

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN 47304
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00193458 and IN00192631.</p> <p>Complaint IN00193458 - Substantiated. Federal/State deficiency related to the allegations is cited at F157.</p> <p>Complaint IN00192631 -Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 18 and 19, 2016</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Census bed type: SNF/NF: 103 Total: 103</p> <p>Census payor type: Medicare: 5 Medicaid: 93 Other: 5 Total: 103</p> <p>Sample: 4</p> <p>This deficiency reflects state findings</p>	F 0000	This plan of correction constitutes my written allegation of compliance. However, the plan is not an admission that a deficiency existed or that one was cited correctly. The plan of correction is being submitted to meet the requirements of state and federal law.	

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 0157 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on February 22, 2016.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights</p>			

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	<p>under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified when there was a change in condition for 1 of 4 residents reviewed for physician notification. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 2/18/16 at 10:30 a.m. Diagnoses included, but were not limited to, traumatic stress disorder, Klinefelter Syndrome, chronic obstructive pulmonary disorder, cirrhosis of the liver, anxiety, depression and hypertensive heart disorder.</p> <p>Review of the nursing notes, dated 2/10/16 at 5:15 a.m., indicated Resident B was alert and confused and had a blood pressure of 72/43. The note lacked any documentation the physician was notified of the low blood pressure. Review of Resident B's previous blood pressures indicated a significant change from the last documented blood pressure of 106/56.</p> <p>During an interview on 2/18/16 at 11:48</p>	F 0157	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B no longer resides in the facility 2 How other residents having the potential to be affected by the same deficient practice will be identified? All residents have the potential of being affected and will be monitored by nursing management during review of all notes for the last 24 hours to ensure physician or nurse practitioner made aware of significant changes in a resident's condition and new orders obtained were implemented 3 What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? In the absence of the Director of Nursing, the ADNS or designee will be responsible to complete a 24 hour review of all nursing notes to ensure all appropriate notifications have been made to the resident's physician and/or responsible party timely when a significant change occurs All licensed nurses will be re-in serviced on the facility policy "Notification of change in resident health"</p>	02/26/2016

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	<p>a.m., LPN #3 indicated Resident B had a blood pressure of 79/36 on 2/10/16 at 10:35 a.m. LPN #3 informed the physician of the blood pressure of 79/36 and new orders were received. LPN #3 indicated she had not been made aware Resident B's blood pressure had been significantly lower by the previous nurse.</p> <p>During an interview on 2/19/16 at 1:30 p.m., the Director of Nursing indicated abnormal findings or significant changes should have been reported to the physician or nurse practitioner upon assessment. "A blood pressure of 72/43 should have been reported."</p> <p>During an interview on 2/19/16 at 12:55 p.m., RN #6 indicated "Honestly, I don't know and I don't remember what was going on that night. I really don't remember his (Resident B) blood pressure being that low." RN #6 indicated a physician should be called for abnormal findings.</p> <p>Review on 2/19/16 at 1:38 p.m., of a current policy, dated 11/12/2014, titled "Notification of Change in Resident Health Status" indicated the following: "Guideline Statement: To ensure that proper notifications are made when a resident has a change in health status... The center will consult the resident's</p>		<p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? A QA Tool will be used to monitor physician notification of residents with significant changes per facility policy. The tool will be completed daily during clinical start-up by DNS or her designee to ensure compliance. The DNS will report findings to the QAPI Committee monthly times three and quarterly thereafter.</p>	

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	<p>physician, nurse practitioner or physician assistant, and if known notify the resident's legal representative or an interested family member when there is:...</p> <p>(B) Acute illness or a significant change in the resident's physical, mental, or psychosocial status (i.e. deterioration in health mental, psychosocial status in either life-threatening conditions or clinical complications.)..."</p> <p>This federal tag relates to Complaint IN00193458.</p> <p>3.1-5(a)(2)</p>				