

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 complaint #IN00086569 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 PCR to the investigation of complaints #IN00082450 and #IN00082518 completed on 8/5/11.</p> <p>This visit was conducted in conjunction with a PCR to the PCR to the PCR to the investigation of complaints #IN00083637 and #IN00083886 completed on 8/5/11.</p> <p>Complaint #IN00086569: Not Corrected.</p> <p>Dates of Survey: 9/26, 9/27, 9/28, 9/29 and 10/4/11</p>	W0000		

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>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>This deficiency also reflects state findings in accordance with 410 IAC 16.2. Quality Review completed 10/14/11 by Ruth Shackelford, Medical Surveyor III.</p> <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. Based on observation, interview and</p>	W0227	W 227 Individual Program Plan	11/03/2011	

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	<p>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 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</p>		<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. 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 11-3-11.</p>		

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	<p>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> <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</p>				

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	<p>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 #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</p>						

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	<p>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 plan of correction to prevent recurrence.</p> <p>3.1-35(a)</p>				