

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 10/04/2011
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-NORTH WILLOW	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 W. 86TH ST. INDIANAPOLIS, IN46260
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W0000	<p>This visit was for a post-certification revisit (PCR) survey to the PCR to the PCR to the investigation of complaints #IN00082450 and #IN00082518 completed on 8/5/11.</p> <p>This survey was done in conjunction with a PCR to the predetermined full recertification and state licensure survey. This visit was also for a PCR to the investigation of Complaint #IN00094073 completed on 8/5/11.</p> <p>This visit was conducted in conjunction with a PCR to the PCR to the investigation of Complaint #IN00091282 (which resulted in an immediate jeopardy) completed on 8/5/11.</p> <p>This visit was conducted in conjunction with a PCR to the PCR to the investigation of complaints #IN00083637 and #IN00083886 completed on 8/5/11.</p> <p>This visit was conducted in conjunction with a PCR to the PCR to the investigation of complaint #IN00086569 completed on 8/5/11.</p> <p>Complaints #IN00082450 and #IN00082518: Corrected.</p> <p>Unrelated Deficiencies: Not Corrected.</p> <p>Dates of Survey: 9/26, 9/27, 9/28, 9/29 and 10/4/11</p> <p>Facility Number: 000622 Provider Number: 15G079 AIMS Number: 100272170</p> <p>Survey Team: Paula Chika, Medical Surveyor III-Team Leader Robert Bauermeister, Medical Surveyor III (9/26/11 to 9/29/11) Keith Briner, Medical Surveyor III (9/26/11 to 9/29/11) Mark Ficklin, Medical Surveyor III (9/26/11 to 9/29/11) Claudia Ramirez, RN, Public Health Nurse Surveyor III (9/26/11 to 9/29/11) Steven Schwing, Medical Surveyor III (9/26/11 to 9/29/11) Jo Anna Scott, Medical Surveyor III (9/26/11 to 9/29/11) Dotty Walton, Medical Surveyor III (9/26/11 to 9/29/11)</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 10/14/11 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	Submission of the plan of correction is not an admission that a deficiency exists or that they were cited correctly. This Plan of Correction is a desire to continuously enhance the quality of care and services provided to our residents and is submitted solely as a requirement of the provision of Federal & State Law. "This Plan of Correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements."	

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.

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W0227	<p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 2 of 18 clients in the sample (#15 and #16), the facility failed to ensure: 1) client #15 had a program plan to address refusals to participate in programming and 2) client #16 had a plan for self-protective responses to peer aggression.</p> <p>Findings include:</p> <p>1. An observation was conducted on the third floor of the facility on 9/26/11 from 3:29 PM to 6:06 PM. From 3:29 PM to 3:56 PM, client #15 was in her bedroom with the door closed. Staff did not attempt to engage client #15 in activities. At 3:56 PM, client #15 went into the dining room. At 4:54 PM, a nurse went into the dining room and administered medications to client #15. From 4:01 PM to 4:58 PM, direct care staff did not interact or attempt to interact with client #15 while she sat in a chair looking at her fingers. At 4:58 PM after ingesting her medications, client #15 went back to her room carrying the cup of water the nurse</p>	W0227	<p>W 227 Individual Program Plan The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph c, 3 of this section. I Corrective Action for Cited Clients: Clients 15 and 16 have been educated on their rights. Client 159's behavior support plan has been reviewed and revised as needed. CNA staff have been trained to document refusal to participate on behavior incident reports (BIR). II Other Clients Potentially at Risk: All client's have the potential to be affected by this deficient practice. III Corrective Measures or Systemic Changes: Residents Rights have been reviewed on each unit.IDT to assess residents for need of assertiveness training and address as appropriate. IDTto address issues that occur three times in athirty day period. IV Monitoring Corrective Measures: Program Directors review BIR reports and assure follow up recommendations are completed for the IDT. To be completed by</p>	11/03/2011

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	<p>gave her to take her medications. Client #15 spilled water from the cup from the dining room to her room. Several direct care staff attempted to redirect client #15 by telling her she was spilling water however client #15 did not respond to the staff and went to her room and shut the door. At 5:10 PM, client #15 went to the dining room for dinner.</p> <p>On 9/27/11 from 7:26 AM to 8:48 AM, client #15 was in her room with the door closed. At 8:48 AM, Certified Nursing Assistant (CNA) #22 went into client #15's bedroom to check on client #15. CNA #22 did not attempt to wake client #15 or engage her in activities.</p> <p>A review of client #15's record was conducted on 9/27/11 at 12:21 PM. Client #15's Behavior Support Plan, dated 9/15/10, indicated she had the following targeted maladaptive behaviors: clothes stripping, temper tantrums, hoarding and physical aggression. There was no plan to address refusals to participate in programming.</p> <p>An interview with CNA #22 was conducted on 9/27/11 at 8:48 AM. CNA #22 indicated client #15 refused to wake up and go to breakfast on 9/27/11. She indicated this was an on-going issue with client #15.</p>		11-3-11.		

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	<p>An interview with the Qualified Mental Retardation Professional (QMRP) #7 was conducted on 9/28/11 at 11:30 AM. QMRP #7 indicated it was a known issue that client #15 did not participate in programming at the facility. He indicated this had been an on-going issue for 3 months. The QMRP indicated there was no plan in place. The QMRP indicated a plan should be in place to address refusals.</p> <p>2. An observation was conducted on the third floor of the facility on 9/26/11 from 3:29 PM to 6:06 PM. At 3:48 PM, client #16 was being interviewed by the surveyor at the door to her bedroom. Client #159 exited her bedroom and approached client #16. Client #159 reached out and scratched client #16's wrist and then hit her once on each shoulder. Client #16 did not move, react or say anything to client #159. Client #159 then walked back to her room.</p> <p>On 9/27/11 at 7:48 AM, client #16 was in the dining room assisting with setting the tables for breakfast. Client #16 placed a container of butter and syrup at each plate. While setting the tables, client #159 approached client #16, grabbed her shirt collar and pulled on it and then hit client #16 on the right shoulder 3 times. Client</p>			

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	<p>#16 did not move, react and/or say anything to client #16. Although there were 4 staff in the dining room at the time, none of the staff witnessed the incident.</p> <p>A review of client #16's record was conducted on 9/27/11 at 11:28 AM. A review of her Individual Support Plan (ISP), dated 5/17/11 and her Behavior Support Plan, dated 5/2/11, indicated there was no plan addressing self-protective responses to peer aggression.</p> <p>An interview with Administrative staff (AS) #10 was conducted on 9/27/11 at 7:55 AM. AS #10 indicated client #159 did not target client #16. AS #10 indicated client #159 would hit any of the clients near her.</p> <p>An interview with Qualified Mental Retardation Professional (QMRP) #7 was conducted on 9/28/11 at 11:30 AM. QMRP #7 indicated there was nothing in client #16's plan addressing self-protective response to peer aggression. He indicated there should be a plan in place for client #16 to protect herself from peer aggression.</p> <p>This deficiency was cited on 8/5/11. The facility failed to implement a systemic</p>			

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W0268	<p>plan of correction to prevent recurrence.</p> <p>3.1-35(a)</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p>	W0268	<p>W 268 Conduct Toward Client</p> <p>These policies and procedures must promote the growth, development and independence of the client. I Corrective Action for Cited Clients: Residents 3, 10, 11, 90, 92, 93, 99, 101, 107, and 126 have had their plans reviewed by the IDT and appropriate interventions prescribed as necessary. Those plans have been retrained.</p> <p>II Other Clients Potentially at Risk: All client's have the potential to be affected by this deficient practice.</p> <p>III Corrective Measures or Systemic Changes: A Resident Appearance Checklist will be posted on each unit and referred to as a reminder of appropriate appearance of residents and when education and simple</p>	11/03/2011	

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	Based on observation, interview and record review for 3 of 18 sampled clients (#3, #10 and #11) and for 7 additional clients (#90, #92, #93, #99, #101, #107 and #126), the facility failed to ensure clients changed clothes when wet, and wore clean and/or appropriate clothing to ensure the clients' dignity.		reminders fail to elicit appropriate staff action it will be addressed with formal documentation including disciplinary actions. Infection Control has been re-educated with staff. The Active Treatment Audit has been revised to include a check for Infection Control practices. Staff have been educated on the Active Treatment Audit and why it is important. IV Monitoring Corrective Measures: Program Directors complete an Active Treatment Audit weekly as well as review those completed by QMRP staff and assure appropriate follow up is completed. To be completed by 11-3-11.		

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	<p>Findings include:</p> <p>1. During the observations at the facility on the 2 west unit on 9/26/11 from 3:05 PM until 4:51 PM, CNAs #16, #17, #18 and #19 rotated through the group room and in and out of client rooms during the observation. Client #11 was observed in the group room sitting in a wheel chair drooling without activity. At 3:47 PM client #92 was observed to get up from her chair in the hallway, walk approximately 5 feet, place a ball through a hoop, turn around and walk back to her chair and sit down. Her green pants were observed to be wet from the waist down the left leg to the thigh area and the hallway smelled of urine. At 3:50 PM client #93 was observed to sit in her wheelchair and was chewing on her shirt. Her shirt was observed to be wet in a spot approximately 10 inches by 3 inches. At 3:58 PM client #99 was observed sitting in the hallway eating animal crackers from a package. Client #99 dropped pieces of the crackers and was observed to reach down and move his fingers the floor until he located the piece, picked it up and ate it. At 4:07 PM client #93 was observed to still be chewing on her shirt. At 4:10 PM client #92 was observed to be taken to her room by CNA #17. Client #92 remained in her wet pants from 3:45 PM until 4:10 PM. At 4:14 PM client</p>				

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	<p>#93's shirt remained in her mouth and the wet area was the size of a basketball. At 6:43 PM client #101 was observed to be wearing a shirt which had an approximately four inch wet spot with food on the front of the shirt.</p> <p>Observations were conducted on the 2 west unit on 09/27/11 from 9:57 AM until 11:30 AM. CNAs #16, #17, #18 and #19 rotated through the group room and in and out of client rooms during the observation. At 9:57 AM client #101 was observed to be wearing the same sweatshirt and pants as the previous day. The shirt still contained dried food. At 9:57 AM client #11 was observed to be in the group room in his wheelchair. CNA #21 was observed to be reading, "Mickey Meets the Giant" to the clients in the room. At 10:05 AM client #11's shirt was observed to be wet with drool in an area approximately the size of a baseball. At 10:07 AM client #107 was observed to raise his shirt, showing his stomach and placed the bottom of his shirt into his mouth. His shirt was wet in an area the size of a basketball. At 10:45 AM client #11 was observed to be wearing the same shirt and was sitting in his wheelchair in his bedroom, the TV was on and no one else was in the room. At 10:54 AM client #90 was observed to be drooling on his shirt and the shirt was wet in an area</p>				

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	<p>the size of a grapefruit. Client #93 was observed to have her wet shirt in her mouth chewing on it. At 11:07 AM client #11 was returned to the group room wearing the wet shirt and sat in his wheelchair without activity. At 11:10 AM client #10 was observed to have one sock on and two shoes, upon closer observation she had on two socks which were mismatched, one of ankle length and the other a "no show sock" which made it appear she only had on one sock. At 11:17 AM client #11 was observed to be drooling onto his shirt and the wet spot was the size of a grapefruit. He was also observed to be biting his right hand around the thumb area and the area was red and raised about the size of a quarter. At 11:25 AM client #107 was observed to have his wet shirt in his mouth chewing on it. At 2:05 PM client #90 was observed to still be wearing his food stained wet shirt.</p> <p>QMRP #5 was interviewed on 09/28/11 at 1:30 PM. QMRP #5 indicated staff should ensure the dignity of the clients and ensure the clients do not remain in soiled clothing.</p> <p>2. During the observation period on 9/26/11 from 3:10 PM through 4:10 PM client #6 was observed on his unit. Client #6 was observed wearing a maroon</p>				

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	<p>longsleeve sweatshirt and gray sweatpants. Client #6 was observed throughout the observation period holding the waistline of his sweatpants in order to manually keep the sweatpants from falling down. Client #6 was not observed being prompted to change his clothing by CNA (Certified Nursing Assistant) #37, CNA #38 and/or QMRP (Qualified Mental Retardation Professional) #6.</p> <p>During the observation period on 9/27/11 from 6:50 AM through 8:00 AM client #6 was observed on his unit. At 6:50 AM client #6 exited his bedroom to enter the program room wearing the same maroon longsleeve sweatshirt and gray sweatpants as observed on 9/26/11. Client #6 wore the sweatshirt and sweatpants throughout the observation period. Client #6 was not observed being prompted to change his clothing by CNA #39, CNA #40 and/or QMRP #6.</p> <p>Interview with CNA #37 on 9/27/11 at 8:10 AM indicated client #6 had alternate clothing available to wear. CNA #37 indicated client #6 should be offered appropriate fitting clothing and prompted to daily change his clothing.</p> <p>3. Observations were conducted on the 2nd floor cafeteria on 9/27/11 from 8:00 AM through 8:45 AM. Client #126 was</p>			

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	<p>observed in the cafeteria throughout the observation period participating in family style dining. At 8:30 AM client #126 was observed exiting the cafeteria with CNA #40. Client #126 was wearing a pair of gray sweatpants. As client #126 exited the cafeteria his sweatpants waistline slid down to his ankles. Client #126 was prompted to pull his pants up. Client #126 then manually held the sweatpants from falling down as he continued to walk/exit the cafeteria. At 8:45 AM client #126 was observed in 2 south program room with the same gray sweatpants on. Client #126 was not observed being prompted by CNA #40, CNA #39 and/or QMRP #6 to change his sweats or offered alternate clothing.</p> <p>Interview with CNA #40 on 9/27/11 at 8:45 AM indicated client #126 had alternate clothing available to wear. CNA #40 indicated client #126 should be offered/trained to wear appropriate fitting clothing.</p> <p>This deficiency was cited on 8/5/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-3(t)</p>				