| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155121 | A. Building<br>B. Wing | 04/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Rosewalk Village at Lafayette | 1903 Union St<br>Lafayette, IN 47904 |

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| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>Based on interview and record review, the facility failed to ensure a preadmission screening and resident review (PASARR) was completed when an antipsychotic medication and mental health diagnosis was added for 1 of 1 resident reviewed for PASARR. (Resident 97)<br><br>Findings include:<br><br>The clinical record for Resident 97 was reviewed on 3/31/25 at 11:48 a.m. The diagnoses included, but were not limited to, anxiety disorder and depressive disorder.<br><br>A PASARR, dated 11/20/24, indicated Resident 97 did not have any mental health diagnoses or mental health medications.<br><br>A physician's order, dated 12/17/24, indicated to administer sertraline (an antidepressant medication) 50 milligram (mg) once a day.<br><br>A physician's order, dated 2/17/25, indicated to administer clonazepam (an antianxiety medication) 0.25 mg at bedtime.<br><br>During an interview, on 4/3/25 at 3:34 p.m., the Executive Director (ED) indicated Resident 97 did not have a new PASARR level I completed when the new medications or diagnoses were added.<br><br>During an interview, on 4/4/25 at 12:26 p.m., the Social Service Director indicated the resident did not have a new PASARR level I completed when the psychotropic medications and mental health diagnoses were added. A new PASARR should have been completed.<br><br>A current facility policy, titled PASARR Policy, dated 11/17 and received from the Executive Director on 4/3/25 at 3:36 p.m., indicated .It is the policy of this facility to ensure that .PASARR assessments are updated with significant changes in mental or physical status<br><br>A current facility policy, titled Psychotropic Management, dated 9/24 and received from the Executive Director on 4/4/25 at 11:12 a.m., indicated .It is the policy of this facility to ensure that a resident's psychotropic medication regimen helps promote the resident's highest practicable mental, physical and psychosocial well-being with person centered intervention and assessment .These drugs included, but are not limited to .Anti-psychotic; Anti-depressant; Anti-anxiety<br><br>3.1-16(d)(1)(A)<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 3.1-16(d)(1)(B) |

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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>3. The clinical record for Resident 3 was reviewed on 4/2/25 at 11:00 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, dementia with psychotic disturbance, psychotic disorder with delusions, moderate intellectual disabilities, asthma, major depressive disorder, anxiety disorder, and psychotic disorder with hallucinations.<br><br>The clinical record indicated care plan meetings for Resident 3 were held on 3/22/24, 9/23/24, 12/3/24, and 2/17/25.<br><br>The facility conducted a Minimum Data Set (MDS) assessment on 6/18/24.<br><br>The record did not indicate a care plan meeting for the second quarter of 2024 during the months of April, May, or June was held.<br><br>During an interview, on 4/3/25 at 11:04 a.m., the Social Services Director (SSD) indicated care plan meetings and reviews should occur on admission and quarterly with the long-term care Minimum Data Set (MDS) assessments. All meeting summaries were recorded in the electronic medical record in the observations section labeled Care Plan Summary.<br><br>During an interview, on 4/3/25 at 3:32 p.m., the Director of Nursing (DON) indicated the family had been invited to a care plan meeting in May, but the family did not come. The facility did not conduct a care planning meeting for that quarter.<br><br>4. The clinical record for Resident 16 was reviewed on 4/1/25 at 2:39 p.m. The diagnoses included, but were not limited to, respiratory failure with hypoxia, chronic obstructive pulmonary disease, dementia with behavioral disturbance, type 2 diabetes, chronic kidney disease, congestive heart failure, post-traumatic stress disorder, major depressive disorder with psychotic symptoms, psychosis, and anxiety disorder.<br><br>The clinical record indicated care plan meetings for Resident 16 were held on 2/15/24, 5/3/24, 10/17/24, and 3/11/25.<br><br>The facility conducted a Minimum Data Set (MDS) assessment on 7/29/24.<br><br>The record did not indicate a care plan meeting for the third quarter during the months of July through September was held.<br><br>During an interview, on 4/3/25 at 3:34 p.m., the DON indicated the facility did not conduct a care plan review meeting for Resident 16 during the July, August, and September quarter.<br><br>A current facility policy, titled IDT Comprehensive Care Plan Policy, dated 8/2023 and received from the DON on 4/3/25 at 2:15 p.m., indicated .Care plan problems, goals, and interventions must be reviewed and revised by the interdisciplinary team periodically and following completion of each MDS assessment<br><br>(continued on next page) |

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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The deficient practice was corrected by 3/21/25, after the facility implemented a systemic plan which included audits and conducting or scheduling care plan meetings for all residents who were missing care plan meetings for over 90 days.<br><br>3.1-35(d)(2)(B)<br><br>Based on interview and record review, the facility failed to ensure care plan meetings were held with the resident and the resident's representative in a timely manner for 4 of 4 residents reviewed for care plan meetings. (Resident 9, 2, 3 and 16). This deficient practice was corrected on 3/21/25, prior to the start of the survey, and therefore was past noncompliance.<br><br>Findings include:<br><br>1. The clinical record for Resident 9 was reviewed on 4/1/25 at 1:23 p.m. The diagnoses included, but were not limited to, Parkinson's disease, chronic obstructive pulmonary disease, dementia, diabetes mellitus, depressive disorder, muscle weakness, difficulty in walking, vitamin deficiency, and esophageal obstruction.<br><br>The clinical record indicated care plan meetings for Resident 9 were held on 2/15/24, 3/19/24, 9/10/24, 11/14/24 and 2/13/25.<br><br>The record did not indicate a care plan meeting for the second quarter between the dates of 3/19/24 and 9/10/24 was held.<br><br>During an interview, on 4/4/25 at 12:26 p.m., the Executive Director (ED) indicated no care plan meeting was conducted during the period of 3/19/24 through 9/10/24. It had been identified, and a plan of correction was in place.<br><br>During an interview, on 4/4/25 at 12:28 p.m., the Social Worker indicated a care plan meeting should have been completed during the second quarter for the period of 3/19/24 through 9/10/24. 2. The clinical record for Resident 2 was reviewed on 4/2/25 at 9:23 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, diabetes, end stage renal disease, hypertension, depression, anxiety, bipolar, schizoaffective disorder, psychotic disorder with delusions, epilepsy, cerebrovascular accident, and pain.<br><br>The clinical record indicated care plan meetings for Resident 2 were held on 3/1/24, 5/14/24, 9/18/24, and 3/14/25.<br><br>The record did not indicate a care plan meeting for the fourth quarter between the dates of 9/18/24 and 3/14/25 was held.<br><br>During an interview, on 4/4/25 at 12:09 p.m., the Executive Director (ED) indicated the care plan for the last quarter of 2024 was not completed. |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>Based on observation, interview and record review, the facility failed to ensure a dependent resident was provided incontinence care in a timely manner for 1 of 1 dependent resident reviewed for activities of daily living (ADL) care. (Resident 39)<br><br>Findings include:<br><br>During an observation, on 3/30/25 at 1:03 p.m., Resident 39 was in the dining room sitting in a wheelchair. The resident was leaning to his left side and was sliding down in his seat. A strong bowel movement and urine odor came from the resident. The resident's sweatpants on the right side were pulled down and the resident had his hand in his pants. There was bowel movement all over his right hand. Certified Nursing Assistant (CNA) 2 entered the dining room, unlocked the wheelchair brakes, and took the resident to his room.<br><br>During an interview, on 3/30/25 at 1:05 p.m., CNA 2 indicated Resident 39 was last checked/changed at 10:00 a.m. and residents were to be checked and changed every 2 hours.<br><br>The clinical record for Resident 39 was reviewed on 4/2/25 at 10:48 a.m. The diagnoses included, but were not limited to, vascular dementia with behavioral disturbance, bipolar disorder, anxiety disorder, schizophrenia, psychotic disorder with delusions, conduct disorder, and cognitive communication deficit.<br><br>A care plan, dated 2/21/23, indicated the resident required assistance with morning and evening care, nutrition, hydration, and elimination.<br><br>A care plan, dated 2/22/23, indicated the resident required assistance with toileting due to incontinence. Interventions included, but were not limited to, assist with incontinence care as needed, check every 2 hours for incontinence, and document any abnormal findings and notify the physician.<br><br>A care plan, dated 2/22/23, indicated the resident required assistance with activities of daily living which included bed mobility, transfers, eating, and toileting. Interventions included, but were not limited to, assistance with one staff for toileting and incontinent care.<br><br>An annual Minimum Data Set (MDS) assessment, dated 12/12/24, indicated the resident was severely cognitively impaired.<br><br>A quarterly MDS assessment, dated 4/8/24, indicated Resident 39 was dependent on staff for toileting hygiene, showers and baths, and personal hygiene.<br><br>During an interview, on 3/30/25 at 1:13 p.m., CNA 3 indicated residents should be checked every 2 hours and changed if needed. Resident 39's brief had a very strong odor of urine and bowel movement.<br><br>During an interview, on 4/3/25 at 4:03 p.m., Resident 39's family member indicated when he would visit the resident at mealtimes, the resident would have dried bowel movement on his hands. The staff did not wipe off the resident's hands before meals and he would eat with the dried bowel movement on them. The resident had been observed multiple times with dried bowel movement on his hands during meals.<br><br>(continued on next page) |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview, on 4/4/25 at 10:41 a.m., CNA 4 indicated when residents were in the dining room, she would check and change the residents every hour. If a resident could not communicate, CNA 4 would take the resident to their room to check and change them every 2 hours.<br><br>A Certified Nursing Assistant job description, dated 10/2014, indicated the CNA should maintain a homelike environment for the residents, protect and promote resident rights, and assist the person to maintain independence and control to the greatest extent possible. Promptly assist residents to the bathroom according to their toileting schedule or promptly bring a clean bedpan or urinal. Open, remove clothing in preparation, clean the resident if the resident was unable to clean self, adjust clothing, clean resident's and own hands. Change position of bedfast residents at least every two hours.<br><br>A current facility policy, titled Bowel and Bladder Program, dated 5/2019 and received by the Executive Director on 3/31/25 at 3:31 p.m., indicated .If a resident is totally incontinent and unable to be placed on a toilet or bedpan, resident should be checked and changed every two hours<br><br>3.1-38(a)(2)(c)<br><br>3.1-38(a)(3) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>Based on interview and record review, the facility failed to ensure insulin doses were not administered when the blood sugar readings were below the physician's ordered hold parameter for 1 of 2 residents reviewed for quality of care. (Resident 12) The deficient practice was corrected on 3/28/25, prior to the start of the survey, and therefore was past noncompliance.<br><br>Findings include:<br><br>The clinical record for Resident 12 was reviewed on 4/1/25 at 11:50 a.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus with hyperglycemia, diabetic nephropathy, and chronic kidney disease.<br><br>A physician's order, dated 11/21/24, indicated to give 35 units of Fiasp FlexTouch U-100 Insulin (a fast-acting insulin) three times a day with special instructions to hold for a blood sugar below 130.<br><br>The Medication Administration Record (MAR), dated 12/1/24 through 12/31/24, indicated 35 units of Fiasp FlexTouch U-100 Insulin were administered on the following dates with a blood sugar below 130:<br><br>On 12/1/24, with a blood sugar of 97.<br><br>On 12/2/24, with a blood sugar of 112, 112, and 109.<br><br>On 12/3/24, with a blood sugar of 116.<br><br>On 12/4/24, with a blood sugar of 111.<br><br>On 12/8/24, with a blood sugar of 121.<br><br>On 12/9/24, with a blood sugar of 87.<br><br>On 12/14/24, with a blood sugar of 91.<br><br>On 12/17/24, with a blood sugar of 111.<br><br>On 12/20/24, with a blood sugar of 117.<br><br>On 12/21/24, with a blood sugar of 126.<br><br>On 12/27/24, with a blood sugar of 126.<br><br>On 12/28/24, with a blood sugar of 83.<br><br>On 12/29/24, with a blood sugar of 96.<br><br>On 12/30/24, with a blood sugar of 107 and 116.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The MAR, dated 1/1/25 through 1/31/25, indicated 35 units of Fiasp FlexTouch U-100 Insulin were administered on the following dates with a blood sugar below 130:<br><br>On 1/6/25, with a blood sugar of 98.<br><br>On 1/10/25, with a blood sugar of 124.<br><br>On 1/12/25, with a blood sugar of 120.<br><br>On 1/14/25, with a blood sugar of 116.<br><br>On 1/15/25, with a blood sugar of 126.<br><br>On 1/17/25, with a blood sugar of 110.<br><br>On 1/19/25, with a blood sugar of 129.<br><br>On 1/26/25, with a blood sugar of 122.<br><br>The MAR, dated 2/1/25 through 2/28/25, indicated 35 units of Fiasp FlexTouch U-100 Insulin were administered on the following dates with a blood sugar below 130:<br><br>On 2/5/25, with a blood sugar of 128.<br><br>On 2/11/25, with a blood sugar of 126.<br><br>On 2/12/25, with a blood sugar of 129.<br><br>On 2/19/25, with a blood sugar of 124.<br><br>On 2/21/25, with a blood sugar of 115.<br><br>On 2/23/25, with a blood sugar of 128.<br><br>During an interview, on 4/3/25 at 11:17 a.m., LPN 6 indicated when an insulin dose was held based on the physician's hold parameter, the nurse's initials on the MAR were in parenthesis or it would have been marked as zero (0) units given.<br><br>During an interview, on 4/3/25 at 11:20 a.m., RN 7 indicated a residents' insulin dose should be held if the blood sugar was below the ordered hold parameter.<br><br>During an interview, on 4/4/25 at 11:45 a.m., the Director of Nursing (DON) indicated the facility had noticed medications were administered against the ordered hold parameters. Staff education was completed, a quality improvement plan was formed, and monitored throughout March. Their quality improvement plan was completed 3/28/25.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview, on 4/3/25 at 2:15 p.m., the DON indicated the facility did not have a specific insulin administration policy or a policy related to following a physician's ordered hold parameter.<br><br>A current facility policy, titled Medication Administration (Medication Pass Procedure), dated 7/2023 and received from the DON on 4/3/25 at 2:15 p.m., indicated .Vital signs were obtained, if necessary .Perform the 5 rights of medication .Right Dose<br><br>The deficient practice was corrected by 3/28/25, after the facility implemented a systemic plan which included audits and conducting staff education on following the physician's ordered hold parameters with all nursing staff.<br><br>3.1-37(a) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview and record review, the facility failed to ensure employee food and drinks were not stored in the kitchen, cardboard boxes were off the floor, and expired food was discarded. This deficient practice had the potential to affect 110 of 110 residents who received food from the kitchen.<br><br>Findings include:<br><br>During the kitchen observation, on 3/30/25 at 10:20 a.m., with the Executive Director (ED), the following were observed:<br><br>a. The reach-in refrigerator contained two brown plastic grocery sacks containing employee lunches.<br><br>b. The walk-in freezer had one large cardboard box containing a bag of frozen blueberries and one large cardboard box with two boxes stacked on top. The cardboard boxes were stored on the floor.<br><br>c. The food preparation station had two half empty clear plastic waters bottles stored on the shelf in the food area.<br><br>d. The food preparation refrigerator had a large clear container of diced ham with a use-by date of 3/27/25.<br><br>e. The food preparation station had four empty cardboard boxes on the floor under the food preparation sink.<br><br>During an interview, on 3/30/25 at 10:28 a.m., the ED indicated the employees were not supposed to store their lunches in the refrigerator.<br><br>During an interview, on 3/30/25 at 10:48 a.m., the ED indicated food, or cardboard boxes should not have been stored on the floor.<br><br>During an interview, on 3/30/25 at 11:15 p.m., [NAME] 7 indicated staff should not have had their drinks or food in the kitchen.<br><br>During an interview, on 3/30/25 at 12:19 p.m., the Dietary Manager (DM) indicated the cardboard boxes should not have been on the floor and nothing should have been stored on the floor.<br><br>A current facility policy, titled Food Storage, dated as revised 5/23 and received from the ED on 3/31/25 at 3:31 p.m., indicated .Sufficient storage facilities are provided to keep food safe, wholesome, and appetizing. Food is stored at an appropriate temperature and by methods designed to prevent contamination .Food is stored a minimum of 6 above the floor and 18 below the sprinkler heads on clean racks or other clean surfaces and protected from contamination .Leftover prepared foods and processed meats such as lunchmeat, are to be stored in covered containers or wrapped securely. The food must clearly be labeled with the name of the product, the date it was prepared, and marked to indicate the date by which the food shall be consumed or discarded<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | 3.1-21(i)(3) |