

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/20/2013
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401
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F000000	<p>This visit was for the Investigation of Complaint IN00136903.</p> <p>Complaint IN00136903 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: November 20, 2013</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: SNF/NF: 124 Total: 124</p> <p>Census payor type: Medicare: 10 Medicaid: 95 Other: 19 Total: 124</p> <p>Sample: 05</p> <p>These deficiencies reflect state findings cited in accordance with</p>	F000000		

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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F000241 SS=D	<p>410 IAC 16.2.</p> <p>Quality review completed on November 27, 2013; by Kimberly Perigo, RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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 and record review, the facility failed to promote care for a resident in a manner and in an environment that maintained or enhanced the resident's dignity by having attended to the resident's G-Tube (gastrostomy tube, a tube placed in the stomach so nutrients can be obtained by a person who is unable to swallow), in the 100 hallway for 1 of 5 residents observed for dignity. (Resident #E) (RN #1)</p>	F000241	The submission of this Plan of Correction does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true representation of the quality of care and services provided to the residents of Golden Living of Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is	12/20/2013	

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	<p>Findings Include:</p> <p>On 11/20/13 at 2:15 p.m., RN# 1 was observed to lift up Resident #E's gown to get to the Resident #E's G-Tube (gastrostomy tube, a tube placed in the stomach so nutrients can be obtained by a person who is unable to swallow), in the 100 hall of the facility. Nursing students, other staff, residents, and visitors were in the hallway, within visual range of the process.</p> <p>Resident #E's clinical record was reviewed on 11/20/13 at 3:30 p.m. The most recent MDS (Minimum Data Set) Assessment dated 11/18/13, indicated a BIMS (Brief interview Mental Status) score of 99, with a 0-7 score being severely impaired, and a 99 is the inability for the resident to attempt questions at all. Resident #E's diagnoses included, but were not limited to acute (rapid onset) CVA (cerebrovascular accident, a stroke resulting from interrupted blood flow to one of the large or small arteries of the brain).</p> <p>The DON was immediately informed and after being informed, she went to the 100 hall Unit Manager who</p>		<p>in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities (for Title 16/17 programs). To this end, this plan of correction shall service as the credible allegation of compliance with all state and federal requirement gover5ning the management of this Facility. It is thus submitted as a matter of statute only. F 241 It shall be the policy of Golden Living of Bloomington to provide care and services in a dignified manner. I-II) RN #1 was immediately in-serviced on privacy standards when providing personal care and services. The Director of Clinical Education (DCE) in-serviced other licensed nurses (working within the Facility) on providing privacy when delivering personal care and services. All other residents who receive assistance from staff have the "potential" to be affected by this deficient practice. III) Staff education will be provided (to all staff). The curriculum will include privacy and dignity standards as they pertain to the delivery of care and services. IV) Unit Managers (or designee) will conduct daily random audits of care to insure resident dignity is being preserved while care and services are being provided. The audits will be conducted Monday through Friday by the respective Unit Managers and on Saturday and Sunday by the Weekend RN</p>	

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	<p>provided information indicating RN #1 was counseled. The counsel form indicated RN #1, "Did not provide privacy to resident while providing G-Tube care, and did not check placement prior to connecting to feeding pump."</p> <p>Review on 11/20/13 at 3:15 p.m., of Residents Residents Rights from Social Services Policies and Procedures Manual Section 7, revised October 2009, and Facility clinical services G-Tube Guideline, revised 2013 on 11/20/13, indicated "...procedures to be performed in room, and reviewed infection control, and need to follow policies such as, but not limited to: checking placement, providing privacy and infection control when checking G-tube."</p> <p>3.1-3(t)</p>		<p>Supervisor (or designee). The same will be administered 4x/week for 30 days, 3x/week for 30 days and then weekly for 30 days. All audits will be reviewed by the DNS. All findings will be reported to the QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring will be required after the three (3) month period.</p> <p>Responsible Staff: Director of Nursing Services Assistant Director of Nursing Services Director of Clinical Education Unit Managers</p>		

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F000322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who is fed by gastrostomy tube received the appropriate treatment and services to prevent aspiration pneumonia by not having assessed the resident correctly, as indicated by facility policy in regard to checking placement of tube before beginning tube feeding for 1 of 1 residents reviewed with a G-tube (gastrostomy tube). (Resident #E) (RN #1)</p> <p>Findings include:</p> <p>RN# 1 was observed on 11/20/13 at 2:15 p.m., to place a 60 cc syringe</p>	F000322	<p>It shall be the policy of Golden Living of Bloomington to insure patients (with n G- tube) are provided treatment and services according to Facility policy. I-II) RN #1 was immediately re-educated on the policy regarding G-tube placement (and monitoring with a syringe). Competency was determined through post-skills validation. The Director of Clinical Education (DCE) in-serviced all other licensed nurses working in the Facility on the current policy as it pertains to the placement, checking, and maintenance of G-tubes. The same includes a skills validation. All residents in the Facility with a G-tube will have the potential to be affected by this deficient practice. III) Staff education will be provided (to all</p>	12/20/2013	

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	<p>into Resident #E's G-tube (gastrostomy tube, a tube placed in the stomach so nutrients can be obtained by a person who is unable to swallow), pull back to check for residual (something left as a residue, such as stomach contents) then proceed to pour in 2 small cups of water into the tube (observation indicated water flowed freely), and proceeded to hook the tube to the feeding pump and turn it on.</p> <p>Resident #E's clinical record was reviewed on 11/20/13 at 3:30 p.m.. Nursing progress notes dated 11/18/13 at 11:06 p.m., indicated Resident #E returned to the facility on 11/18/13, after being diagnosed with an acute (rapid onset) CVA (cerebrovascular accident, a stroke resulting from interrupted blood flow to one of the large or small arteries of the brain). Resident #E had a G-tube in [gender] stomach, and was to receive feedings at 45 ml's per hour per physician order. This was done via a feeding pump.</p> <p>The most recent MDS (Minimum Data Set) Assessment dated 11/18/13, indicated a BIMS (Brief interview Mental Status) score of 99, with a 0-7 score being severely impaired, and a 99 is the inability for</p>		<p>licensed staff). The curriculum will include standards as they may pertain to G-tube patency, placement, and related monitoring protocols. Content retention will be tested through a skills validation.IV) All Unit Managers (or designee) will conduct an audit (of G-tube care) 5x/week for 30 days to insure the proper care/treatment protocols are completed per policy. This will include on weekends and randomly across all shifts. The same will then be conducted 4x/week for 30 days, 3x/week for thirty days and then weekly for 30 days. All audits will be reviewed by the DNS. All findings will be reported to the QAPI Committee monthly for three consecutive (3) months. Any trend or pattern noted will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring will be required after the three (3) month period.Responsible Staff: Director of Nursing ServicesAssistant Director of Nursing ServicesDirector of Clincial EducationUnit Managers</p>				

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	<p>the resident to attempt questions at all.</p> <p>The DON was immediately informed and interview with 100 hall Unit Manager on 11/20/13 3:15 p.m., indicated RN#1 was counseled immediately. Review of the counsel form dated 11/20/13 (no time indicated on form), indicated RN#1 "Did not provide privacy to resident while providing G-Tube care, and did not check placement prior to connecting to feeding pump."</p> <p>Review on 11/20/13 at 3:00 p.m., of Residents Residents Rights from Social Services Policies and Procedures Manual Section 7, revised October 2009, and Facility clinical services G-Tube Guideline, revised 2013, indicated procedures to be performed in room, and reviewed infection control, and need to follow policies such as, but not limited to: checking placement, providing privacy and infection control when checking G-tube.</p> <p>3.1-44(a)(2)</p>				

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F000323 SS=D	<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.</p> <p>Based on observation and interview, the facility failed ensure that a resident's environment remained free of an accident hazard, in that CNA #1 was observed to push a resident's wheelchair out of shower room with such force the resident's foot almost hit the wall opposite from the shower room where the resident was coming out of, for 1 of 5 residents reviewed for accident hazards. (Resident #D) (CNA #1)</p> <p>Findings include:</p> <p>On 11/20/13 at 11:50 a.m., observed Resident #D being pushed out of the shower room, on the rehab, hall by CNA #1. CNA #1 was observed to push and then let go of the wheelchair with a force that sent the</p>	F000323	<p>It shall be the policy of Golden Living of Bloomington to insure that all patients are cared for in an environment that is safe and free from accidents and/or hazards. I-II) CNA #1 was immediately re-educated on adequate supervision and assistance as it pertains to the referenced observation. The same received requisite discipline. All residents in the Facility who receive care from staff have the potential to be affected by this deficient practice. III) Staff education will be provided to all CNA's in the Facility on providing adequate supervision and assistance and the prevention of accidents. IV) All Unit Managers (or designee) will conduct an audit (of care) 5x/week for 30 days to insure that adequate supervision and assistance is being provided in a safe and accident free environment. The</p>	12/20/2013
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	<p>resident's wheelchair to other other side of the hall, just missing striking Resident #D's left foot on the wall. No injuries occurred during this observation.</p> <p>CNA #1 was overheard saying as [gender] was pushed out of shower room, "Ok ----- (name) you're on your own." Resident #D was observed waiting a moment before slowing proceeding around the corner in [gender] wheel chair, without comment. Resident #D was asked if [gender] was doing ok, to which [gender] replied, "Yes."</p> <p>Resident #D's clinical record was reviewed on 11/20/13 at 12:00 p.m. The most recent MDS (Minimum Data Set) Assessment dated 5/23/15, indicated a BIMS (Brief interview Mental Status) score of 15, with 13-15 indicating cognitively intact.</p> <p>Resident #D's diagnosis included, but were not limited to unspecified anxiety state, senile dementia, paralysis agitans (Parkinson's Disease- a common chronic degenerative disease of the central nervous system that produces progressive movement disorders and changes in cognition and</p>		<p>same will then be conducted 4x/week for 30 days, 3x/week for 30 days and then weekly for 30 days. All audits will be reviewed by the DNS. All findings will be reported to the QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring will be required after the three (3) month period. Responsible Staff: Director of Nursing ServicesAssistant Director of Nursing ServicesDirector of Clinical EducationUnit Managers</p>		

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	<p>mood).</p> <p>The DON was immediately informed of the situation. The DON indicated a disciplinary form was completed for CNA #1.</p> <p>3.1-45(a)(2)</p>			