

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/21/2011
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN47374
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(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
F0000	<p>This visit was for the Investigation of Complaint IN00098599.</p> <p>Complaint IN00098599 - Substantiated, Federal/State deficiencies related to the allegations are cited at F-282.</p> <p>Survey dates: October 20 and 21, 2011</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Survey team: Sharon Lasher, RN-TC</p> <p>Census bed type: SNF/NF: 128 Total: 128</p> <p>Census payor type: Medicare: 16 Medicaid: 95 Other: 17 Total: 128</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on October 24,</p>	F0000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of nor an agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable State and Federal regulatory 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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F0282 SS=D	<p>2011 by Bev Faulkner, RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to hold blood pressure medication that was ordered by the physician to not give due to the resident having a stress test for 1 of 4 residents reviewed for following physician orders in a sample of 4. (Resident #A)</p> <p>Findings include:</p> <p>The record of Resident #A was reviewed on 10/20/11 at 10:00 a.m.</p> <p>Resident #A's MAR (Medication Administration Record) indicated on 10/10/11, the resident's Carvedilol (blood pressure medication) was initialed as given at 8:00 a.m. and 8:00 p.m.</p> <p>Interview with RN #1 on 10/20/11 at 2:10 p.m., indicated she no longer had the order, but the physician ordered Resident #A's Carvedilol (blood pressure medication) 3.125 mg (milligrams), by mouth, two times a day, to be held the day before and the day of her stress test. She also indicated she misread the order and</p>	F0282	<p>POC 97 October 2011</p> <p>F282</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice as follows:</p> <p>Nurse making error was disciplined per company policy. Nurse making error was re-educated on processing physician orders. All licensed nurse staff were in service 10/28/11 on compliance.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>3rd shift nursing staff will review all orders processed on the previous day and ensure that they are accurately transcribed, that they are accurate on the MAR's and TAR's. All licensed nurses in serviced on 10/28/11 on following through on</p>	10/28/2011	

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	<p>did not hold the Carvedilol the day before the test. The Carvedilol was only held it on 10/11/11, the day the stress test was scheduled.</p> <p>The stress test had to be canceled and changed from 10/11/11 to 10/14/11.</p> <p>This federal tag relates to complaint IN00098599.</p> <p>3.1-35(g)(1)</p>		<p>physician orders, transcription of physician orders.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: All licensed nurses were in-serviced on 10/28/11 of the following: Processing and follow through of physician orders. 3rd shift to review all orders processed on the previous day and ensure that they are accurate and followed through with.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the corrective actions accomplished to prevent the deficient practice for recurring:</p> <p>All physician orders will be monitored daily by DNS or designee. Any resident found to have pre-op testing will be followed up on to ensure accuracy of the processing of the orders.</p>		