

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2020
NAME OF PROVIDER OF SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE		STREET ADDRESS, CITY, STATE, ZIP 1903 UNION ST LAFAYETTE, IN 47904	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident was provided ADL (Activity of Daily Living) care related to hair washing for 1 of 4 residents reviewed for hygiene (Resident C). Finding includes: During an interview, on 6/13/20 at 1:41 p.m., Resident C indicated her hair had not been washed for five weeks, it was greasy and she wanted it washed. The record for Resident C was reviewed on 06/12/20 at 2:45 p.m. [DIAGNOSES REDACTED]. An Admission Minimum Data Set (MDS) assessment, dated 12/19/19, indicated it was very important for the resident to choose between a tub bath, shower, bed bath and sponge bath. A Quarterly MDS assessment, dated 3/11/20, indicated the resident was totally dependent in regards to bathing and needed the assistance of one staff member. A care plan, dated 12/16/19, addressed the problem the resident required assistance with ADL's. Interventions included, but were not limited to, assistance of one staff member with bathing per resident preference and to offer showers two times per week with a partial bath in between. The facility documents, titled Shower Reports, provided by the Executive Director on 06/12/20 at 4:00 p.m., indicated Resident C had her hair washed on 05/05/20. The following shower sheets indicated the resident did not have her hair washed on bathing days 05/08, 05/12, 05/15, 05/19, 05/21, 05/26, 05/29, 06/02, 06/07 and 06/10/20. A facility policy, titled COVID-19 Emergency Response Plan, dated as revised on 05/20/20 and provided by the Executive Director on 06/12/20 at 1:38 p.m., indicated .It is the expectation of .each facility .to manage the treatment .of residents .The purpose of the COVID-19 Emergency Response Plan is to: A. Ensure timely and appropriate .care .of all .residents .Residents who are confirmed .COVID-19 will be restricted to their room .All bathing, .etc. will occur in the room This Federal tag related to Complaint IN 992. 3.1-38(a)(3)(B)		

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.