STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/13/2015

NAME OF PROVIDER OR SUPPLIER: GOLDEN LIVING CENTER-NORTH WILLOW

STREET ADDRESS, CITY, STATE, ZIP CODE: 2002 W 86TH ST INDIANAPOLIS, IN 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
W 000 Bldg. 00	This visit was for the investigation of complaint #IN00166396. Complaint #IN00166396-Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W137 and W268. Dates of survey: 3/11/15, 3/12/15 and 3/13/15. Facility Number: 000622 Provider Number: 15G079 AIMS Number: 100272170 Survey Team: Paula Eastmond, QIDP-TC These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 3/19/15 by Ruth Shackelford, QIDP.	W 000		
W 137 Bldg. 00	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Based on observation and interview for 2	W 137	I Residents H, J and K have had	04/12/2015

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 determined that other safegaurds 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.

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	of 10 sampled clients (H and J) and for 1 additional client (K), the facility failed to ensure the clients had a sufficient supply of clothes and/or clothing items. Findings include: 1. During the 3/11/15 observation period between 2:35 PM and 4:14 PM on the first floor, client K had on white sweat pants. Interview with client K on 3/11/15 at 3:35 PM indicated client K was in need of pants. Client K indicated he had 3 pairs of pants to wear. Client K stated "I need 6 pairs of sweat pants, 6 short sleeve shirts and 6 pairs of socks." Observation of client K's supply of clothing, in the client's bedroom on 3/11/15 at 3:35 PM, indicated the client did not have any pants in his dresser drawers. Client K had 2 pairs of soiled pants in a clear bag in his closet. Interview with Certified Nurse Aide (CNA) #2 on 3/11/15 at 3:40 PM indicated client K would have clothes if he washed. When told client K had 3 pairs of pants, CNA #2 indicated she was not aware client K only had 3 pairs of pants. CNA #2 stated "His clothes may be downstairs in laundry." Interview with laundry staff #1 on		their clothing checked for needs and any deficiency of clothing has been purchased. QMRP/PD/SW/Designee completed review of clothing for needs and assisted resident to make purchases as needed. Staff retrained on Social Service Intervention Form to help identify clothing needs. Staff trained on dignity of appearance with regard to wearing a bra for ladies. Staff trained that if a female resident refuses to wear a bra a BIR (behavior incident report) must be written. Residents H and J have a program that addresses them with regard to wearing or not wearing a bra. II Any resident of Golden Living North Willow may be at risk from this deficient practice. III QMRP staff retrained on need to review clothing needs, Social Service Intervention Form and dignity of appearance with regard to wearing a bra for ladies. QMRP staff trained that when female residents refuse to wear a bra, they need a program to assist them. An IDT has been competed for each female resident that addresses whether they are currently in need of a program due to not wearing a bra. Residents have had their clothing checked for needs and any deficiency of clothing has been purchased. QMRP/PD/SW/Designee completed	

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	3/11/15 at 4:00 PM indicated the table was empty where the first floor laundry was kept. When asked if client K had any clothes, laundry staff #1 stated "Clothes would have already gone up." Laundry staff #1 indicated she worked evenings and first floor laundry had been sent back to the first floor. Laundry staff #1 indicated she was washing clothes but the clothes were not from the first floor. Interview with administrative staff #1 and the Director of Nursing (DON) on 3/12/15 at 12:40 PM indicated client K was recently moved from the third floor to the first floor. Administrative staff #1 indicated client K's clothes should have moved down to the first floor with the client, but his clothes could still be up on the third floor. Administrative staff #1 indicated client K would need to purchase more pants. 2. During the 3/12/15 observation period between 8:00 AM and 10:05 AM, on the third floor, client J was wheeled to the dining room in a wheelchair. Client J did not wear a bra. Client J had large breasts which could be seen through the client's shirt. During the same observation period at 8:29 AM, client H came out of the bathroom with CNA (Certified Nurse Aide) #1. Client H did not have on a bra as the client was led to the dining room		review of clothing for needs and assisted resident to make purchases as needed. Staff retrained on Social Service Intervention Form to help identify clothing needs. Staff trained on dignity of appearance with regard to wearing a bra for ladies. Staff trained that if a female resident refuses to wear a bra a BIR (behavior incident report) must be written. Residents H and J have a program that addresses them with regard to wearing or not wearing a bra. IV Prior to moving each resident has a clothing inventory completed. When found in need of clothing, the resident will be assisted to purchase needed items. Social Service Intervention Forms will be reviewed by the Executive Director who will assign staff to assist resident in obtaining needed items. QMRP, PD and Administrative staff complete observations daily to visually check appearance for dignity. QMRPs assure that programming is implemented with regard to wearing or not wearing a bra. Completed by	

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	area. Client H had large breasts which could be seen through the client's shirt down near the client's waist. Observation of client J's supply of clothing on 3/12/15 at 9:15 AM indicated client J did not have any bras in her dresser and/or closet. Observation of client H's supply of clothing on 3/12/15 at 9:21 AM indicated client H did not have any bras. Interview with Qualified Intellectual Disabilities Professional (QIDP) #3 on 3/12/15 at 9:21 AM indicated she was not able to locate any bras for clients H and J. This federal tag relates to complaint #IN00166396. 3.1-9(a)			
W 268 Bldg. 00	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 2 of 10 sampled clients (H and J), the facility failed to ensure the dignity of clients in regard to wearing bras.	W 268	I Residents H, J and K have had their clothing checked for needs and any deficiency of clothing has been purchased. QMRP/PD/SW/Designee completed review of clothing for	04/12/2015

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	Findings include: During the 3/12/15 observation period between 8:00 AM and 10:05 AM, on the third floor, client J was wheeled to the dining room in a wheelchair. Client J did not wear a bra. Client J had large breasts which could be seen through the client's shirt. During the same observation period at 8:29 AM, client H came out of the bathroom with CNA (Certified Nurse Aide) #1. Client H did not have on a bra as the client was led to the dining room area. Client H had large breasts which could be seen through the client's shirt down near the client's waist. The CNAs did not encourage clients H and J to wear bras to protect the clients' dignity/appearance. Interview with Qualified Intellectual Disabilities Professional (QIDP) #3 on 3/12/15 at 9:15 AM indicated clients H and J should be encouraged to wear bras. QIDP #3 indicated client J would get upset when staff attempted to assist the client to get dressed. This federal tag relates to complaint #IN00166396. 3.1-3(t)		needs and assisted resident to make purchases as needed. Staff retrained on Social Service Intervention Form to help identify clothing needs. Staff trained on dignity of appearance with regard to wearing a bra for ladies. Staff trained that if a female resident refuses to wear a bra a BIR (behavior incident report) must be written. Residents H and J have a program that addresses them with regard to wearing or not wearing a bra. II Any resident of Golden Living North Willow may be at risk from this deficient practice. III QMRP staff retrained on need to review clothing needs, Social Service Intervention Form and dignity of appearance with regard to wearing a bra for ladies. QMRP staff trained that when female residents refuse to wear a bra, they need a program to assist them. An IDT has been competed for each female resident that addresses whether they are currently in need of a program due to not wearing a bra. Residents have had their clothing checked for needs and any deficiency of clothing has been purchased. QMRP/PD/SW/Designee completed review of clothing for needs and assisted resident to make purchases as needed. Staff retrained on Social Service Intervention Form to help	

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