

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155136	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 ANDREW AVE LA PORTE, IN 46350
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00188420 and IN00191038.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00186634.</p> <p>Complaint IN00188420- Substantiated. Federal/State deficiencies related to to the allegations are cited at F241, F323, F363, F369, and F371.</p> <p>Complaint IN00191038- Substantiated. No deficiencies cited related the allegations.</p> <p>Survey dates: January 12, 13, & 14, 2016</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 1002886620</p> <p>Census bed type: SNF/NF: 126 Total: 126</p> <p>Census payor type: Medicare: 7 Medicaid: 103</p>	F 0000	<p>This Plan of Correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in this 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. Please consider allowing the submission of living center audits and education as evidence of compliance with the state and federal requirements identified in the survey.</p> <p>Respectfully, Jerrell Harville, HFA, MSW, Executive Director.</p>	

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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F 0241 SS=D Bldg. 00	<p>Other: 16 Total: 126</p> <p>Sample: 20</p> <p>These deficiencies reflect State findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 26143, on January 20, 2016.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, record review, and interview the facility failed to ensure resident's dignity was maintained during dining service for 3 residents related to to not ensuring all residents were served or assisted with meals at the same time. (Residents #D, #T, and #W)</p> <p>Findings include:</p> <p>1. The Lunch meal service was observed in the Memory Unit dining room on 1/13/16 at 12:15 p.m. Ten residents were seated at four different tables. The first food cart arrived to the dining room</p>	F 0241	<p>F-241</p> <ol style="list-style-type: none"> List of residents identified as eating in the memory dining room, identified by table, including residents D, T and W, given to Dining Services Staff to ensure meal trays are delivered appropriately to ensure dignity and respect for all residents Dining in Memory Dining room. All residents have the potential to be affected by this deficient practice. List of residents, by table, identified as choosing to eat in the main dining areas, provided to Dining Services Staff and Serving Staff. Dining Services Staff and 	02/10/2016

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	<p>at 12:29 p.m. and stat began passing meal trays from the cart. The second food cart arrived to the dining room at 12:42 p.m. The ten residents remained in the dining room. Three of the residents were not served their trays or provide assistance with meal while other residents in the Dining Room were served and eating or being assisted with their meals.</p> <p>Resident #D was seated at a table by herself. The resident received her lunch tray at 12:45 p.m. Several other resident in the dining room received their meal trays from the first meal cart.</p> <p>2. Resident #T was seated at a table with two other residents at 12:15 p.m. The two other residents at the table received their meal trays from the first food cart. Resident #T remained at the table with no meal tray served while the other residents at the table were fed or assisted by staff at this time from meal trays from the first food cart. Resident #T's tray arrived on the second food cart.</p> <p>3. Resident #W was seated at a table with three other residents. The three residents received their meal trays from the first cart and were already eating or being fed by staff. Resident #W's tray arrived was passed from the second food cart.</p>		<p>Serving staff received in-service training to ensure trays are delivered and served appropriately to ensure dignity and respect for all residents.</p> <p>4. ED or Designee will observe meal services 5 x per week x 4 weeks, then 2x per week monthly x 6 months to ensure compliance. Any trends or findings will be reported to the QAPI Committee monthly 6. If after 6 months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern) the results will be reviewed quarterly.</p> <p>5. Date of Compliance will be 2/10/16.</p>		

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F 0323 SS=D Bldg. 00	<p>When interviewed on 1/13/5 at 3:00 p.m., the Registered Dietitian indicated the residents at each table should have been served or assisted with their meal trays at the same time.</p> <p>This Federal tag relates to Complaint IN00188420.</p> <p>3.1-3(t)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility to ensure interventions to prevent accidents and injuries were added to the resident's CNA Care Sheets for 1 of 3 residents reviewed for accidents and injuries in a sample of 20. (Resident #D)</p>	F 0323	<p>1.The CNA CareSheet was updated for Resident D to include the reflect the current plan ofcare.</p> <p>2.The CNA CareSheets for all residents were reviewed and/or revised to reflect the residentcurrent plan of care.</p> <p>3.Nursing Staffwere re-instructed on use of the CNA Care Sheets. The Midnight</p>	02/10/2016

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	<p>Finding includes:</p> <p>During Orientation Tour on 1/12/16 at 10:00 a.m., Resident #D was observed in a high back tilt wheel chair in the hallway across from the Nurses' Station.</p> <p>The record for Resident #D was reviewed on 1/12/16 at 1:29 p.m. The resident's diagnoses included, but were not limited to, dementia, legal blindness, anxiety disorder, and psychosis.</p> <p>The 12/10/15 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident required extensive assistance of two staff members for bed mobility and transfers.</p> <p>The 1/2016 Physician orders were reviewed. An order was written on 1/2/16 to apply Bacitracin ointment (an antibiotic ointment) to the right lower leg skin tear and cover with a telfa dressing and wrap in Kerlix gauze.</p> <p>The 1/2016 Progress Notes were reviewed. An entry made on 1/2/16 at 9:59 p.m. indicated a CNA transferred</p>		<p>Nurses were re-instructed on updating the CNA Care Sheets for each unit daily.</p> <p>4. The DNS and/or designee will audit the CNA Care Sheets three times weekly for 4 weeks, then two times weekly for 4 weeks, and then, weekly 4 months. The DNS will report findings to the QAPI Committee monthly. The QAPI Committee will review the results of the CNA Care Sheet Audit for 6 months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern), the results will be reviewed quarterly.</p>		

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	<p>the resident from her bed into the small wheel chair. During the transfer the resident's left leg got caught on the wheel chair and a skin tear was noted. The skin tear measured 4 cm (centimeters) x 6 cm. The note also indicated the CNA stated the resident's left leg became caught on the wheel chair.</p> <p>The facility 1/2/16 Investigation report indicated the resident sustained a skin tear to the right lower leg while transferring for incontinence care. The section on the report to "Specify Recommendations/ Interventions taken to prevent reoccurrence were listed as "maintain in high back w/c (wheel chair)."</p> <p>When interviewed on 1/13/16 at 2:40 p.m., the Restorative Nurse indicated Resident #D was noted to have a skin tear to her right lower leg on 1/2/16. The Restorative Nurse indicated she investigated the skin tear injury and it was determined the resident's legs became tangled when staff were transferring her from the bed to a regular wheel chair. The Restorative Nurse indicated at the time of the injury the resident had two wheel chairs in her room. One was a high back wheel chair and the other was a standard wheel chair. The Restorative Nurse indicated the</p>			

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	<p>resident sustained a skin tear to the right leg on 1/2/16 while staff were transferring the resident from her bed into the standard wheel chair in her room The Restorative Nurse indicated the residents family would sometimes transfer the resident into the standard wheel chair. The Restorative Nurse indicated staff were to use the high back wheel chair for all transfers. The Restorative Nurse indicated CNA information on transferring status should have been included on the CNA Care Sheet.</p> <p>The CNA Care Sheets on the Unit were reviewed with the Restorative Nurse on 1/13/16 at 2:55 p.m. The Care Sheet were dated "As of 11/27/15." The Restorative Nurse indicated these were the current Care Sheets being utilized. The CNA Care Sheet indicated Resident #D required extensive assistance of two staff members for transfers. There was no updated documentation to indicate staff were only to utilize the high back tilt wheel for transfer.</p> <p>When interviewed on 1/13/16 at 3:00 p.m. CNA #2 was interviewed. The CNA indicated she was assigned to care for Resident #D. The Agency CNA provided the current Care sheet for Resident #D she had just received at the start of her shift. There was no</p>			

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F 0363 SS=E Bldg. 00	<p>documentation to indicate the Care sheet had been updated to show the resident was to be transferred into the high back wheel chair for transfers from bed to her wheel chair not the regular wheel chair.</p> <p>This Federal tag relates to Complaint IN00188420.</p> <p>3.1-45(2)</p> <p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>Based on observation and interview, the facility failed to ensure the resident's nutritional needs were met related to not serving the correct amount of food at meal times as per the Dietary Spread sheets.</p> <p>Finding includes:</p> <p>Observation of the tray line service was observed in the Kitchen on 1/12/16 at</p>	F 0363	F-363 1. No specific residents were identified to have been affected by this practice. 2. All residents are potentially affected by this practice. Dining Services Staff, including Dining Staff #1 in-serviced related to following the Therapeutic Menu Spreadsheet. 3. Dining Services Staff in-serviced related to following Therapeutic Menu Spreadsheet. 4. ED or Designee will observe tray preparation 5 x per week x 4 weeks, then 2x per	02/10/2016	

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F 0369 SS=D	<p>11:30 a.m. Dietary staff #1 put on a pair of disposable gloves and began filling several bowls of regular and purred chili into bowls. The Dietary Staff member used a (6) ounce ladle to pour the chili into the bowls on the tray line. Dietary staff also used a 3/8 cup scoop to put pureed chili into bowls on the tray line.</p> <p>The Therapeutic Menu Spreadsheet was reviewed on 1/14/16 at 10:00 a.m. The Spreadsheet was signed by the RD (Registered Dietitian). The Spreadsheet indicated one cup (8 ounces) of chili con carne was to be served to residents on regular, mechanical soft, and controlled Carbohydrate diets. The Spreadsheet also indicated one cup of pureed chili was to be served to resident's on pureed diets.</p> <p>When interviewed on 10/14/16 at 3:00 p.m., the Registered Dietitian indicated the correct size ladles and scoops were to be used to ensure one cup of chili was served as per the Spreadsheet.</p> <p>This Federal tag relates to Complaint IN00188420.</p> <p>3.1-20(i)(4)</p> <p>483.35(g) ASSISTIVE DEVICES - EATING</p>		<p>week monthly x 6 months to ensure compliance. Audits will include observation of breakfast, lunch and evening meal services. Any trends or findings will be reported to the QAPI Committee monthly 6. If after 6 months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern) the results will be reviewed quarterly. Date of Compliance will be 2/10/16</p>				

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Bldg. 00	<p>EQUIPMENT/UTENSILS</p> <p>The facility must provide special eating equipment and utensils for residents who need them.</p> <p>Based on observed record review, and interview, the facility failed to ensure special adaptive equipment was provided to residents during meal service related to food not served on a divided plate for 1 of 10 residents observed during the lunch meal. (Resident #D)</p> <p>Finding includes:</p> <p>The Lunch meal service was observed in the Memory unit dining room on 1/12/16 at 12:15 p.m. Resident #D was seated at table in the dining room. The resident was served her meal tray at 12:51 p.m. CNA #1 was observed assisting the resident with her meal tray. The resident's foods were not served served on a divided plate. The resident did not eat her entire meal. The CNA contacted Dietary staff and a peanut butter sandwich was later brought to the resident.</p> <p>The record for Resident #D was reviewed on 1/12/16 at 1:29 p.m. The resident's diagnoses included, but were not limited to, dementia, legal blindness, anxiety disorder, and psychosis.</p> <p>The 12/10/15 Minimum Data Set (MDS)</p>	F 0369	<p>F-369 1. Resident #D will receive identified special eating equipment and utensils as indicated by her care plan. 2. Residents identified as needing special eating equipment and utensils as indicated by their care plan have the potential to be affected by this practice. 3. List of residents identified as needing special eating equipment and utensils as indicated by their care plan has been provided long with in-service training provided to Dining Services Staff to ensure special eating equipment and utensils are provided appropriately. 4. ED or Designee will observe tray preparation, observing for special eating equipment, 5 x per week x 4 weeks, then 2x per week monthly x 6 months to ensure compliance. Audits will include observation of breakfast, lunch and evening meal services. Any trends or findings will be reported to the QAPI Committee monthly 6. If after 6 months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern) the results will be reviewed quarterly. 5. Date of Compliance will be 2/10/16.</p>	02/10/2016			

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	<p>quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident required extensive assistance of one staff member for eating.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 11/14/13 indicated the resident required an Mechanical Soft Diet to assist in chewing. The Care Plan also indicated the resident leaves 25% or more of he meals uneaten. The Care Plan was last revised on 12/28/15. Care Plan interventions included for the resident's meals were to be served on a divided plate. The Care Plan also indicated the staff were to set up and assist the resident with her meals.</p> <p>When interviewed on 1/13/15 at 2:00 p.m. the Director of Nursing indicated the resident's meal should have been served on a divided plate as per her Care Plan.</p> <p>This Federal tag relates to Complaint IN00188420.</p> <p>3.1-21(h)</p>			

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F 0371 SS=D Bldg. 00	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and record review, the facility failed to serve food under sanitary conditions related to Dietary staff handling food with the gloved hands used during tray line service. (Dietary Staff #1)</p> <p>Finding includes:</p> <p>Observation of the tray line service was observed in the Kitchen on 1/12/16 at 11:30 a.m. Dietary staff #1 put on a pair of disposable gloves and began filling several bowls of chili using a ladle. The Dietary staff then picked up unwrapped pieces of corn bread and placed the corn bread on the tray. Dietary staff then pushed each tray of food down the tray line. Dietary staff #1 then repeated the process of filling the ladle with chili, placing the chili bowls on the tray , picking up a piece of unwrapped corn</p>	F 0371	<p>F-371</p> <ol style="list-style-type: none"> No specific residents were identified to have been affected by this practice. All residents are potentially affected by this practice. Dining Services Staff, including Dining Staff #1, in-serviced related to proper technique for serving food under sanitary conditions. Dining Services Staff, including Dining Staff #1, in-serviced related to proper technique for serving food under sanitary conditions. ED or Designee will observe tray preparation, observing for proper technique for serving food 5 x per week x 4 weeks, then 2x per week monthly x 6 months to ensure compliance. Any trends or findings will be reported to the QAPI Committee monthly 6. If after 6 months of review without any trends or patterns noted (3 deficient practices will be considered a trend 	02/10/2016

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	<p>bread with the same gloved hands, placing it on a meal tray, and pushing the trays down the tray line. The Dietary staff member repeated the process four times. Dietary staff #1 was asked what the correct process of picking up the corn bread and he replied " I thought it was OK because I had gloves on."</p> <p>When interviewed on 1/13/16 at 3:00 p.m., the Director of Nursing indicated the Dietary staff member should not have been putting the bread on the plates using the gloved hand he had been wearing to touch other items on the tray line.</p> <p>This Federal tag relates to Complaint IN00188420.</p> <p>3.1-21(h)(3)</p>		<p>or pattern) the results will be reviewed quarterly.</p> <p>5. Date of Compliance will be 2/10/16.</p>	