

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2021
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00354054, IN00355028, and IN00355144.</p> <p>Complaint IN00354054 - Substantiated. Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00355028 - Substantiated. Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00355144 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: June 9 and 10, 2021</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Census Bed Type: SNF/NF: 108 Total: 108</p> <p>Census Payor Type: Medicare: 2 Medicaid: 84 Other: 22 Total: 108</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/14/21.</p>	F 0000		
F 0684 SS=D	483.25 Quality of Care			

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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Bldg. 00	<p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, record review and interview, the facility failed to ensure medicated treatment was rendered as ordered and in accordance with professional standards of practice by a licensed nurse for an area initially classified as a non-pressure skin wound for 1 of 3 residents reviewed for non-pressure skin wounds. (Resident B)</p> <p>Finding includes:</p> <p>On 6/9/21 at 1:45 p.m., CNA 1 was observed leaving Resident B's room after changing her brief and providing incontinence care. Interview with CNA 1 at that time indicated she had completed perineal care on the resident. She had only applied Vaseline as a barrier cream, no additional creams were applied.</p> <p>The resident's record was reviewed on 6/9/21 at 9:35 a.m. The resident's diagnoses included, but were not limited to, Multiple Sclerosis, dementia and schizophrenia.</p> <p>The Quarterly Minimum Data Set assessment, dated 3/17/21, indicated the resident had moderate cognitive impairment and was always incontinent of bowel and bladder. The resident needed extensive assistance for transfers and bed mobility.</p>	F 0684	<ol style="list-style-type: none"> 1. Resident B was reassessed 6.10.21 and a new treatment order was put in place. LPN 1 was immediately educated. 2. All residents have the potential to be affected. Prior to the date of compliance, the DNS/designee reviewed all residents to ensure skin/wound treatments were completed per professional standards and per MD orders in the past 30 days and notified family and MD of any residents noted to be affected. 3. Prior to the date of compliance, the DCE/designee educated all licensed nurses regarding the "Wound Treatment Management" policy, the "Documentation of Wound Treatments" policy, the "Provision of Quality Care" policy and the scope of practice for certified nurses aides and qualified medication aides. 4. The DNS/designee will audit five residents on each unit to ensure treatments are completed per physician's orders and are completed in accordance with professional standards of practice 	07/09/2021			

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	<p>The resident had three areas in her buttocks region that were currently being treated, including the intergluteal cleft (the top portion of the gluteal folds). This area was previously identified as a skin tear that had healed on 3/17/21.</p> <p>A Physician's Order, dated 2/21/21, indicated to apply Calmoseptine Ointment (medicated cream used to treat and prevent minor skin irritations) twice daily to the intergluteal cleft.</p> <p>The Medication Treatment Record (MAR) for June 2021 indicated LPN 1 had signed the Calmoseptine treatment as completed on 6/9/21 in the morning.</p> <p>Interview with LPN 1 on 6/9/21 at 2:00 p.m., indicated the aides would apply the Calmoseptine and she would sign off on the MAR, it was kept in the locked treatment cart and they would ask her for it. She unlocked the treatment cart at that time and there was a medicine cup with pink paste in it which she identified as Calmoseptine. She indicated CNA 1 had not requested it for the resident, but she had signed the medication off on the MAR as completed .</p> <p>Interview with LPN 2 on 6/9/21 at 1:52 p.m., indicated the nurses were responsible for applying medicated ointments such as Calmoseptine, and the aides could only apply the barrier (non-medicated) creams.</p> <p>A Nursing Note, dated 6/10/21, indicated the intergluteal cleft wound had reopened and was now a stage 3 pressure ulcer measuring 3.5 centimeters (cm) x 1.5 cm.</p>		<p>by a licensed nurse. Audits will be conducted five times per week for four weeks, then 3 times per week x 8 weeks, then weekly times three months.</p> <p>5. Audits will be submitted to QAPI monthly for 6 months to ensure increased compliance and will adjust audits accordingly.</p>	

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	<p>There was a new Physician's Order, dated 6/10/21, to cleanse the wound with normal saline and pat dry, apply Medihoney to the wound bed, apply Santyl to the wound edges, and cover with a dry dressing daily.</p> <p>A facility policy was requested and the Administrator and Director of Nursing indicated there was no facility policy regarding who was allowed to administer medicated ointments ordered by the physician as a treatment.</p> <p>This Federal tag relates to Complaints IN00354054 and IN00355028.</p> <p>3.1-37(a)</p>			