., indicated the resident had a non-pressure wound. She had a partial thickness burn to the left buttock, which measured 13 by 14.5 cm. The burn area was red, warm to touch and there was blistering noted. The resident was experiencing a mild burning sensation to the area. Treatment applied to the burn area as ordered. On 12/14/22 at 3:56 p.m., the resident's left buttock wound was observed as a partial thickness wound (2nd degree burn) caused from hot coffee. There was a small amount of serosanguineous drainage observed on the drawsheet under where the		MDS/designee will Review/update care plans when a resident has alterations in their skin integrity **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; and by what date the systemic changes for each deficiency will be completed** The DNS/designee will be responsible for the completion the Nursing Audit CQI Tool 5 x/ week for 4 weeks, then weekly for 5 months, with results reported to the Quality Assurance and Performance Improvement Committee. -If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. After six months the QAPI committee will re-evaluate the continued need for the audit.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	resident's left buttock area laid. The wound color was approximately a 75% reddish color. The wound had a wrinkled appearance with small open areas throughout the wound bed. There was no slough or necrotic tissue present in the wound bed. 2. During an interview, on 12/14/22 at 1:27 p.m., with the ED (Executive Director) and DNS (Director of Nursing Services) in attendance. When asked about Resident D's burn to her left thigh, the DNS indicated after reading Resident D's progress notes from her medical record, on 11/24/22, the resident asked for Chicken Noodle soup. RN 4 reheated the soup. As RN 4 was handing the soup to the resident, Resident D grabbed the soup out of RN 4's hands and the soup spilt on the resident's left thigh. RN 4 immediately lifted the resident's skirt and observed a 4 by 4 cm (centimeter) area of skin discoloration. The DNS indicated, at that time, she did not know about the resident being burnt nor if she had a burn wound presently. She did not report Resident D's burn to the state agency according to the Federal mandatory reportable guidelines, because she did not know the resident was burnt by the Chicken Noodle soup until this interview. On 12/14/22 at 1:50 p.m., with the DNS present, Resident D's left mid-thigh area was observed to have an 0.8 by 0.6 cm scarred area (measured by the DNS). The DNS indicated the area had previously been a blistered 2nd degree burn area, which occurred from the Chicken Noodle soup spilling onto her left thigh. The area was now healed. The record for Resident D was reviewed on 12/14/22 at 3:15 p.m. Diagnoses included, but were			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	not limited to, cognitive communication deficit, moderate protein-calorie malnutrition, dementia with behavioral disturbances, delirium due to dementia, psychotic disorder with delusions, and paranoid personality disorder. A progress note, dated 11/24/22 at 11:18 p.m., indicated the resident had requested Chicken Noodle soup for a snack. RN 4 reheated her a bowl and told the resident the bowl was hot. The resident insisted on sitting the bowl on her lap and grabbed it from the nurse's hands spilling some of the hot soup on the resident's left thigh. The nurse raised the resident's skirt observing a 4 by 4 cm (centimeter) pink skin discoloration on her left thigh. Staff would continue to monitor. A current policy, titled "Long Term Care Incident Reporting Policy," with a revision date of 6/7/22 and provided by the ED on 12/15/22 at 3:28 p.m., indicated "I. Comprehensive Care Facilities: A. Federal and State Rules related to incident reporting...Note: 'Alleged violation' in the above regulation is defined as a situation or occurrence (incident) that is observed or reported but has not yet been investigated. a) 42 CFR 483.13 (C)(4) states: The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident and if the alleged violation is verified appropriate corrective action must be taken. (2) State Rules...b) 410IAC 16.2-3.1-13(g) (1) states: immediately informing the division by telephone, followed by written notice within twenty-four (24) hours of unusual occurrences that irreverently threaten the welfare safety, or health of the resident or residents, including, but not limited to, any...(4) Major accidents...Staff failing to identify,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	assess, monitor, and respond to a resident suffering an acute condition...C. Types of incidents reportable under State rules only 1. OCCURRENCE THAT DIRECTLY THREATENS THE WELFARE, SAFETY, OR HEALTH OF A RESIDENT Examples...burns greater than first degree...." This Federal tag relates to Complaint IN00396664. 3.1-28(c)			
F 0657 SS=D Bldg. 00	483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. Based on observation, interview and record review, the facility failed to ensure a plan of care with interventions to prevent a resident from potentially being burnt in the future while receiving hot snacks from staff members was developed for 1 of 3 residents reviewed for care plans. (Resident D) Finding includes: During an interview, on 12/14/22 at 1:27 p.m., with the ED (Executive Director) and DNS (Director of Nursing Services) in attendance. When asked about Resident D's burn to her left thigh the DNS indicated, after reading Resident D's progress notes from her medical record, on 11/24/22, the resident asked for Chicken Noodle soup. RN 4 reheated the soup. As RN 4 was handing the soup to the resident, Resident D grabbed the soup out of RN 4's hands and the soup spilt on the resident's left thigh. RN 4 immediately lifted the resident's skirt and observed a 4 x 4 cm (centimeter) area of skin discoloration. The DNS indicated, at that time, she did not know about the resident being burnt nor if she had a burn wound presently. At that time, the ED indicated she did not know about the resident being burnt or if she had a burn wound presently. The record for Resident D was reviewed on 12/14/22 at 3:15 p.m. Diagnoses included, but were not limited to, cognitive communication deficit, moderate protein-calorie malnutrition, dementia with behavioral disturbances, delirium due to dementia, psychotic disorder with delusions, and paranoid personality disorder.	F 0657	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident D's care plan has been updated with appropriate interventions **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** No other residents were identified to have been affected by this alleged deficient practice Any resident that is requesting hot liquids has the potential to be effected on the alleged deficient practice Inservice to be completed by 1/2/2023 educating staff on the skin management program and having a care plan initiated to include resident specific interventions **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur;** Inservice to be completed by 1/2/2023 educating staff on the skin management program and having a care plan initiated to	01/02/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	A progress note, dated 11/24/22 at 11:18 p.m., indicated the resident had requested Chicken Noodle soup for a snack. RN 4 reheated her a bowl and told the resident the bowl was hot. The resident insisted on sitting the bowl on her lap and grabbed it from the nurse's hands spilling some of the hot soup on the resident's left thigh. The nurse raised the resident's skirt observing a 4 by 4 cm (centimeter) pink skin discoloration on her left thigh. Staff would continue to monitor. The resident's record lacked a care plan with interventions on how the facility would prevent any potential future burn incidents if the resident would decide to grab another hot bowl/cup of soup and/or liquid from a staff member. During an interview, on 12/15/22 at 3:20 p.m., the DNS and ED indicated the resident did not have a plan of care following the burn incident due to RN 4 did not follow the Skin Management Program and notify the LPN 4 (Wound Nurse) of the left thigh burn area. A current policy, titled "Skin Management Program," dated 5/22 and provided by the ED on 12/14/22 at 2:30 p.m., indicated "...Definitions...Wound Nurse: The facility will designate license nurse responsible for oversight and coordination of the skin management program. The wound nurse and/or IDT [Interdisciplinary Team] will review, assess and document on any new skin alterations in skin integrity the following business day to determine root cause and implement wound/skin integrity healing interventions and then on a weekly basis...PROCEDURE FOR ALTERATIONS IN SKIN INTEGRITY-PRESSURE AND NON-PRESSURE...6. A plan of care will be initiated to include resident specific risk factors		include resident specific intervention MDS/designee will Review/update care plans when a resident has alterations in their skin integrity **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; and by what date the systemic changes for each deficiency will be completed** The DNS/designee will be responsible for the completion the Nursing Audit CQI Tool 5 x/ week for 4 weeks, then weekly for 5 months, with results reported to the Quality Assurance and Performance Improvement Committee. -If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. After six months the QAPI committee will re-evaluate the continued need for the audit.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	and contributing factors with appropriate interventions implemented...." This Federal tag relates to Complaint IN00396664. 3.1-35(d)(1)			
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure their skin management program was followed regarding notification of the wound nurse once a scald burn occurred, assessment and monitoring throughout the healing process of a new scald burn for 1 of 3 residents reviewed for accidents. (Resident D) Finding includes: During an interview, on 12/14/22 at 1:27 p.m., with the ED (Executive Director) and DNS (Director of Nursing Services) in attendance. When asked about Resident D's burn to her left thigh, the DNS indicated after reading Resident D's progress notes from her medical record, on 11/24/22, the resident asked for Chicken Noodle soup. RN 4 reheated the soup. As RN 4 was handing the soup to the resident, she grabbed the soup out of RN 4's hands and the soup spilt on the resident's left thigh. RN 4 immediately lifted the resident's skirt	F 0689	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Wound Nurse, MD/NP and POA, have been notified of Resident D's skin alteration. The area is healed. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** Inservice to be completed by 1/2/23 educating staff on the skin management program, related to notification of the wound Nurse, MD/NP and POA, assessment and monitoring throughout the	01/02/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	and observed a 4 by 4 cm (centimeter) area of skin discoloration. The DNS was unable to find any further documentation in the resident's record regarding an assessment or monitoring through the healing process of the resident's burn to her left thigh from 11/24/22 to the present date of 12/14/22. The DNS indicated she did not know about the resident being burnt nor if she had a burn wound presently. The ED indicated she did not know about the resident being burnt or if she had a burn wound presently. On 12/14/22 at 1:50 p.m., with the DNS present, Resident D's left mid-thigh area was observed to have an 0.8 by 0.6 cm scarred area (measured by the DNS). At that time, the DNS indicated the area had previously been a blistered 2nd degree burn area, which occurred from the Chicken Noodle soup spilling onto her left thigh. The area was now healed. The Medline Plus Medical Encyclopedia, at https://medlineplus.gov, indicated a second-degree burn affected both the outer and inner layer of skin. It caused pain, redness, swelling, and blistering. The burn was called a partial-thickness skin disorder (or burn). The National Health Service of the United Kingdom, at www.nhs.uk, indicated a burn was caused by dry heat such as an iron or a fire. A scald was caused by something wet (liquid) such as hot water or steam. Burns were assessed by how seriously the skin was damaged and which layers of skin was affected. A second-degree burn was a superficial dermal burn involving the Epidermis (the outer layer of skin) and part of the Dermis (the layer of skin just below the Epidermis, which contained the blood capillaries, nerve endings, sweat glands and hair follicles.) The		healing process of a new burn No other residents were identified to have been affected by this alleged deficient practice Any resident that is requesting hot liquids has the potential to be effected on the alleged deficient practice **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur;** Inservice to be completed by 1/2/23 educating staff on the skin management program, related to notification of the wound Nurse, MD/NP and POA, assessment and monitoring throughout the healing process of a new burn DNS/designee will review the facility activity report daily to ensure burns great than first degree are reported per the skin management program Facility to provide on going education on the skin management program, as needed. **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; and by what date the systemic changes for each deficiency will be completed** The DNS/designee will be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	Dermis was damaged. The skin was pale pink and painful and may become blistered. A third-degree burn was a Deep Dermal or Partial Thickness burn. The Epidermis and Dermis were damaged. The skin turned red and blotchy, may be dry or moist and became swollen and blistered and may or may not be painful. The record for Resident D was reviewed on 12/14/22 at 3:15 p.m. Diagnoses included, but were not limited to, cognitive communication deficit, moderate protein-calorie malnutrition, dementia with behavioral disturbances, delirium due to dementia, psychotic disorder with delusions, and paranoid personality disorder. The resident had a care plan, dated 4/6/22, with a problem of she had hearing loss. The long-term goal was she would hear and understand communication dated 3/8/23. The interventions included, but were not limited to, 4/6/22, allow the resident to lip read, 4/6/22, face the resident when speaking to her, 4/6/22, provide with materials for written communication, and 4/6/22, speak clearly and adjust tone as needed. The resident had a care plan with a problem of she exhibited cognitive impairment as related to her BIMS (Brief Interview for Mental Status) score was less than 13, which indicated she was severely cognitively impaired. She had a diagnosis of dementia with behavioral disturbance dated 4/6/22. Long term goal was she would continue to participate in daily decisions as able dated 3/8/22. Interventions included, but were not limited to, 4/6/22, provide the resident with prompts and cues as needed, and 4/6/22, provide the resident with simple instructions and repeat them as needed.		responsible for the completion of the Nursing Audit CQI Tool 5 x/ week for 4 weeks, then weekly for 5 months, with results reported to the Quality Assurance and Performance Improvement Committee. -If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. After six months the QAPI committee will re-evaluate the continued need for the audit.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	The resident had a care plan with a problem of she required assistance with ADL's including, but not limited to, eating due to decreased mobility, dementia with behaviors, delirium, hypertension, kyphosis, and back and leg pain. Long term goal was for the resident to desire to maintain ADL skills to a maximum independence dated 3/8/22. Interventions included, but were no limited to, 3/31/22, assist with eating and drinking as needed. A quarterly MDS (Minimum Data Set) assessment, dated 10/5/22, indicated Resident D's BIMS score was 9, which indicated she was cognitively impaired. The functional status for ADL'S (Activities for Daily Living) indicated she required set-up assistance (help only) and limited assistance (staff provide guided maneuvering of limbs or other non-weight bearing assistance, but the resident was highly involved in the activity) with her meals. A progress note, dated 11/24/22 at 11:18 p.m., indicated the resident had requested Chicken Noodle soup for a snack. RN 4 reheated her a bowl and told the resident the bowl was hot. The resident insisted on sitting the bowl on her lap and grabbed it from the nurse's hands spilling some of the hot soup on the resident's left thigh. The nurse raised the resident's skirt observing a 4 by 4 cm (centimeter) pink skin discoloration on her left thigh. Staff would continue to monitor. Resident D's record lacked any further documentation of assessments other than the 11/24/22 progress note or monitoring of the burnt area to her left thigh. During an interview, on 12/15/22 at 3:20 p.m., with the DNS and ED in attendance, the DNS indicated the NP (Nurse Practitioner) from the Healogics,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	who treated the facility wounds, did not assess Resident D's left thigh because her burn was healed. RN 4 did not follow the Skin Management Program and notify the LPN 4 (Wound Nurse) of the left thigh burn area. Therefore, there was no assessment or monitoring of the burn area through the healing process completed by the Wound Nurse. A current policy, titled "Skin Management Program," dated 5/22 and provided by the ED on 12/14/22 at 2:30 p.m., indicated "...Definitions...Wound Nurse: The facility will designate license nurse responsible for oversight and coordination of the skin management program. The wound nurse and/or IDT [Interdisciplinary Team] will review, assess and document on any new skin alterations in skin integrity the following business day to determine root cause and implement wound/skin integrity healing interventions and then on a weekly basis...PROCEDURE FOR ALTERATIONS IN SKIN INTEGRITY-PRESSURE AND NON-PRESSURE: 1. Alterations in skin integrity will be reported to the MD/NP, the resident and/or resident representative as well as to the direct care staff. 2. Treatment order will be obtained from MD/NP...4. All newly identified areas after admission will be documented on the New Skin Event. 5. The wound nurse/designee will be notified of alterations in skin integrity. a) The wound nurse/designee is responsible for communicating to IDT on a weekly basis for pressure and non-pressure wounds. b) The wound nurse/designee will complete further evaluation of the wounds identified and complete the appropriate skin evaluation on the next business day. The 'observed' date indicated on the Wound Management document is the date the wound was assessed, including but not limited to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	12/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

(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
	measurements, staging, condition of tissue, and drainage...ii) Wound management entries will be completed for non-ulcers (bruises, skin tear, abrasion, rashes). If no signs of complications or worsening win condition of skin alteration and doesn't meet the guideline for IDT weekly Wound Review the wound management entry can be closed after 72 hours...7. IDT will review residents with alterations in skin integrity weekly, if applicable, based on the IDT initial and Weekly Wound Documentation Policy...." This Federal tag relates to Complaint IN00396664. 3.1-45(a)(1) 3.1-45(a)(2)			