

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 01/30/2014
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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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F000000	<p>This visit was for the Investigation of Complaint IN00142206.</p> <p>Complaint IN00142206 Substantiated. Federal/State deficiencies related to the allegations are cited at F225 and F514.</p> <p>Survey dates: January 29, and 30, 2014</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 106 Total: 106</p> <p>Census payor type: Medicare: 14 Medicaid: 72 Other: 20 Total: 106</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with</p>	F000000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p>	

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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	410 IAC 16.2. Quality review completed by Debora Barth, RN.				

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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and</p>	F000225	F-225 It is the policy of the facility	02/28/2014			

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	<p>interview, the facility failed to report an allegation of abuse to the Indiana State Department of Health in accordance with State law and facility policy for 1 of 3 allegations of abuse reviewed.</p> <p>Findings include:</p> <p>The clinical record for Resident #C was reviewed on 1/19/14 at 4:05 p.m.</p> <p>Diagnoses for Resident #C included, but were not limited to, senile dementia with delusional features and anxiety disorder.</p> <p>A nursing note entry for Resident #C, dated 12/29/13 at 4:30 p.m., read as follows:</p> <p>"Resident continues to appear agitated, yelling and cursing at staff, as well as hitting staff when they get near her. Resident stated things like 'I wish I had my pistol, I'd shoot all of you' and 'I will kill you'. Resident unable to be redirected. Snacks offered, fluids offered, redirection to other areas all unsuccessful. Resident has been hitting back door at end of hallway trying to get out. CNA notified this nurse that resident had struck another resident in the</p>		<p>to develop and implement written policies and procedures that ensures the residents are free from verbal, sexual, physical, mental abuse, corporal punishment, and involuntary seclusion. It is also the policy of the facility to report allegation of abuse to the Indiana State Department of Health in accordance with State law. On 12/30/13 the facility notified resident's #2 and Resident's #3 Responsible Party of the alleged incident. Resident #1 care plan was updated to reflect she will become combative and aggressive. On 1/31/14 the Director of Clinical Education re-educated the Administrator and Social Services Director on the facility's Abuse and Abuse Reporting policy. On 2/7/14 the Administrator and the Social Services Director completed audits of all reported grievances and complaints since November 1, 2013 through February 7, 2014. The audits were conducted to identify allegations of abuse, neglect, and mistreatment and to ensure that all appropriate notifications and investigations were completed per policy and procedure. No other allegations of abuse were found. The facility will continue to ensure communication of resident/family concerns through the Grievance Process. The Administrator and/or Nursing Administration will review each day during morning</p>	

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	<p>arm and grabbed a second resident in the arm before staff was able to get resident moved away from situation. The 2 residents she made contact were assessed and no injuries or markings present. ED [Executive Director] notified of incident. MD [medical doctor] notified, awaiting call back from MD at this time."</p> <p>The Assistant Director of Nursing was interviewed on 1/30/14 at 2 p.m. Additional information was requested in regards to a review of the reportable occurrence report related to Resident #C hitting and grabbing other residents during the 12/29/13 behavior episode noted.</p> <p>During an interview with the Executive Director (Administrator) on 1/30/14 at 2:45 p.m., he indicated he fully investigated the allegations of resident abuse occurring on 12/29/13, but had not reported the occurrence to the Indiana State Department of Health.</p> <p>Review of the current facility policy, revised on 10/24/13, titled "Reporting and Investigation of Alleged Violations of Federal and State Laws Involving Mistreatment, Neglect, Abuse, Injuries of Unknown</p>		<p>meeting allegations of abuse, neglect, mistreatment, grievances, and the 24-hour reports. Any noted problem will be addressed by the Administrator/Nursing Management immediately. The Administrator and/or Director of Nursing Services will report the allegation to the Indiana State Health Department as required by state law. On weekends the weekend manager will review allegations of abuse, neglect, mistreatment, grievances and the 24-hour reports. Any noted problems will be immediately directed to the Administrator and/or Director of Nursing Services in his absence for immediate follow-up. On 2/14/2014 The Director of Clinical Education re-educated the Director of Nursing Services and the Interdisciplinary Team on the policy and procedure for Abuse and Neglect and Reporting of Abuse. The education included, all alleged violations are thoroughly investigated. all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source is reported immediately to the Administrator and to the Indiana Department of Health. On 2/14/2014 the Social Services Director and the Director of Clinical Education re-educated facility staff on identifying and reporting verbal, sexual, physical abuse/neglect. An Ad Hoc QA</p>		

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	<p>Source and Misappropriation of Resident's Property", provided by the Administrator on 1/30/14 at 11:15 a.m., included, but was not limited to, the following:</p> <p>"Policy</p> <p>It is the policy of the Company to take appropriate steps to prevent the occurrence of abuse, neglect, injuries of unknown origin and misappropriation of resident property and to ensure that all alleged violations of Federal or State laws which involve mistreatment, neglect, abuse, injuries of unknown origin and misappropriation of resident property, are reported immediately to the Executive Director.... such violations will also be reported to state agencies in accordance with existing state law...."</p> <p>This federal tag relates to Complaint IN00142206.</p> <p>3.1-28(c)</p>		<p>Meeting was completed on 2/14/2014 with the Medical Director and/or Designee. The Social Services Director will audit grievances and complaints using a monitoring tool every week for four weeks to assure allegations of abuse are identified and thoroughly investigated and reported per policy and procedure. The Social Services Director will report trends regarding any noted abuse allegations, investigations and required reporting to the QA Committee for review each month for three months and recommendations for continued monitoring will be initiated through the QA Committee. The QA Committee will determine that the facility has maintained compliance with this regulatory requirement.</p>		

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to report an allegation of abuse to the Indiana State Department of Health in accordance with State law and facility policy for 1 of 3 allegations of abuse reviewed.</p> <p>Findings include:</p> <p>The clinical record for Resident #C was reviewed on 1/19/14 at 4:05 p.m.</p> <p>Diagnoses for Resident #C included, but were not limited to, senile dementia with delusional features and anxiety disorder.</p> <p>A nursing note entry for Resident #C, dated 12/29/13 at 4:30 p.m., read as follows:</p> <p>"Resident continues to appear agitated, yelling and cursing at staff, as well as hitting staff when they get near her. Resident stated things like 'I wish I had my pistol, I'd shoot all of</p>	F000226	Past noncompliance: No POC required.	02/14/2014			

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	<p>you' and 'I will kill you'. Resident unable to be redirected. Snacks offered, fluids offered, redirection to other areas all unsuccessful. Resident has been hitting back door at end of hallway trying to get out. CNA notified this nurse that resident had struck another resident in the arm and grabbed a second resident in the arm before staff was able to get resident moved away from situation. The 2 residents she made contact were assessed and no injuries or markings present. ED [Executive Director] notified of incident. MD [medical doctor] notified, awaiting call back from MD at this time."</p> <p>The Assistant Director of Nursing was interviewed on 1/30/14 at 2 p.m. Additional information was requested in regards to a review of the reportable occurrence report related to Resident #C hitting and grabbing other residents during the 12/29/13 behavior episode noted.</p> <p>During an interview with the Executive Director (Administrator) on 1/30/14 at 2:45 p.m., he indicated he fully investigated the allegations of resident abuse occurring on 12/29/13, but had not reported the occurrence to the Indiana State</p>						

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	<p>Department of Health.</p> <p>Review of the current facility policy, revised on 10/24/13, titled "Reporting and Investigation of Alleged Violations of Federal and State Laws Involving Mistreatment, Neglect, Abuse, Injuries of Unknown Source and Misappropriation of Resident's Property", provided by the Administrator on 1/30/14 at 11:15 a.m., included, but was not limited to, the following:</p> <p>"Policy</p> <p>It is the policy of the Company to take appropriate steps to prevent the occurrence of abuse, neglect, injuries of unknown origin and misappropriation of resident property and to ensure that all alleged violations of Federal or State laws which involve mistreatment, neglect, abuse, injuries of unknown origin and misappropriation of resident property, are reported immediately to the Executive Director.... such violations will also be reported to state agencies in accordance with existing state law...."</p> <p>This federal tag relates to Complaint IN00142206.</p>						

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F000514 SS=D	<p>3.1-28(a)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure resident clinical records were complete and accurately documented in regards to resident to resident altercations and documentation of restorative services for 2 of 5 residents reviewed for complete and accurate clinical record documentation in a sample of 5. (Resident #'s C and F)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #C was reviewed on 1/19/14 at 4:05 p.m.</p>	F000514	F514 It is the facility's policy and practice to follow the established policies and procedures related to the maintaining of clinical records that are completed and accurately documented. The facility will ensure that the clinical records are complete and accurate. The care plan for Resident #C has been reviewed and updated for behavioral interventions. A prn order for Haldol 5mg IM was obtained following consult with physician . Resident is scheduled to be seen by Clinical Social Worker on 02/15/2014.All resident -to-resident altercations will be addressed in the morning Clinical Start Up Meeting to make all appropriate disciplines aware of the event, identifying any contributing factors, assessment	02/28/2014	

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	<p>Diagnoses for Resident #C included, but were not limited to, senile dementia with delusional features and anxiety disorder.</p> <p>A nursing note entry for Resident #C, dated 12/29/13 at 9:42 a.m., included, but was not limited to, the following:</p> <p>"...Resident states she was tired, staff laid resident down. Resident continues to scream and smack at staff. Resident spitting in CNA and nurses's face.... This writer trying to assist CNA to get combative resident dressed, resident kicked this writer in the face. Resident covered up with blanket and staff walked away...."</p> <p>A nursing note entry for Resident #C, dated 12/29/13 at 4:30 p.m., read as follows:</p> <p>"Resident continues to appear agitated, yelling and cursing at staff, as well as hitting staff when they get near her. Resident stated things like 'I wish I had my pistol, I'd shoot all of you' and 'I will kill you'. Resident unable to be redirected. Snacks offered, fluids offered, redirection to other areas all unsuccessful. Resident has been hitting back door</p>		<p>following the event, immediate interventions implemented, resident response and any needed follow up. An Ad Hoc QA Meeting was completed on 2/14/2014 with the Medical Director and/or Designee. Nursing staff were educated on the importance of documenting all behaviors on the Behavior Long on 02/13/2014. Nurses were educated on documentation of a complete narrative note detailing the event, follow up assessment, immediate interventions, resident response and any needed follow up on 02/13/2014. All incident reports for the past three months involving resident to resident contact will be reviewed to identify any other issues. A post event audit is completed by the Director of Nursing or Designee following the morning meeting to assure the protocol was completed. This is an ongoing process per facility policy. Resident #F's orders have been clarified as of 02/14/2014 to reflect that the resident will read aloud staff or volunteers up to 30 minutes daily as tolerated. The care plan has been updated to reflect the changes. Restorative staff were educated on the requirements for restorative documentation and the process to follow for resident refusals on 02/13/2014. Nurses were educated on 02/13/2014 to review restorative care plans to assure appropriate provision and documentation of restorative</p>				

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	<p>at end of hallway trying to get out. CNA notified this nurse that resident had struck another resident in the arm and grabbed a second resident in the arm before staff was able to get resident moved away from situation. The 2 residents she made contact were assessed and no injuries or markings present. ED [Executive Director] notified of incident. MD [medical doctor] notified, awaiting call back from MD at this time."</p> <p>A Social Services note, dated 1/10/13 at 3:19 p.m., indicated the following:</p> <p>"During the month of December, resident displayed problem behaviors x [times] 1. Staff noted on 12/29/13 resident was verbally and physically aggressive towards staff and in group settings. Resident cursed, yelled in common areas, and grabbed and attempted to strike staff during care and redirection. Required multiple attempts by staff to verbally redirect and assess and provide for needs. Care plan in place...."</p> <p>The above social services note and any subsequent social service notes lacked any information related to the</p>		<p>orders. All residents receiving restorative services will be audited for appropriate documentation by the Restorative Nurse by 02/28/2014. The Director of Nursing or Designee will review and monitor Restorative documentation weekly for completion and accuracy times four weeks and monthly times three months. Variation from facility protocols will be addressed by the Quality Assurance Committee. Completion Date: 3/01/2014</p>				

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	<p>resident also being verbally and physically aggressive towards other residents on 12/29/13.</p> <p>The December behavior log for Resident #C lacked documentation of any behaviors occurring on 12/29/13. The box on the form for documentation of the number of behaviors indicated "0" for 12/29/13.</p> <p>The Social Services Director was interviewed on 1/30/14 at 2 p.m. Additional information was requested related to the social services notes not identifying any resident to resident altercations having occurred during the 12/29/13 at 4:30 p.m. incident noted. Additional information was requested related to the behavior log not being accurate for the behaviors occurring on 12/29/13 at 9:42 a.m. and 4:30 p.m.</p> <p>The Social Services Director indicated the nursing staff should have documented the resident's behaviors and the interventions attempted on the behavior log. The facility failed to provide any additional information related to the lack of information in the social services notes.</p>						

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	<p>2.) The clinical record for Resident #F was reviewed on 1/30/14 at 9:55 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, cerebrovascular disease and aphasia.</p> <p>A "Functional Nursing/Functional Maintenance Plan" physician's order, dated 11/26/13, indicated "Resident to read out loud to staff 30 minutes a day between lunch and dinner daily."</p> <p>A nursing note entry, dated 1/6/14 at 4:17 p.m., indicated "Resident is to read out loud 5-10 min [minutes] a day to family or staff." The note indicated the resident refused and stated "I have a cold I don't want to read."</p> <p>A nursing note entry, dated 1/7/14 at 10:28 a.m., indicated "Resident is to read out loud 5-10 min a day to family or staff." The note indicated the resident refused due to "not feeling well."</p> <p>The "Restorative Care Flow Record" for Resident #F for January 2014 indicated the resident was in a restorative reading program for 30</p>						

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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			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>minutes daily. The record contained boxes for the staff to document whether the restorative reading was completed or not. The Record indicated the resident had completed the restorative reading assignment on only three occasions from January 1 thru January 28, 2014. The record documented 10 refusals.</p> <p>The following days were left blank without any explanation on the restorative record: January 2, 4, 6, 7, 18, 19, 24, 25, 26, 27, and 28, 2014.</p> <p>The resident's refusals were not documented on the restorative record, but were documented in the nursing notes for January 6, 7, and 28, 2014.</p> <p>No information was documented in either the nursing notes or restorative record for January, 2, 4, 18, 19, 24, 25, 26, and 27, 2014.</p> <p>Restorative CNA #1 was interviewed on 1/30/14 at 11:35 a.m. She indicated Resident #F was in a restorative reading program. She indicated restorative staff are to document all restorative services on the restorative logs.</p>						

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	<p>The Administrator and Director of Nursing were interviewed on 1/30/14 at 2:55 p.m. Additional information was requested related to the lack of documentation of restorative services on the dates noted in January and the nursing note entries indicating the restorative reading was 5-10 minutes daily when the order was for 30 minutes daily.</p> <p>The facility failed to provide any additional information as of exit on 1/30/13.</p> <p>3.) Review of the current facility policy, revised 2013, titled "Restorative Guideline", provided by the Director of Clinical Education on 1/30/14, included, but was not limited to, the following:</p> <p>"The living center provides a Restorative Nursing program with interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible....</p> <p>Nursing Rehab/Restorative care include interventions that assist or promote the resident's ability to attain his or her maximum functional potential....</p>				

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	<p>...The restorative program is found in the clinical record on the restorative flow sheet and care plan</p> <p>The restorative record is initialed as programs are completed daily...."</p> <p>This federal tag relates to Complaint IN00142206.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				