STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155329	A. BUILDING _____ B. WING _____	**08/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROSEWALK VILLAGE	**1302 N LESLEY AVE INDIANAPOLIS, IN 46219**

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 0609 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to timely report allegations of misappropriation to the ISDH (Indiana State Department of Health) for 2 of 3 residents reviewed for misappropriation. (Residents D and F) Findings include: 1. The clinical record for Resident D was reviewed on 8/6/20 at 11:30 a.m. The resident's [DIAGNOSES REDACTED]. The DNS (Director of Nursing Services) provided the investigative file into the 7/12/20, 12:01 p.m. incident involving Resident D and missing money. The Concern/Grievance Form, dated 7/12/20 at 12:30 p.m., completed by LPN (Licensed Practical Nurse) 5, indicated, Res (Resident) had been discharged home with daughter. One hour later res two daughter (sic) returned stating mom was missing $5,000. Further explained they believed their mom had $5,000 but they did not know exact amount. Stated one daughter had come & got $700 from her for rent so had about $4,300 left over. They stated she had $240 on her. They said res had been keeping money in pocket of blue jacket. Stated the res had all her money one week ago . The file included an undated written statement from LPN (Licensed Practical Nurse) 5. It indicated, On Sunday (7/12/20) around 3 pm another daughter (name of daughter) called (phone number) stating mother, (name of Resident D,) was missing $4,000 and she kept her money in bra. She said whoever got her ready for discharge took her money. She asked for employee's name. Writer told her we would be doing internal investigation and follow up with her on Monday, but staff was unable to give her staff members names. Writer also gave her the care hotline number so she would be able to voice concerns. The file included a written statement from the Social Services Assistant dated 7/13/20. The file included a 7/22/20 follow up incident report. It indicated, Description added -- 7/15/2020 After resident discharge on 7/12/20 this facility was contacted by resident's daughter. The daughter stated that her mom had 4-5 thousand dollars missing Follow up added -- 7/22/2020 Investigation revealed that the missing money was taken by a family member by the name of . An interview was conducted with the ED (Executive Director) on 8/6/20 at 2:05 p.m. He indicated he completed the investigation into Resident D's missing money. One of Resident D's daughters called him on 7/12/20 about the missing money. He was unsure why the allegation was not reported to ISDH until 7/15/20, but it should have been reported within 24 hours. 2. The clinical record for Resident F was reviewed on 8/6/20 at 11:30 a.m. The resident's [DIAGNOSES REDACTED]. The Quarterly MDS (Minimum Data Set) assessment, dated 6/27/20, indicated he was cognitively intact. An interview was conducted with Resident F on 8/6/20 at 3:25 p.m. He indicated he reported an unauthorized charge on his debit card to the ED (Executive Director) on Saturday, 7/11/20, and was informed it would be investigated. A police officer came to his room the same day and took a report. On 8/6/20 at 11:30 a.m., the DNS (Director of Nursing Services) provided the investigative file into the incident involving Resident F and an unauthorized charge to his debit card. The file included the following documentation: the local police department's information card with case number dated 7/11/20; a picture of a text message received by Resident F from his debit card company indicating a $114.95 charge to a local rental company on 7/10/20 at 3:21 p.m.; the 7/12/20 Record of Facility In-service on misappropriation of funds; 6 resident interviews, all dated 7/12/20, conducted by the social services department. The file included a 7/22/20 follow up incident report that indicated, Description added -- 7/14/2020 Resident reported that he had one hundred fourteen dollars and ninety-three cents deducted from his account at (a local rental company) Follow up added -- 7/22/20 (Name of Resident F) investigation is still under review by the local police department. (Name of Resident F) have displayed no S/S (signs/symptoms) of stress related to the incident and is currently enjoying activities. Social Services continue with follow-up. An interview was conducted with the ED on 8/6/20 at 2:27 p.m. He indicated he was informed of the allegation on 7/12/20 and an in-service on misappropriation was conducted the same day. He was unsure why the allegation was not reported to ISDH until 7/14/20, but should have been reported within 24 hours and the follow up within 5 working days. The Abuse Prohibition, Reporting, and Investigation policy was provided by the DNS on 8/5/20 at 2:00 p.m. It indicated, Reporting/Response: .The Executive Director will ensure all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown origin, and misappropriation of resident property are reported immediately, but not later than 2 hours after the allegation is made, if the events that caused 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 Long Term Care Division of the Indiana State Department of Health via the Gateway Portal. This Federal tag relates to Complaints IN 921.
F 0610 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Respond appropriately to all alleged violations.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain documentation that an alleged violation was thoroughly investigated for 1 of 3 residents reviewed for misappropriation. (Resident F) Findings include: The clinical record for Resident F was reviewed on 8/6/20 at 11:30 a.m. The [DIAGNOSES REDACTED]. The 6/27/20 Quarterly MDS (Minimum Data Set) assessment indicated he was cognitively intact. An interview was conducted with Resident F on 8/6/20 at 3:25 p.m. He indicated he reported an unauthorized charge on his debit card to the ED (Executive Director) on Saturday, 7/11/20, and was informed it would be investigated. A police officer came to his room the same day and took a report. He hadn't heard back from the police since that day. He called the rental company, but all they could tell him was that the transaction was made, but not by whom or anything else about it. He didn't know how it happened, as he hadn't had any visitors and always kept his card on him, even in the shower room. He did not sleep with his card, but it was beside his bed while he slept. The file included a 7/22/20 follow up incident report that indicated, Brief Description of Incident Description added -- 7/14/2020 Resident reported that he had one hundred fourteen dollars and ninety-three cents deducted from his account at a local (rental company). Type of injury Follow up added -- 7/22/20 (Name of Resident F) investigation is still under review by the local police department. (Name of Resident F) have displayed no S/S (signs/symptoms) of stress related to the incident and is currently enjoying activities. Social Services continue with follow-up. On 8/6/20 at 11:30 a.m., the DNS (Director of Nursing Services) provided the investigative file into the incident involving Resident F and an unauthorized charge to his debit card. The file included the following documentation: the 7/22/20 follow up incident report; the 7/11/20 local police department's information card with case number; a picture of a text message received by Resident F from his debit card company indicating a $114.95 charge to a local rental company on 7/10/20 at 3:21 p.m.; the 7/12/20 Record of Facility In-service on misappropriation of funds; Resident F's face sheet; 3 social service progress notes indicating Resident F was checked on for psychosocial distress; and 6 resident interviews, all dated 7/12/20, conducted by the social services department. The file did not include documentation of staff interviews, or documentation of attempted contact with the rental company, or documentation of an interview with Resident F, other than the Brief Description of Incident in the incident report indicating he reported the allegation. An interview was conducted with the ED on 8/6/20 at 2:27 p.m. He indicated the local police department would be handling the investigation, but he conducted his own internal investigation

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155329	A. BUILDING _____ B. WING _____	**08/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROSEWALK VILLAGE	**1302 N LESLEY AVE INDIANAPOLIS, IN 46219**

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 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) as well. He interviewed 6 staff members that worked on or around the 7/10/20 unauthorized charge to Resident F's debit card, but did not document the interviews, and could not recall which staff were interviewed. He also contacted the rental company, but did not document contact with the rental company either. He also interviewed Resident F and referenced it in the 7/14/20 reportable under Brief Description of Incident, but did not have separate, detailed documentation of the interview with Resident F. He indicated he should have included documentation of all of that information in the file. The Abuse Prohibition, Reporting, and Investigation policy was provided by the DNS on 8/5/20 at 2:00 p.m. It indicated, 9. Resident Abuse - Staff member, volunteer or visitor: .Residents will be questioned (if alert) about the nature of the incident and their statement will be put in writing 16. A comprehensive record of the abuse investigation will be kept by the Executive Director and/or Director of Nursing Services. This Federal tag relates to Complaints IN 921.
F 0925 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.** Based on observation, interview, and record review, the facility failed to ensure an effective pest control program in the main dining room that resulted in flying insects near the kitchen. This had the potential to affect 10 residents that receive food from the kitchen and consume meals in the main dining room. Findings include: An observation was conducted, on 8/6/20 at 4:30 p.m., at the sink outside of the kitchen entrance that was within the main dining room. There were a rack that was full of resident trays from a previous meal service. The trays were not covered. There were 7 flying insects around the sink in close proximity to the kitchen door. An observation was conducted, on 8/7/20 at 12:38 p.m., with 6 residents sitting in the main dining room. A staff member proceeded to set a previous meal tray on top of a tray cart. There was an uncovered tray noted by the sink with 2 flying insects noted flying around the tray and 6 flying insects on the cabinets and ceiling. An observation was conducted, on 8/7/20 at 1:53 p.m., with the same uncovered tray set beside the sink near the kitchen entrance. There were 6 flying insects on the cabinets and ceiling around the tray. An observation was conducted, on 8/10/20 at 10:55 a.m., of the sink in close proximity to the main dining room and the kitchen door was open. There was a cart noted with 18 meal trays present. There was 1 meal tray noted by the sink with 1 flying insect flying around the meal tray and 6 flying insects noted on the cabinets and ceiling. An observation was conducted, on 8/10/20 at 11:25 a.m., with the same meal tray noted by the sink in close proximity to the kitchen and main dining room. Dietary Staff Person 10 was present and indicated there was a previous concern with flying insects but there was improvement. He proceeded to take the meal tray from the sink area and 5 flying insects were observed flying out and around the sink area. He indicated there was usually a cart outside the kitchen for staff to set the meal trays on after meal service. There was 10 tables present to where only 10 residents are allotted in the dining room during meal service. An observation was conducted, on 8/10/20 at 12:23 p.m., with the Executive Director (ED) present by the sink in close proximity to the kitchen and main dining room. There were 4 flying insects noted around the sink. The ED indicated the floor was sticky and could be cleaned. A receipt titled Customer Service Report from a pest control company, dated 5/28/20, indicated there were small flies noted in the kitchen. There was instruction to keep the area cleaner and dryer. Another Customer Service Report, dated 6/17/20, indicated there were small flies noted in the kitchen. There was instructions to resolve the issue pertaining to cleaning the drains and any food debris. Another Customer Service Report, dated 7/6/20, indicated there were small flies noted in the kitchen. There was instructions to keep the drains clean and kept clean. Another Customer Service Report, dated 7/14/20, indicated there were small flies noted in the kitchen. There was instructions to clean the drains and keep them clean. Another Customer Service Report, dated 7/30/20, indicated there were small flies noted in the kitchen. There was instructions to clean in and around drains to avoid pest breeding sites. A policy titled Pest Control, dated 02/2012, was provided by the Director of Nursing Services on 8/10/20 at 1:30 p.m. The policy indicated the following, .Purpose: To provide an environment free of pests .Components: .7. All staff should practice pest prevention, including but not limited to: .a. Keep food storage and preparation areas clean .b. Clean up food spills promptly .f. Keep facility property free of trash This Federal tag relates to Complaints IN 069 and IN 150. 3.1-19(f)(4)