STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155842	A. BUILDING 00 B. WING	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS OF MOORESVILLE, THE	302 NORTH JOHNSON ROAD MOORESVILLE, IN 46158

(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 a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: August 24, 25, 26, 29, 30, and 31, 2022 Facility number: 013694 Provider number: 155842 AIM number: 300018361 Census Bed Type: SNF/NF: 21 SNF: 29 Residential: 18 Total: 68 Census Payor Type: Medicare: 25 Medicaid: 21 Other: 4 Total: 50 The Springs of Mooresville was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Recertification and State Licensure Survey. Quality review completed September 7, 2022.	F 0000		
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.	R 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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	Survey dates: August 24, 25, 26, 29, 30, and 31, 2022 Facility number: 013694 Residential Census: 18 This State Residential Finding is cited in accordance with 410 IAC 16.2-5.			
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be			

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	involved in identification and documentation of the services to be provided. Based on interview and record review, the facility failed to ensure service plans were signed by the resident or resident's representative for 6 of 7 of residents reviewed. (Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7). Findings include: 1. On 8/25/22 at 2:30 p.m., Resident 2's clinical record was reviewed. The diagnoses included, but were not limited to, atherosclerotic (build up in the arteries) heart disease and diabetes mellitus. Resident 2's service plan, dated 2/4/22 at 11:08 a.m., lacked a signature by the resident or resident's representative. During an interview on 8/31/22 at 11:15 a.m., the Clinical Nurse Specialist indicated Resident 2's service plan lacked a signature by the resident or resident's representative. 2. On 8/29/22 at 1:26 p.m., Resident 3's clinical record was reviewed. The diagnoses included, but were not limited to, congestive heart failure and diabetes mellitus. Resident 3's service plan, dated 3/2/22 at 6:21 p.m., lacked a signature by the resident or resident's representative. During an interview on 8/31/22 at 11:15 a.m., the Clinical Nurse Specialist indicated Resident 3's service plan lacked a signature by the resident or resident's representative. 3. On 8/29/22 at 1:39 p.m., Resident 4's closed	R 0217	Plan of Correction Text: The submission of this plan of correction does not indicate an admission by The Springs of Mooresville Assisted Living that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of The Springs of Mooresville Assisted Living Campus. The facility recognizes 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 skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. R 217 Completion Date: 9/20/22 Plan of Correction Text: 1. Residents 2-7 were affected. No adverse occurrences noted. The resident was immediately assessed with no concerns noted.	09/20/2022

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	clinical record was reviewed. Resident 4's service plan, dated 3/5/22 at 12:29 p.m., lacked a signature by the resident or resident's representative. During an interview on 8/31/22 at 11:15 a.m., the Clinical Nurse Specialist indicated Resident 4's service plan lacked a signature by the resident or resident's representative. 4. On 8/29/22 at 1:55 p.m., Resident 5's closed clinical record was reviewed. The diagnoses included, but was not limited to, diabetes mellitus and major depression. Resident 5's clinical record lacked documentation of a service plan. During an interview on 8/31/22 at 11:49 a.m., the Director of Nursing Services indicated Resident 5's clinical record lacked a recent service plan. 5. On 8/29/22 at 2:07 p.m., Resident's 6's clinical record was reviewed. The diagnoses included, but were not limited to, atrial fibrillation (rapid heart rate) and anxiety. Resident 6's service plan, dated 7/5/22 at 9:51 a.m., lacked a signature by the resident or resident's representative. During an interview on 8/31/22 at 11:15 a.m., the Clinical Nurse Specialist indicated Resident 6's service plan lacked a signature by the resident or resident's representative. 6. On 8/29/22 at 2:15 p.m., Resident 7's closed clinical record was reviewed. The diagnosis included, but was not limited to, respiratory		The residents and responsible parties were notified and service plans were reviewed and signed. 2. All residents have the potential to be affected. All residents service plans were reviewed for appropriate dates of completion with signatures. Education was provided to the Director of Assisted Living on the policy for service plans 3. As a measure of ongoing compliance, the Director of Health Services or designee will complete a service plan audit on 5 residents weekly for 4 weeks, then every other week for 2 months, and then monthly for 3 months. 4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Deficiency ID: R 217	

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	disease. Resident 7's service plan, dated 1/19/22 at 10:08 a.m., lacked a signature by the resident or resident's representative. During an interview on 8/31/22 at 11:15 a.m., the Clinical Nurse Specialist indicated Resident 7's service plan lacked a signature by the resident or resident's representative. On 8/31/22 at 11:50 a.m., the Clinical Nurse Specialist provided the facility's policy, "Assisted Living Evaluation and Service Plan Guidelines," dated 12/11/17, and indicated it was the policy currently being used by the facility. A review of the policy indicated,..."3. The resident and/or responsible party should be notified and documented in the EHR [electronic health record] for any changes to the Service Plan..."			