

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 251 STURDY RD VALPARAISO, IN 46383
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00176137.</p> <p>Complaint IN00176137- Substantiated-Federal/State deficiency related to the allegations is cited at F323.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: June 22 & 23, 2015</p> <p>Facility number: 000062 Provider number: 155137 AIM number: 100271400</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 5 Medicaid: 71 Other: 4 Total: 80</p> <p>Sample: 3</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>F000 - Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on 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.</p>	
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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 0167 SS=D Bldg. 00	<p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>Based on observation, record review, and interview the facility failed to ensure the results of all recent surveys were available in the Survey Book.</p> <p>Finding includes:</p> <p>On 6/22/15 at 10:00 a.m., the Survey Book was reviewed at this time. The results of the following surveys conducted at the facility were not located in the Survey Book.</p> <p>1/6/15- Annual Recertification and State Licensure Survey. 2/5/15- Complaint Investigation 3/6/15- PSR (Post Survey Revisit) to a Complaint Investigation and an Annual Recertification Survey. 4/1/15- Complaint Investigation 5/13/15- Complaint Investigation 6/1/15- Complaint Investigation</p>	F 0167	<p>F167 -</p> <p>1) Administrator printed the survey results and inserted them into the survey book on 06/22/2015.</p> <p>2) All residents have the potential to be affected by the alleged deficient practice. Survey book updated the day of the discrepancy.</p> <p>3) Administrator will print all documents off of the ISDH Gateway, and place them in the survey book.</p>	07/16/2015

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F 0323 SS=D Bldg. 00	<p>When interviewed on 6/22/15 at 10:00 a.m., the facility Administrator indicated all of the above survey reports should have been located in the Survey Book.</p> <p>3.1-3(b)(1)</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 failed to provide adequate supervision related to fall interventions not in place and not in working order and quarterly fall risk assessments not completed for 2 of 3 residents reviewed for falls in a sample of 3. (Residents #B and #C)</p> <p>Findings include::</p> <p>1. During Orientation Tour on 6/22/15 at 4:12 a.m., Resident #B was observed asleep in a low bed. There was a floor mat in place on the resident's left. No</p>	F 0323	<p>4) Survey book will be reviewed in the monthly QAPI meeting for 6 months to ensure that all documents have been placed in the survey book for public inspection.</p> <p>5) July 16, 2015</p> <p>F323 - 1) Resident "B" had a mat placed on the left side of the bed on 06/22 2015. Resident "B" and "C" Clinical Health Status assessment completed. Resident "C" bed alarm was changed out with a different type of alarm 6/19/2015. 2) All residents have the potential to be affected by the alleged deficient practice. In-serviced staff on following resident care sheets to ensure safety interventions are in place. Nurses were in-serviced on when to complete Clinical Health Status Assessments. 3) In-serviced nursing staff on following resident care sheets for interventions. DNS/designee will use</p>	07/16/2015			

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	<p>floor mat was in place on the resident's right side. No staff members were present in the room at this time.</p> <p>The resident was observed in bed on 6/22/15 at 4:50 a.m., 5:10 a.m., 5:24 a.m., 5:45 a.m., 6:10 a.m., 6:44 a.m., 7:00 a.m., 7:30 a.m., and 8:29 a.m. There was a floor mat in place on the resident's left. There was no floor mat in place on resident's right side at the above times. No staff members were present in the room at the above times.</p> <p>The record for Resident #B was reviewed on 6/22/15 at 4:56 a.m. The resident's diagnoses included, but were not limited to, dementia, closed fracture of the femur, a history of falls, and depressive disorder.</p> <p>Review of the current Physician orders indicated there was an order for floor mats to be placed to bilateral sides of the bed when the resident was in bed.</p> <p>The most recent Fall Risk assessment was completed on 1/9/2014. The residents's total score added up to (13). A total score of (10) or above indicated the resident was at risk for falls. No further Fall Risk assessments were provided.</p>		<p>Intervention Audit Tool weekly to observe 5 residents for interventions per their Resident Care Sheets. Clinical Health Status Assessment will be completed according to MDS schedule. DNS/designee will use Clinical Health Status Assessment Audit tool to audit 5 residents weekly for completed assessments. 4) DNS/designee will use Intervention Audit Tool to observe 5 residents per week for three months for interventions per their resident care sheets, then 1 resident per week for 3 months. Results will be reviewed in the monthly QAPI meeting. DNS/designee will use Clinical Health Status Assessment Audit tool to audit 5 residents weekly for three months for completed assessments, then 1 resident weekly for three months. Results will be reviewed in the monthly QAPI meeting. 5) July 16, 2015The facility respectfully requests that paper compliance be given consideration for these tags.</p>				

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	<p>The resident's current Care Plans were reviewed. A Care Plan initiated on 10/11/2013 indicated the resident was at risk for falls related to a history of frequent falls, a recent wrist fracture, and a diagnosis of dementia. The Care Plan was last updated with a target goal date of 8/22/15. Care plan interventions included, but were not limited to, mats to be in place on bilateral sides of the bed when the resident was in bed. This intervention was initiated on 4/22/14.</p> <p>The 6/22/15 "Resident Care Plan Sheet" (a printed guide listing safety and care instructions for each resident) indicated the mats were to be in place to on both sides of the resident's bed.</p> <p>Review of the June 2015 Progress Notes indicated SBAR (Change in Condition) Progress Note was completed on 6/10/15 at 1:55 a.m. This note indicated the aide found the resident sitting on her mat on the floor beside her bed when making first rounds. The resident's body and head were laying against the recliner in the room. The resident was wrapped in blankets and sleeping. No injuries were noted. The resident was assisted back to bed.</p> <p>When interviewed on 6/22/15 at 8:50 a.m., the Director of Nursing indicated</p>			

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	<p>Resident #B rolled out of bed on 6/9/15 at 12:30 a.m. The Director of Nursing indicated the resident had a history of rolling out of her bed and floor mats were to be placed on both sides of the bed all times when the resident was in bed. The Director of Nursing indicated the IDT (Inter-Disciplinary Team) reviewed the fall event and concluded the current fall interventions were to remain in place.</p> <p>2. During Orientation Tour on 6/22/15 at 4:10 a.m., Resident #C was observed asleep in a low bed. A bed alarm was in place.</p> <p>The record for Resident #C was reviewed on 6/22/15 at 5:50 a.m. The resident's diagnoses included, but were not limited to, senile dementia, high blood pressure, closed fracture of the lumbar vertebra, chronic airway obstruction, and restless leg syndrome.</p> <p>Review of a 8/14/14 Fall Risk assessment indicated the resident's score was (13). A score of (10) or higher indicated the resident was at risk for falls. No further fall risk assessments were available.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 8/26/14 indicated the resident was at risk</p>			

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	<p>for falls related to a history of falls. The Care Plan was last update with a goal date of 9/4/15. Care Plan interventions included, but were not limited to, a bed alarm to be placed and kept out of reach of the resident. This intervention was initiated on 11/24/14.</p> <p>The 6/2015 Progress Notes were reviewed. A SBAR (Change in Condition) note was completed by Nursing on 6/5/15 at 7:46 a.m. This note indicated the resident stated she was walking from her bed last night and she fell. The note also indicated the resident stated she started to get herself back up and into her bed and did not tell the staff at that time. Bruising was noted to her right temporal area and to the middle finger of her left hand with swelling noted. The Physician and family were notified and an order was obtained to complete and X-ray of the right hand. Neurological checks were initiated and the resident voiced no complaints of pain.</p> <p>A 6/5/15 Verification of Investigation report was reviewed. The report indicated a CNA had been assisting the resident with care and the resident told the CNA she had fallen while trying to walk from her bed and then got herself back into bed last night. Swelling and bruising were noted to the the resident's</p>			

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	<p>left hand middle finger. The report also indicated the resident had been out on a pass from 5:30 a.m. until 9:00 p.m. the day before. The Unusual/Contributing Factor or Observation section on the report indicated the resident had been out with her family from 5:30 a.m. to 9:00 a.m. and the resident had not taken any naps thru the day. Safety Recommendations/Interventions noted were to discuss with family about allowing nap periods if the resident is going to be out all day. There was no documentation to indicate if the resident's alarm was in place and functioning at the time of the above incident.</p> <p>When interviewed on 6/22/15 at 9:01 a.m., the Director of Nursing indicated on 6/5/15 the CNA's told her about the resident's fall and she assessed the resident at that time and bruising was noted to the resident's hand/finger area. An investigation was initiated. The Director of Nursing indicated the resident had been out on a pass with her family the day before and the family reported to her the resident did not taken a nap during the time she was out on pass. The family requested the overbed table be taken out of the resident's room and this was done. The Director of Nursing indicated the Fall Investigation did not indicate the alarm was sounding when the</p>			

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	<p>resident was observed on the floor.</p> <p>Continued interview with the Director of Nursing at this time indicated the night shift CNA and Nurse were present and she interviewed them. The night shift CNA stated she had checked resident around 2:00 a.m. and assisted her back to bed and then toileted the resident around 6:00 a.m. The night CNA indicated she did not hear the alarm sound when they found the resident on the floor. The Director of Nursing indicated she did not question the CNA to determine if the alarm had been working at the time. She did not ask the night Nurse if she had been aware of any concerns with the resident's alarm or if the alarm was in place and working when they toileted the resident around 2:00. a. m. The Director of Nursing indicated when she first saw the resident that morning around 7:00 am or 7:30 a.m., the resident was back in bed and her alarm was not working at that time as one of the batteries was missing from the alarm box. The Director of Nursing indicated the alarm box required three batteries and one was missing from the box. The Director of Nursing indicated she did not interview the night CNA or night Nurse to determine if the alarm had been functioning when the resident was last checked and toileted around 2:00 a.m.</p>			

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	<p>The facility policy titled "Clinical Health Status, Additional Assessments and Immediate Plans of Care" was reviewed on 6/23/15 at 9:24 a.m. The effective date on the policy was 5/4/15. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated Clinical Health Status forms were to be completed upon admission, quarterly, and with any significant change.</p> <p>When interviewed on 6/23/15 at 9:30 a.m., the Director of Nursing indicated fall risk assessments were to be completed with Clinical Health Status form. The Director of Nursing indicated the above resident's should have quarterly fall risk assessment completed.</p> <p>This Federal tag relates to Complaint IN00176137.</p> <p>3.1-45(a)(2)</p>			