STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155735	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ashford Place Health Campus	2200 N Riley Hwy Shelbyville, IN 46176

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** 30344 Based on interview and record review, the facility failed to provide bathing, as scheduled, to 1 of 3 residents reviewed for bathing. (Resident D) Findings include: The clinical record for Resident D was reviewed on 4/4/25 at 10:49 a.m. Her diagnoses included, but were not limited to, depression and diabetes. She was admitted to the facility on [DATE] and discharged on [DATE]. The 3/21/25 Admission MDS (Minimum Data Set) assessment indicated she required substantial, maximal assistance for bathing and was cognitively intact. The 3/18/25 ADL (activities of daily living) care plan indicated she required staff assistance to complete self-care and mobility functional tasks completely and safely. The goal was for her to have her functional needs met safely by staff. An approach was for showers on Wednesdays and Saturdays on the evening shift. A telephone interview was conducted with Resident D on 4/4/25 at 12:38 p.m. She indicated she did not receive baths or showers in the facility twice a week. The first time she asked for a shower, it took about a week and half before she finally received one. The second shower she received was because she had an accident. She only received two showers while there. The Point of Care ADL report indicated she received a bed bath, on 3/18/25, and a shower on 3/25/25. It indicated she received other type of bathing, on 3/23/25 and 3/24/25, both signed off by CNA (Certified Nurse Aide) 4. All the other days indicated a partial bed bath only. An interview was conducted with the DON (Director of Nursing) on 4/4/25 at 11:59 a.m. She indicated residents were scheduled to be bathed twice weekly. She reviewed the CNA assignment sheet and indicated Resident D's shower days were scheduled for Monday and Thursday mornings. She was unsure what other bath meant on the Point of Care ADL report. She was unaware Resident D missed any bathing while at the facility. She didn't see anything in the progress notes about her refusing or therapy providing her with showers. The only verification of bathing was the Point of Care ADL report. (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with CNA 4 on 4/4/25 at 12:07 p.m. She indicated Resident D got washed up on the toilet on 3/23/25 and 3/24/25. Resident D did most of it herself, and she didn't know how to chart it, so she documented other. Resident D never refused bathing for her. If a resident refused, they could document refused in Point of Care and inform the nurse. The Guidelines for Bathing Preference policy was provided by the Nurse Consultant on 4/4/25 at 12:54 p.m. It indicated, Bathing shall occur at least twice a week unless the resident preference states otherwise. This citation is related to Complaint IN00456300. 3.1-38(b)(2)