

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 27, 28, 29, March 1, & 2, 2012</p> <p>Facility number: 000094 Provider number: 155178 AIM number: 100290310</p> <p>Survey team: Bobbie Costigan, RN-TC Sue Bruck, RN Vicki Manuwal, RN</p> <p>Census bed type: SNF/NF 115 Total 115</p> <p>Census payor type: Medicare 17 Medicaid 72 Other 26 Total 115</p> <p>Sample: 23</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 6, 2012 by Bev Faulkner, RN</p>	F0000	<p>The preparation, submission and implementation of this plan of correction does not constitute an admission of our agreement with the facts and conclusions set forth in the 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. Given the scope/severity of the deficiency statement, we respectfully request a desk review of our compliance. Sincerely, Timothy Peek, HFA Goldenliving Fountainview 609 W. Tanglewood Ln Mishawaka, IN 45645574-277-2500</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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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>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, interview, and record review, the facility failed to ensure a resident was fed with dignity for 1 of 23 residents reviewed for a dignified dining experience in a sample of 23.</p> <p>Resident # 8</p> <p>Findings include:</p> <p>1. The clinical record for Resident # 8, reviewed on 3/2/12 at 9:50 A.M., indicated diagnoses of, but not limited to: Alzheimer's disease, Parkinson's disease, and dementia.</p> <p>During meal observation on 3/1/12 at 12:20 P.M., RN # 1 was noted to be positioning Resident # 8's head in a hurried manner. Resident # 8's head leaned forward and to the right. RN # 1 was using her left hand to move the right side of Resident # 8's head into an upright position with each bit of food given. While feeding Resident # 8, RN # 1 would give her a drink of fluid in a hurried, careless manner, leaving a ring of</p>	F0241	<p>1) No adverse effects were noted to resident #8. RN #1 was sent home pending investigation.2.) All staff will be re-inserviced on dignity by 3/18/123.) Random rounds will be completed 3X/week by the DON and 11-7 deaprtment head manager to monitor meal service in the restorative dining room (at random meal times) to ensure no dignity issues are noted X 1 month to ensure no dignity issues were noted and the monitor quarterly.4.) Will review findings in QAA monthly X 3 months, and then quarterly thereafter.</p>	04/01/2012	

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	<p>fluid above her lip.</p> <p>During interview with Unit Manager # 2 on 3/1/12 at 12:25 P.M., she agreed the way the nurse was feeding Resident # 8 did not look appropriate. She further indicated the nurse needs to slow done and allow the resident to swallow her food prior to giving her a drink. Unit Manager # 2 proceeded to take over feeding Resident # 8.</p> <p>During interview with the DON on 3/1/12 at 3:20 P.M., she indicated she will be doing a complete investigation into the observation.</p> <p>Review of a care plan, dated 2/20/12, indicated, "... (Resident's name) has a history of refusing care...meals...Approach me in a calm and unhurriedly manner..."</p> <p>Review of a facility policy titled, "Eating Support," dated 2006, indicated, "...9. Never make the resident feel that the meal must be hurried, but that the procedure is pleasant...11. Give liquids slowly..."</p> <p>3.1-3(t)</p>				

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F0243 SS=C	<p>483.15(c)(1)-(5) RIGHT TO PARTICIPATE IN RESIDENT/FAMILY GROUP</p> <p>A resident has the right to organize and participate in resident groups in the facility; a resident's family has the right to meet in the facility with the families of other residents in the facility; the facility must provide a resident or family group, if one exists, with private space; staff or visitors may attend meetings at the group's invitation; and the facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.</p> <p>Based on interview and record review, the facility failed to ensure residents were free to meet as a group without staff involvement. This deficient practice affected 10 of 12 residents interviewed during the group meeting with the potential to affect all 115 residents.</p> <p>Resident Group Attendees: # 5, # 6, # 13, # 20, # 25, # 59, # 66, # 73, # 76, # 83, # 93, # 111</p> <p>Findings include:</p> <p>During group interview on 2/28/12 at 1:30 P.M., 10 of 12 residents by show of hands, voiced a concern about not being able to meet as a group without facility staff involvement. They further indicated the Social Service Director (SSD) always runs the meeting. The group further indicated they feel like the staff controls</p>	F0243	<p>1.) No adverse effects noted to resident # 5,6,13,20,25,59,66,73, 76, 83, 93, 111.2.) SSD re-inserviced on resident counsel policy and procedure and professional standards by 3/18/12.3.) Social Services Director and Executive Director will request meeting with Resident council to communicate how the facility will ensure residents right to conduct meeting from facility involvement on 3/13/12.4.) Administrator will review resident council minutes with resident council president monthly X 3 months and quarterly thereafter to ensure resident council autonomy.5.) Will review findings in QAA monthly X 3 months and then quarterly thereafter.</p>	04/01/2012	

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	<p>the meeting and controls what is talked about. They further indicated if the SSD wants to discuss an issue, then it will be discussed, otherwise they are told it will be discussed at another time or in private. The group further indicated the SSD got upset when the Dietary Manager asked to speak with the group in private at one meeting. They further indicated the SSD adjourned the meeting after his request and huffed out of the room.</p> <p>During interview with the Dietary Manager on 3/1/12 at 3:40 P.M., he indicated the Social Service Director acted surprised when he came to the Resident Council meeting. He further indicated the SSD told him they would adjourn the meeting then he could meet with the residents. He further indicated he was informed that she runs all the resident council meetings. He indicated the residents were very receptive to talking to him but he felt like the SSD took over.</p> <p>Interview on 3/2/12 at 2:20 P.M., the Social Service Director indicated she started running the resident council meetings in June 2011. She further indicated per her policy, she runs the meetings. She indicated other staff comes to the meetings when the council invites them. She further indicated she has had</p>				

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	<p>staff ask to speak with the residents privately, so she adjourned the meeting to allow them to meet in private.</p> <p>During interview with the Interim Administrator on 3/2/12 at 2:32 P.M., he indicated it is standard for staff to set up the resident council meetings and take notes. He further indicated he would check the company policy on the protocol.</p> <p>Review of a facility policy titled, "Social Services Policies and Procedures Manual, Resident Council," dated July 2006, Revised October 2009, indicated, "...Staff or visitors may attend meetings at the group's invitation...The Resident Council requires no supervision by Living Center Staff unless the residents chose their involvement. If interested and capable, residents may organize and run the meeting in any manner they choose, including their own structure and leadership...."</p> <p>3.1-3(j)</p>				

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F0363 SS=D	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a puree diet was prepared according to the recipe. This deficient practice had the potential to affect 11 of 11 residents on a puree diet.</p> <p>Findings include:</p> <p>During initial tour of the facility kitchen on 2/27/12 at 10:45 A.M., while accompanied by the Dietary Manager, the following observation was made:</p> <p>Two oatmeal raisin cookies immersed in a bowl of clear, thickened fluid were sitting on the counter of the serving line.</p> <p>Interview with the Dietary Manager on 2/27/12 at 10:55 A.M., he indicated the oatmeal raisin cookies were being pureed for lunch.</p> <p>Review of a Puree Sugar Cookie recipe printed on 2/27/12 at 10:58 A.M., provided by the Dietary Manager at 12:00 P.M. on 2/27/12, indicated, "...ONLY a</p>	F0363	<p>1.) No adverse effects noted as the oatmeal raisin cookie was not served to any residents.2.) Dietary staff inserviced on policy and procedure for following recipes for pureed food by 3/18/12.3.) Registered Dietician and Dietary Services Manager will monitor 2 meals daily the pureed consistency X 7 days, then 5X per week for 4 weeks. Administrator will monitor 1 meal 3X week for 4 weeks to determine compliance and then quarterly thereafter. Speech therapy will monitor random pureed tray 2X per week X 4 weeks, then quarterly thereafter.4.) Will monitor findings in QAA monthly times 3 months, then quarterly thereafter.</p>	04/01/2012			

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	<p>Sugar Cookie Can Be Used for the Puree diet...."</p> <p>During interview with the Dietary Manager on 2/27/12 at 12:00 A.M., when asked why the oatmeal raisin cookies were being used for the puree when the recipe indicated only sugar cookies are to be used, he said, "Oh, I see." When asked if the raisins would be pureed simply by sitting in the fluid, he indicated raisins are pureed by nature.</p> <p>Interview with the Dietician on 3/2/12 at 10:00 A.M., she indicated only sugar cookies may be used in the puree cookie recipe because all the ingredients in the sugar cookie would become pureed simply by soaking in a liquid. She further indicated oatmeal raisin cookies can not be used because there would be solids in the oatmeal raisin cookies that would not become pureed by simply placing them in liquid.</p> <p>3.1-20(i)(4)</p>				

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F0364 SS=F	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food items were served at an appropriate and pleasing temperature. This deficient practice affected 6 of 12 residents interviewed in the group meeting with the potential to affect 107 of 115 residents who received meals prepared in 1 of 1 facility kitchen.</p> <p>Resident # 25, # 66, # 73, # 76, # 83, # 93</p> <p>Findings include:</p> <p>During observation of the serving line on 2/27/12 at 11:35 A.M., it was noted that temperatures were being taken on random foods only.</p> <p>Interview with Dietary Employee # 3 on 2/27/12 at 11:35 A.M., she indicated they don't do temperatures on all the foods each time.</p> <p>During group interview on 2/28/12 at 1:30 P.M., 6 of 12 residents, identified as</p>	F0364	<p>1.) There were no adverse outcomes related to temperatures being below standard2.) Dietary staff will be reinserviced on policy and procedures for maintaing food at proper temperatures by 3/18/123.) Registered dietician and Dietary Services Manager will monitor all mals daily X 1 week, then 5X/ week X 4 weeks temperature logs as well as test tray temp completed by dietary manager for compliance of temperatures for all meals 5X/ week. Executive director will monitor 3X/week for 4 weeks temperature logs for all meals and temp tray 1X random meals tray per week to determine temperature compliance. 4.) Food committee will be held by dietary services manager with resident council weekly X 4 weeks, then bi-weekly X 4 weeks, and then monthly to ensure compliance with food temps.5.) Will review findings inin QAA monthly X 3 months, then quarterly thereafter.</p>	04/01/2012			

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	<p>alert and oriented, complained that the facility food is always served cold when it's intended to be a hot food.</p> <p>During tray line observation on 2/29/12 at 5:54 P.M., the dietary staff started prepping the trays. Single serving milk cartons were placed on the individuals trays at the beginning of the prep line. At 6:03 P.M., a test tray was requested to be placed on the tray cart going to C wing. At 6:08 P.M., the C wing cart was escorted out the door with 2 resident trays sitting on top of the cart along with the test tray being carried by the Dietary Manager. At 6:10 P.M., the dietary cart arrived on the C wing unit in the dining room.</p> <p>At 6:25 P.M., immediately after the last tray was delivered on the C wing, the following temperatures were taken on the test tray by the Dietary Manager: Chop Suey served on Fettuccine Noodles (main entree) 115.8; Mixed Vegetables (main vegetable) 111.4; Cold mixed fruit 51.8; Chocolate milk in single serve cardboard milk container 55.8.</p> <p>During interview with the Dietary Manager on 2/29/12 at 6:30 P.M., he indicated cold foods are to be served below 41 degrees and hot foods are to be served above 135 degrees.</p>						

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	<p>At 6:50 P.M., immediately after the last resident in the main dining room was served, the following temperatures were taken on a test tray by the Dietary Manager: Paprika Chicken thigh (alternate entree) 118 degrees; rice 131 degrees; yogurt in a single serving container 51.3 degrees.</p> <p>During interview on 3/1/12 at 4:40 P.M., Resident # 95's wife indicated that her husband's food is never hot when he receives it. She further indicated her husband eats in the C wing dining room and she is present everyday for lunch and dinner.</p> <p>Review of the "Food Committee Minutes," dated 6/13/11, indicated, "...An emergency Food Committee meeting was called on this date to address concerns brought up by residents regarding this past weekend's meal service. An overview of concerns include:...food temperatures, specifically....the biggest issue is still the evening meal..."</p> <p>Review of the "Resident Council Minutes," dated 9/19/11, indicated, "...New Business...Food is still coming off line cold..."</p> <p>Review of the "Resident Council</p>			

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	<p>Minutes," dated 8/15/11, indicated, "...New Business...Food coming off line cold...."</p> <p>Review of the "Resident Council Minutes," dated 1/16/12, indicated, "...New Business...Food cold..."</p> <p>Review of an undated facility policy titled, "Holding and Serving," indicated, "...The director of dining or designees must ensure that all food is at the proper serving temperature(s)...."</p> <p>3.1-21(a)(2)</p>				

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper sanitation of the facility kitchen to promote safe food handling for 107 of 115 residents who receive meals prepared in 1 of 1 facility kitchen.</p> <p>Findings include:</p> <p>During initial tour of the facility kitchen on 2/27/12 at 10:45 A.M., while accompanied by the Dietary Manager, the following observations were made:</p> <p>1. The Dietary Manager was not wearing a beard restraint. 2. There was a coffee ground build up on the counter behind the coffee pots. 3. There were food splatters on the wall directly below the serving window. 4. There was a sticky residue on the prep counter located along the west wall. 5. Seven (7) of 7 salad bowls identified as being ready to use, were stacked wet. 6. Three (3) of 6 dessert bowls had dried on food particles inside</p>	F0371	<p>1.) Dietary services manager and dietary staff corrected al items noted immediately2.) Dietary staff will be reinserviced on the following: hari net and beard restraint, sanitation, wet nesting, storage protocols, proper handling, and persoanl items in te kitchen by 3/18/12. Policies will include but are not limited to: "additional hygeine regulations" and "storing prepared foods". 3.) Dietary services mananger and registered dietician will complete sanitation rounds 5X per week for 4 weeks and at least quarterly thereafter that also includes food storage, personal items in the kitchen, hair/beard nets, food storage. Executive director will monitor sanitation rounds 3X per week for 4 weeks to ensure compliance of all items noted.4.) Will review findings in QAA monthly X 3 months and quarterly thereafter.</p>	04/01/2012			

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	<p>the bowl. 7. Two (2) of 4 soup bowls had dried on food particles inside the bowl. 8. Three (3) of 4 divided plates, identified as being ready to use, were stacked wet. 9. Two (2) of 2 "third" serving pans had dried on food particles. 10. Two (2) of 2 "quarter" serving pans had dried on food particles. 11. Three (3) of 3 "half" serving pans located below the prep counter were stacked wet. 12. One (1) of 1 white pitcher lid had a small, dead, winged bug in the inside portion of the lid. 13. One (1) of 1 white pitcher lid had dried on food particles. 14. Three (3) of 3 plate covers had dried on food particles.</p> <p>Three (3) of 3 large bins, each containing one of the following, flour, sugar, and bread crumbs were noted to be undated.</p> <p>Interview with the Dietary Manager on 2/27/12 at 10:53 A.M., he indicated he was unaware of the open date of the contents in the bins.</p> <p>A tray of pureed bread located in the walk in refrigerator was noted to be uncovered. Two oatmeal raisin cookies immersed in a bowl of clear, thickened fluid on the counter of the serving line were noted to be uncovered. A single cheese stick was noted to be located in the reach in refrigerator.</p>			

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	<p>Interview with the Dietary Manager on 2/27/12 at 10:55 A.M., he indicated the oatmeal raisin cookies were being pureed for lunch. He further indicated the cheese stick was an employees personal food item.</p> <p>Eleven (11) of 11 sandwich buns located in the dry storage room were noted with an expiration date of 2/24/12.</p> <p>At 11:05 A.M. on 2/27/12, the Administrator walked into the facility kitchen without a hair net on. The Dietary Manager indicated he should be wearing a hair restraint.</p> <p>Observation of the facility kitchen on 2/29/12 at 12:20 P.M., a serrated kitchen knife in a clear plastic sleeve was noted to be lying on the prep counter along the west wall. Inside the sleeve a small, white, round pill was located in the bottom corner of the sleeve. Dietary Employee # 3 identified the knife and pill as her personal items.</p> <p>Interview with the Dietary Manager on 2/29/12 at 12:01 P.M., he indicated personal items should not be in the facility kitchen.</p> <p>During observation of the facility kitchen</p>			

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	<p>on 2/29/12 at 5:00 P.M., a large, round, pepperoni pizza was noted to be sitting uncovered on the counter. Upon observation of the evening meal puree, a 1/4 full capped, 20 oz (ounce) bottle of Dr. Pepper was noted to be located on the counter directly within the work space.</p> <p>Interview with Dietary Employee # 4 on 2/29/12 at 5:15 P.M., he indicated the Dr. Pepper was his personal beverage.</p> <p>During interview with the Dietary Manager on 2/29/12 at 5:20 P.M., he indicated employees are allowed to have personal beverages in the kitchen as long as they are covered.</p> <p>At 5:20 P.M., the pepperoni pizza was still sitting on the counter uncovered.</p> <p>Interview with the Dietary Manager on 2/29/12 at 5:21 P.M., he indicated they use a frozen pizza crust then add fresh ingredients on top. He further indicated they normally keep food items covered.</p> <p>Review of a facility policy titled, "Additional Hygiene Regulations," dated 2011, indicated, "...Eating, drinking...are not permitted in the Dining Services department....Beverages are allowed for hydration purposes, but must be kept away from food-preparation</p>			

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	<p>areas....Personal items...must be placed in a designated area away from food preparation, service, and storage areas...."</p> <p>Review of an undated facility policy titled, "Storing Prepared Foods," indicated, "...For dry goods such as flour or sugar, identify the item by its name and date..."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>			