

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G079	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/20/2015
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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, IN 46260
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W 000  Bldg. 00	<p>This visit was for an investigation of complaint #IN00164470.</p> <p>Complaint #IN00164470: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W104, W153 and W154.</p> <p>Survey dates: 3/18, 3/19 and 3/20/15.</p> <p>Facility Number: 000622 Provider Number: 15G079 AIM Number: 100272170</p> <p>Surveyor: Paula Eastmond, QIDP-TC</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed March 23, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 1</p>	W 104		04/19/2015

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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	<p>of 3 sampled clients (B) and for 17 additional clients (D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S and T), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients' bathrooms were properly maintained in regard to repairs, soap in dispensers and/or paper towels being placed in its dispensers.</p> <p>Findings include:</p> <p>During the 3/19/15 environmental walk through of clients' rooms and bathrooms between 4:50 PM and 5:30 PM, on the second floor, the following was observed:</p> <p>North Hall</p> <ul style="list-style-type: none"> <li>-Room 218 Client D's bathroom had 2 brown stained ceiling tiles.</li> <li>-Room 221 Client L and M's bathroom did not have any soap in its dispenser.</li> <li>-Room 222 Clients E and F's bathroom did not have any toilet paper and/or paper towels in its dispensers.</li> <li>-Room 223 Clients J and K's bathroom did not have any soap in its dispenser.</li> <li>-Room 224 Clients G and H's bathroom had 1 brown stained ceiling tile.</li> </ul>		<p>W104</p> <p>I Tiles have been replaced that were noted stained for those rooms that residents occupy that were sited. Soap and paper towels were assured in all areas on 3-18-15. Training completed with Housekeeping staff that soap and paper towels must be supplied to each resident area at least daily. Work order completed for room 211 for sink that was loose. Room 211 will not be used by residents..</p> <p>II Any resident of Golden Living North Willow may be at risk from this deficient practice.</p> <p>III Tiles have been checked by Maintenance Director and if stained have been replaced in resident living areas where residents reside. QMRP/Designee have been retrained on the environmental checklist. Checklist is completed twice a month with work orders completed for deficient items.</p> <p>IV Executive Director is notified when work orders have not been completed and ED completes follow up with Maintenance Director or Housekeeping Manager as appropriate.</p>	

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	<p>-Room 225 Clients B and I's bathroom had 1 brown stained ceiling tile and plaster was missing from the wall near the clients' floor/base board.</p> <p>-The second floor classroom bathroom on the north end of the room had 1 brown stained ceiling tile and no paper towels. The bathroom also had a brown substance on the wall and the door with wet towels on the floor of the bathroom.</p> <p>West Hall</p> <p>-Room 200 Client T's bathroom had 2 brown stained ceiling tiles.</p> <p>-Room 202 Clients R and S's bathroom did not have any soap in its dispenser.</p> <p>-Room 207 Clients N and O's bathroom had 1 and 1/2 half brown stained ceiling tiles.</p> <p>-Room 211 Clients P and Q's bathroom had no paper towels in its dispenser and the sink was hanging off the wall away from the plaster/seal.</p> <p>Interview with administrative staff #1 on 3/19/15 at 4:50 PM indicated the facility did not have any current leaks on the second floor. Administrative staff #1 indicated the brown ceiling tiles were due</p>			

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W 153 Bldg. 00	<p>to past leaks. Administrative staff #1 indicated the facility's housekeeping department were to keep the clients' bathrooms supplied with soap, paper towels and/or toilet paper.</p> <p>This federal tag relates to complaint #IN00164470.</p> <p>3.1-19(f)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 4 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to report an allegation of neglect in regard to client A to state officials (Indiana State Department of Health-ISDH, Bureau of Developmental Disabilities Services-BDDS, and/or Adult Protection Services-APS).</p> <p>Findings include:  Client A's record was reviewed on</p>	W 153	<p>I Administrative staff have reviewed Reportable Incidents Policy. Assessment of resident A by IDT showing no ill effects from incident which is sited. Retraining of Management staff that all potential issues of allegation of neglect are to be reported per state and federal guidelines.</p> <p>II Any resident of Golden Living North Willow may be at risk from this deficient practice.</p>	04/19/2015

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	<p>3/18/15 at 7:24 PM. Client A's 2/2/15 Interdisciplinary Team Plan of Care Addendum (IDT note) indicated "[Client A] was put on 15 minute checks on 1/31/14 (sic) due to her clothing being soiled and having on her brief for a long period of time. 15 minute checks for her will be discontinued as of 2/2/15. Staff will be inserviced to continuously change residents and check them to make sure there (sic) clothing and bedding are clean and dry. [Client A] will continued (sic) to be monitored by staff and they will report incidents on BIRs (Behavior Incident Reports) and per facility protocol and policy."</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 3/18/15 at 9:12 PM. The facility's reportable incident reports from 2/1/15 to 3/15 indicated the facility did not report the 2/1/15 allegation of neglect involving client A to ISDH, BDDS and/or APS.</p> <p>Interview with administrative staff #1, the Director of Health Services (DHS) and the Assistant Director of Health Services (ADHS) on 3/19/15 at 8:24 PM indicated client A's family filed a grievance in regard to client A's care. Administrative staff #1 indicated client A was found to be soaked through her adult brief and clothing. Administrative staff</p>		<p>III Grievances since January 2015 have been reviewed by Executive Director and Director of Nursing to assure there are no other allegations that may have been treated as a grievance.</p> <p>IV Executive Director to discuss all grievances and allegations with Director of Nursing and Assistant Director of Nursing to assure all reportable incidents are reported and fully investigated.</p>	

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W 154 Bldg. 00	<p>#1 and the DHS indicated the allegation of neglect was addressed/investigated. Administrative staff #1 indicated it was found the client had been changed prior to the client's incontinent incident. Administrative staff #1 and the DHS stated facility staff indicated client A was a "heavy wetter." Administrative staff #1 indicated the allegation of neglect was not reported to state officials.</p> <p>This federal tag relates to complaint #IN00164470.</p> <p>3.1-28(c)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 4 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to provide evidence of a thorough investigation of an allegation of neglect in regard to client A.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 3/18/15 at 7:24 PM. Client A's 2/2/15 Interdisciplinary Team Plan of Care</p>	W 154	<p>I Administrative staff have reviewed Reportable Incidents Policy. Assessment of resident A by IDT showing no ill effects from incident which is sited. Retraining of Management staff that all potential issues of allegation of neglect are to be reported per state and federal guidelines. Inservice completed with Administrative staff that all investigations must be thorough.</p>	04/19/2015	

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	<p>Addendum (IDT note) indicated "[Client A] was put on 15 minute checks on 1/31/14 (sic) due to her clothing being soiled and having on her brief for a long period of time. 15 minute checks for her will be discontinued as of 2/2/15. Staff will be inserviced to continuously change residents and check them to make sure there (sic) clothing and bedding are clean and dry. [Client A] will continued (sic) to be monitored by staff and they will report incidents on BIRs (Behavior Incident Reports) and per facility protocol and policy."</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 3/18/15 at 9:12 PM. The facility's reportable incident reports from 2/1/15 to 3/15 indicated the facility did not investigate the 2/1/15 allegation of neglect involving client A.</p> <p>Interview with administrative staff #1, the Director of Health Services (DHS) and the Assistant Director of Health Services (ADHS) on 3/19/15 at 8:24 PM indicated client A's family filed a grievance in regard to client A's care. Administrative staff #1 indicated client A was found to be soaked through her adult brief and clothing. Administrative staff #1 and the DHS indicated the allegation of neglect was addressed/investigated.</p>		<p>II Any resident of Golden Living North Willow may be at risk from this deficient practice.</p> <p>III Grievances since January 2015 have been reviewed by Executive Director and Director of Nursing to assure there are no other allegations that may have been treated as a grievance. HRC Director reviews all investigations to assure thorough.</p> <p>IV Executive Director to discuss all grievances and allegations with Director of Nursing and Assistant Director of Nursing to assure all reportable incidents are reported and fully investigated. ED and DNS review all investigations with HRC Director to assure they are thorough.</p>	

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	<p>Administrative staff #1 indicated it was found the client had been changed prior to the client's incontinent incident. Administrative staff #1 and the DHS stated facility staff indicated client A was a "heavy wetter." Administrative staff #1 indicated she could not locate any documentation of a thorough investigation of the incident.</p> <p>This federal tag relates to complaint #IN00164470.</p> <p>3.1-28(d)</p>				