STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155138			(X2) MULTIPLE CO	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 01/17/2012
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS			2860 C	ADDRESS, CITY, STATE, ZIP CODE CHURCHMAN AVE JAPOLIS, IN 46203	01111/2012
(X4) ID PREFIX TAG	SUMMARY S	STATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for (PSR) to the Red Licensure Surver 1, 2011. Survey Date: Jase Facility Number Provider Number AIM Number: Survey Team: Beth Walsh, R.I. Barbara Hughes Census Bed Type SNF/NF: 86 Total: 86 Census Payor Temperature Medicare: 20 Medicaid: 64 Other: 2 Total: 86 Sample: 11 These deficience	or a Post Survey Revisit certification and State ey completed on December anuary 17, 2012 r: 000063 er: 155138 100266210 N., TC s, R.N.	F0000	DEFICIENCY)	DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

000063

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2012 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION	IDENTIFICATION NUMBER: 155138	(X2) MULTIPLE CC A. BUILDING B. WING	00		
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS			2860 C	ADDRESS, CITY, STATE, ZIP (HURCHMAN AVE IAPOLIS, IN 46203	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	Quality review of Cathy Emswille	completed 1/18/12 r RN				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 3EYE12

Facility ID: 000063

If continuation sheet

Page 2 of 8

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00			COMPL	ETED
	155138		B. WING 01/17/2012			2012	
			В. WПV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER				HURCHMAN AVE		
GOLDEN	I LIVING CENTER-I	NDIANAPOLIS			APOLIS, IN 46203		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
F0282 SS=D	facility must be prin accordance with plan of care. Based on intervio	vided or arranged by the rovided by qualified persons th each resident's written ew and record review, the follow physician's orders	F0	282	Preparation, submission, and implementation of the Plan of Correction does not constitute an		02/03/2012
ı	for 1 of 2 resider	nts, reviewed for correct			admission of or agreement with the	•	
		ration for sliding scale			facts and conclusions set forth on		
		a total sample of 11			the survey report. Our Plan of Correction is prepared and execute	,d	
	(Resident #86).	a total sample of 11			as a means to continuously improv		
	(Resident #60).				the quality of care and to comply w	rith	
	Findings include	:			all applicable state and federal regulatory requirements.		
	reviewed on 1/17 The diagnoses for but were not limit. A recapitulation Physician Orders (insulin treatment levels) was to be subsequent blood Accucheck meast scale was BS 13 Novolog, BS of Novolog, BS of Novolog, BS of Novolog, and 35 Novolog, Glucos	or Resident #86 included, ited to: diabetes mellitus. of the January of 2012 s, indicated Novolog at of blood sugar/glucose given per sliding scale of d sugars (BS) from an ourement. The sliding			F282 Corrective action: Insulin order of resident #86 were reviewed and verified with MD and were re-written to ensure orders are easily read. Licensed nurses re-educated on correct order entry and importance of clarity order on Medicine Acceptance Record. Other residents affected: Othe residents with sliding insulin so have the potential to be affected by alleged deficient practice. After review no other discrepancies were noted with residents with sliding scale insorders. Systemic changes: Directed in-servicing will be completed in the Formal Notice of Implementation of Remedies regarding facility policies and procedures concerning	of r cale ed ulin	
l	A review of the	January of 2012 Diabetic			medication administration to include physician's orders by		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 3EYE12

Facility ID: 000063

If continuation sheet

Page 3 of 8

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	LTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILI	MNG	00	COMPL	ETED	
		155138	B. WING			01/17/	2012
			p. (/ L/O		DDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIEF	8			HURCHMAN AVE		
GOLDEN	I LIVING CENTER-	INDIANAPOLIS			APOLIS, IN 46203		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PERCEDED BY FULL		P	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG			DATE
	_	v Sheet indicated that the			State Clinical Director and Clir Services Consultants for licens		
	_	had the incorrect units of			nurses in the facility. After	seu	
	Novolog given a	according to the January			alleged compliance date any		
	Physician Order	S.				the	
		mBS=211, 2 units of iven and 4 units should			nurse who has not completed the directed in-servicing will be removed from the schedule until required in-servicing has been completed. Facility wide audit completed to ensure no other residents are affected. DNS or		
	1/2/12 at 4:00 p.	mBS=234, 2 units of			designee will verify new sliding		
	_	iven and 4 units should			scale orders daily for clarity an	ıd	
	have been given				accuracy by comparing the		
	nave been given				original order to the Medicine		
	Novolog were g have been given 1/6/12 at 5:00 a.	mBS=254, 4 units of iven and 6 units should			Acceptance Record. Monitoring: DNS or designee will monitor the Medicine Acceptance Record from all shifts five times a week for four weeks; three times a week for four weeks; one time a week for four weeks; monthly times four months; then quarterly thereafter to ensure proper insulin coverage and documentation is obtained. DNS or designee will review audits for trends and patterns. Any concerns will be taken to QAA for review.		
	-	m BS=356, 8 units of iven and 10 units should					
		mBS=253, 4 units of iven and 6 units should			Date of Completion: February 3, 2012		
	Novolog were g have been given						
	1/8/12 at 11:00 a	a.mBS=300, 4 units of					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 3EYE12

Facility ID: 000063

If continuation sheet Page 4 of 8

	of correction (X1) PROVIDER/SUPPLIER/CLIA (IDENTIFICATION NUMBER: 155138	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 01/17/2012
	PROVIDER OR SUPPLIER N LIVING CENTER-INDIANAPOLIS	2860 CI	ADDRESS, CITY, STATE, ZIP CODE HURCHMAN AVE APOLIS, IN 46203	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
	Novolog were given and 6 units should have been given			
	1/14/12 at 4:00 p.mBS=191, 2 units of Novolog were given and 4 units should have been given			
	1/15/12 at 4:00 p.mBS=378, 8 units of Novolog were given and 10 units should have been given			
	1/16/12 at 5:00 p.mBS=273, 4 units of Novolog were given and 6 units should have been given			
	In an interview on 1/17/12 at 4:20 p.m., with the DoN (Director of Nursing), she indicated that she had no explanation why the wrong units were given for the above blood sugars, except that maybe the documentation on the MAR (medication administration record) was difficult to read.			
	3.1-35(g)(2)			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 3EYE12

Facility ID: 000063

If continuation sheet

Page 5 of 8

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDE		IDENTIFICATION NUMBER:	a. BUILDING 00		COMPLETED		
	155138		B. WING 01/17/201			2012	
			b. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER				HURCHMAN AVE		
GOI DEN	I LIVING CENTER-I	NDIANAPOLIS			APOLIS, IN 46203		
	LIVING CLIVILIC-I	INDIANAI OLIS		INDIAN			
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	CY MUST BE PERCEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SECONDS - CROSS-REFERENCED TO THE A		TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
F0333 SS=D	,	ensure that residents are					
99-D	free of any signific	cant medication errors.					
			FO	333			
	Based on record	review and interview, the		555	F333Corrective action: Insulin		02/03/2012
		ensure medication			orders of resident #86 were		
					reviewed and verified with MD		
		ras free from significant			and were re-written to ensure		
		for 1 of 2 residents			orders are easily read. Licens		
	reviewed for inst	ulin administration in a			nurses re-educated on correct		
	total sample of 1	1 (Resident #86).			order entry and importance of		
					clarity of order on Medicine Acceptance Record. Other		
	Findings include				residents affected: Other		
	1 111411185 11141444				residents with sliding insulin so	cale	
	TP1 11 1	1 C D: 14 //06			have the potential to be affected		
		ord for Resident #86 was			by alleged deficient practice.		
	reviewed on 1/17	7/12 at 4:00 p.m.			After review no other		
					discrepancies were noted with		
	The diagnoses for	or Resident #86 included,			residents with sliding scale ins	ulin	
	but were not limit	ited to: diabetes mellitus.			orders. Systemic changes:		
					Directed in-servicing will be		
	Δ recanitulation	of the January of 2012			completed per the Formal Noti		
	•	•			of Implementation of Remedie regarding facility policies and	s	
	-	s, indicated Novolog			procedures concerning		
		nt of blood sugar/glucose			medication administration to		
	levels) was to be	given per sliding scale of			include physician's orders by		
	subsequent blood	d sugars (BS) from an			State Clinical Director and Clir	nical	
	Accucheck meas	surement. The sliding			Services Consultants for licens		
	scale was BS 13	_			nurses in the facility. After		
		181-240= 4 units of			alleged compliance date any		
	•				nurse who has not completed	the	
	U ,	241-300=6 units of			directed in-servicing will be		
	•	301-350=8 units of			removed from the schedule un		
	Novolog, and 35	1-400=10 units of			required in-servicing has been		
	Novolog. Glucos	se greater than 400, give			completed. Facility wide audit completed to ensure no other		
	12 units of Novo	olog and call MD (medical			residents are affected. DNS or	.	
	doctor).				designee will verify new sliding	I	
	4001017.				scale orders daily for clarity an		
	A :	L			accuracy by comparing the		
	A review of the .	January of 2012 Diabetic			original order to the Medicine		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 3EYE12

Facility ID: 000063

If continuation sheet Page 6 of 8

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00		COMPLETED	
		155138	B. WING		01/17/2012	
<u> </u>				ADDRESS, CITY, STATE, ZIP CODE		
NAME OF	PROVIDER OR SUPPLIE	ER		CHURCHMAN AVE		
GOLDE	N LIVING CENTER	-INDIANAPOLIS	INDIAN	NAPOLIS, IN 46203		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	, and the second	NCY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
TAG		R LSC IDENTIFYING INFORMATION)	TAG	· ·	DATE	
	1	w Sheet indicated that the		Acceptance Record. Monitori DNS or designee will monitor		
	1	had the incorrect units of		Medicine Acceptance Record	I	
		according to the January		from all shifts five times a wee		
	Physician Order	rs.		for four weeks; three times a		
				week for four weeks; one time		
	_	o.mBS=211, 2 units of		week for four weeks; monthly times four months; then quart		
	1 -	given and 4 units should		thereafter to ensure proper in	-	
	have been given	1		coverage and documentation		
				obtained. DNS or designee v	vill	
	1/2/12 at 4:00 p	o.mBS=234, 2 units of		review audits for trends and		
	Novolog were given and 4 units should			patterns. Any concerns will b taken to QAA for review.Date		
	have been given	1		Completion: February 3, 2012		
	1/5/12 at 4:00 p	o.m BS=354, 8 units of				
	-	given and 10 units should				
	have been given					
	1/6/12 at 5:00 a	.mBS=254, 4 units of				
		given and 6 units should				
	have been given					
	1/6/12 at 4:00 p	o.m BS=356, 8 units of				
	-	given and 10 units should				
	have been given					
	liuve seem given					
	1/7/12 at 5:00 a	.mBS=253, 4 units of				
		given and 6 units should				
	have been given					
	nave been given					
	1/7/12 at 5:00 p	o.mBS=395, 8 units of				
	_	given and 10 units should				
	1 .					
	have been given	1				
	1/8/12 at 11:00	a.mBS=300, 4 units of				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 3EYE12

Facility ID: 000063

If continuation sheet

Page 7 of 8

	of Correction identification number: 155138	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/17/2012
	PROVIDER OR SUPPLIER I LIVING CENTER-INDIANAPOLIS	STREET ADDRI 2860 CHUR	ESS, CITY, STATE, ZIP CODE CHMAN AVE DLIS, IN 46203	•
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	Novolog were given and 6 units should have been given			
	1/14/12 at 4:00 p.mBS=191, 2 units of Novolog were given and 4 units should have been given			
	1/15/12 at 4:00 p.mBS=378, 8 units of Novolog were given and 10 units should have been given			
	1/16/12 at 5:00 p.mBS=273, 4 units of Novolog were given and 6 units should have been given			
	In an interview on 1/17/12 at 4:20 p.m., with the DoN (Director of Nursing), she indicated that she had no explanation why the wrong units were given for the above blood sugars, except that maybe the documentation on the MAR (medication administration record) was difficult to read.			
	3.1-48(c)(1)			

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Event ID: 3EYE12

Facility ID: 000063

If continuation sheet

Page 8 of 8