

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 06/20/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
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F000000	<p>This visit was for the Investigation of Complaint Numbers IN00129289 and IN00130835.</p> <p>Complaint Number IN00129289-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint Number IN00130835-Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F312, and F314.</p> <p>Dates of Survey: June 19 & 20, 2013</p> <p>Facility Number: 000253 Provider Number: 155362 AIM Number: 100266660</p> <p>Survey Team: Heather Tuttle, R.N. T.C. Caitlyn Doyle, R.N. Heather Hite, R.N. Regina Sanders, R.N. 6/19/13</p> <p>Census Bed Type: SNF/NF: 137 Total: 137</p> <p>Census Payor Type:</p>	F000000		
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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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	<p>Medicare: 13 Medicaid: 103 Other: 21 Total: 137</p> <p>Sample: 9</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 23, 2013, by Janelyn Kulik, RN.</p>				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the resident's responsible party was promptly notified of a change in condition related to excoriation to the</p>	F000157	F157 The facility failed to ensure the resident's responsible party was promptly notified of a change in condition related to excoriation.	07/20/2013			

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	<p>resident's coccyx area for 1 of 3 resident's reviewed for pressure sores in the sample of 9. (Resident #C)</p> <p>Findings include:</p> <p>The record for Resident #C was reviewed on 6/20/13 at 3:33 p.m. The resident's diagnoses included, but were not limited to, dementia with behavioral disturbances, chronic pain, diabetes, edema, and high blood pressure.</p> <p>Review of Nursing Progress Notes dated 5/23/13 at 11:52 p.m., indicated a "Change in Condition" note. The resident had excoriation to the coccyx. The resident's Physician was notified and new orders were obtained for Calmoseptine ointment every shift to the coccyx area.</p> <p>Further review of Nursing Progress Notes indicated the next documented entry was on 5/26/13 (three days later) and there was no documentation the resident's Responsible Party or interested family member was notified of the new excoriated area.</p> <p>Review of the current and undated Notification of Change in Resident Health Status policy provided by the</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>We are unable to correct the alleged deficient practice related to Resident C.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>All other residents with excoriations will have documentation reviewed to ensure notification of responsible party has been completed.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Licensed staff will be re-educated on notifying resident's responsible party with any change of condition per Change of Condition policy.</p> <p>Unit managers will complete Change of Condition Audit 5x per week to ensure responsible parties have been notified of change of conditions.</p>				

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	<p>Director of Nursing, indicated "The center will consult the resident's Physician, Nurse Practitioner, or Physician Assistant, and if known notify the resident's legal representative or an interested family member when there is a need to alter treatment significantly (i.e. a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)."</p> <p>Interview with the Director of Nursing on 6/20/13 at 1:00 p.m., indicated there was no documentation the resident's family member was notified of the new onset of the excoriation on 5/23/13.</p> <p>This Federal Tag refers to Complaint Number 00130835.</p> <p>3.1-5(a)(3)</p>		<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Change of Condition Audits will be reviewed by DNS or ADNS weekly to identify any trends or patterns. Results of audits will be brought to QAPI monthly for a minimum of 6 months.</p> <p><i>The DNS or designee will oversee this process</i></p> <p>By what date the systemic changes will be completed? July 20, 2013</p>		

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, record review and interview, the facility failed to ensure each resident received the necessary treatment and services for activities of daily living related to assisting totally dependent residents with feeding for 2 of 3 residents reviewed for assisting with feeding in the sample of 9. (Residents #H & #J)</p> <p>Findings include:</p> <p>1. On 6/19/13 at 12:25 p.m., Resident #H was observed sitting in a wheelchair in the dining room on the D-Wing. At that time, both of the resident's hands were observed to be contracted and closed. The resident's lunch tray was placed in front of him. All other resident's were eating or being assisted by staff. At 12:45 p.m., the resident still had not been assisted with feeding. Further observation at 12:50 p.m., (25 minutes later) a CNA sat down next to the resident and began to feed him.</p> <p>On 6/20/13 at 1:05 p.m., the resident</p>	F000312	<p>F312</p> <p>The facility failed to ensure that each resident received the necessary treatment and services for activities of daily living related to assisting totally dependent residents with feeding for residents H & J.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>We were unable to correct the alleged deficient practice for residents H&J.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>All other residents who reside on the D wing and require assistance with feeding have the potential to be affected by the alleged deficient practice. All residents who reside on D wing were reviewed with the staff for dining room</p>	07/20/2013			

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	<p>was in his wheelchair in his room seated next to the bed. At that time, he was served his lunch meal. The resident's tray was in front of him on the over bed table. At 1:17 p.m., the resident still had not been assisted with feeding. The resident indicated at the time, that he needed assistance with feeding because he was unable to feed himself. At 1:25 p.m., (20 minutes later) a CNA came into the room and assisted the resident with eating.</p> <p>The record for Resident #H was reviewed on 6/20/13 at 9:25 a.m. The resident was admitted to the facility from another long term care facility on 6/14/13. The resident's diagnoses included, but were not limited to paralysis, disorders of the joints, and Parkinson's Disease.</p> <p>Review of the Nursing Assessment dated 6/14/13 indicated the resident was alert and oriented with his memory intact.</p> <p>Review of Nursing Progress Notes dated 6/14/13 at 10:49 p.m., indicated the resident was total care and required total assistance with feeding.</p> <p>Interview with Resident #H on 6/20/13 at 9:30 a.m., indicated he had been</p>		<p>assignment.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Nursing staff will be re-educated regarding: placement of residents at dining tables for assistance and assisting residents with feeding when food is placed in front of residents.</p> <p>Dining rooms will be rearranged to allow for improved positioning of residents at dining tables.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Meal service on the units will be audited daily x 4 weeks rotating units and meal times. Audit of meals will then be audited weekly x 8 weeks. Audits will be continued monthly for a minimum of 3 months to ensure consistency.</p> <p>Results of audits will be brought to QAPI monthly for a minimum of 6 months.</p>				

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	<p>fed by the Speech Pathologist for breakfast, however, yesterday (6/19/13) during the lunch meal it was a disaster.</p> <p>Interview with the Director of Nursing on 6/20/13 at 1:00 p.m., indicated the resident needed total assistance with dining and assist with feeding during the meals.</p> <p>2. On 6/20/13 at 8:15 a.m., the second cart of meal trays had been delivered to the D-Wing. At that time, the residents were seated in front of the Nurse's Station, there were no residents in the dining room. At 8:20 a.m., the residents were assisted to the dining room. At 8:30 a.m., the first tray was passed to the residents in the dining room on the D-Wing. Resident #J was seated in her wheelchair with her back facing the window. She was seated next to the table, not directly in front of the table so she would be able to reach her food. Her breakfast tray was placed on the table beside her at 8:40 a.m. and left there covered. The resident could not reach the tray. There were eight residents in the dining room in which five of those residents required total assistance with feeding. Resident #J was not being assisted with her meal at that time. There</p>		<p><i>The DNS or designee will oversee this process</i></p> <p>By what date the systemic changes will be completed? <i>July 20, 2013</i></p>				

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	<p>were two CNA's and one LPN in the room assisting other residents except for Resident #J. At 8:55 a.m., (15 minutes later) LPN #2 sat down to feed the resident. Further observation indicated the last room tray was passed at 9:30 a.m.</p> <p>The record for Resident #J was reviewed on 6/20/13 at 9:40 a.m. The resident's diagnoses included, but were not limited to, dementia and stroke.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated 5/8/13 indicated the resident needed extensive assistance with one person physical assist for eating.</p> <p>Review of the current plan of care dated 5/13 indicated the resident had physical functioning deficit related to loss of range of motion and decreased ability to perform her own activities of daily living. The Nursing approaches were to provide assistance as needed, assist resident to dining room and set up meal as desired. Open condiments, open cartons of milk, and put items within easy reach.</p> <p>Interview with Confidential Employee #1 on 6/20/13 at 9:42 a.m., indicated</p>			

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	<p>"The breakfast meal was like this all the time. It takes over 1 and 1/2 hours to serve this meal and there was not enough staff to feed the residents especially if they were still in bed."</p> <p>Interview with Confidential Employee #2 on 6/20/13 at 9:45 a.m., indicated "The meal service is like this all the time. We cannot rush them to eat. It is so hard to serve the meals for breakfast and lunch someone always has to wait."</p> <p>Interview with the Dietary Food Manager on 6/20/13 at 1:37 a.m., indicated he had only been at the facility for three weeks and realized the meal service was a problem. He indicated it needed to be restructured. The Dietary Food Manager further indicated the first breakfast cart for the D-Wing usually goes down around 8:05 a.m.</p> <p>This Federal Tag refers to Complaint Number 00130835.</p> <p>3.1-35(a)(2)(C)</p>						

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review and interview, the facility failed to provide the necessary treatment and services to prevent pressures sores related to an excoriated area that led to an unstageable pressure sore for 1 of 3 residents reviewed for pressure sores in the sample of 9. (Resident #C)</p> <p>Findings include:</p> <p>The record for Resident #C was reviewed on 6/20/13 at 3:33 p.m. The resident's diagnoses included, but were not limited to, dementia with behavioral disturbances, chronic pain, diabetes, edema, and high blood pressure.</p> <p>The resident had returned from a hospital admission on 4/6/13. Review of the Nursing Assessment Record dated 4/6/13 indicated the resident</p>	F000314	<p>F314</p> <p>The facility failed to provide the necessary treatment and services to prevent pressure sores related to an excoriation. Res readmitted and redness to coccyx was documented but a skin sheet was not completed for weekly monitoring. Later resident developed an excoriation that progressed to a pressure ulcer.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>We are unable to correct the alleged deficient practice related to Resident C.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p>	07/20/2013			

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	<p>had no open areas. Review of Nursing Progress Notes dated 4/7/13 at 1:11 a.m., indicated the resident was noted with redness to coccyx and buttock areas, but with no open areas.</p> <p>Review of Physician Orders dated 12/6/12 and on 4/6/13 admission orders indicated Cavilon (a skin protectant) cream apply to bilateral buttocks and coccyx areas every shift.</p> <p>Review of the Wound Evaluation Flow Sheet indicated there was no evidence one had been completed for the redness to the coccyx areas.</p> <p>Review of Nursing Progress Notes dated 5/23/13 at 11:52 p.m., indicated resident has excoriation to coccyx. A new order for Calmoseptine to the coccyx every shift was obtained.</p> <p>Review of the Wound Evaluation Flow Sheet dated 5/23/13 indicated on 5/23/13 excoriation was noted to the coccyx/buttock areas. There were no measurements of the excoriation taken at that time.</p> <p>Another entry in Nursing Progress Notes dated 5/29/13 at 7:16 a.m., indicated excoriation continues, cleansed with normal saline Cavilon</p>		<p>All other residents with excoriations / pressure ulcers will have documentation reviewed to ensure appropriate skin sheets are completed as well as appropriate treatment orders.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Licensed staff will be re-educated on initiating skin sheets for any skin issue identified on admission / readmission.</p> <p>Licensed staff will be re-educated on initiating skin sheets for any skin issue identified after admission.</p> <p>Unit managers will be educated on auditing responsibilities.</p> <p>Unit managers will complete Change of Condition Audit 5x per week to ensure skin sheets and treatment orders are implemented for any identified skin concerns.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p>		

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	<p>applied around wound bed and applied tegaborsorb (a protective covering). The wound nurse to evaluate today. Nursing Progress Notes dated 5/29/13 at 6:20 p.m., indicated a skin assessment was completed. The resident's skin was warm and dry with no new skin issues noted at this time. Excoriation to coccyx continues.</p> <p>Review of the Wound Evaluation Flow Sheet indicated another entry dated 5/29/13 regarding the excoriation to the coccyx/buttock areas. Again there were no measurements taken of the excoriated areas.</p> <p>Review of the Treatment Administration Record (TAR) for the month of May 2013, indicated there was no documentation the Calmoseptine ointment was being applied to the excoriation from 5/23-5/31/13. The only treatment that was being signed out every shift was the Cavilon skin barrier cream.</p> <p>The next documented entry in Nursing Progress Notes was on 5/31/13 which indicated a care plan note, there was no information regarding the excoriation. Another Nurse's note dated 6/2/13 at 7:28 p.m., indicated the resident had</p>		<p>Change of Condition Audits will be reviewed by DNS or ADNS weekly to identify any trends or patterns. Results of audits will be brought to QAPI monthly for a minimum of 6 months.</p> <p><i>The DNS or designee will oversee this process</i></p> <p>By what date the systemic changes will be completed? July 20, 2013</p>	
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(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>complained of pain in the coccyx/buttock area. The resident's Physician was notified and new orders were obtained. The resident's family was also notified at that time.</p> <p>Review of the Wound Evaluation Flow Sheet dated 6/1/13 indicated the resident had an unstageable pressure ulcer to the coccyx area that measured 10 centimeters (cm) by 8.7 cm by undetermined. The areas was 50% yellow and 50% black. Under the section "Wound Status/Additional Comments" section indicated previous excoriation now presents as suspected Kennedy Ulcer. The resident's Physician was notified and new orders for Santyl (a debriding agent) was obtained. Documentation indicated the resident's family was also notified. This was the first time the wound team had observed the wound.</p> <p>Interview with LPN #1 on 6/20/13 at 11:15 a.m., indicated she regularly worked on the unit. She indicated the resident was observed with excoriation one day and the very next day, it was a pressure ulcer. She indicated, at that time she had notified the Director of Nursing.</p> <p>Interview with the Director of Nursing</p>			

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 06/20/2013
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	<p>(DoN) on 6/20/13 at 1:00 p.m., indicated the facility had a wound team which consisted of herself, the Unit Manager, and a CNA from the unit. She further indicated she was not made aware of the documentation on 5/29/13 in the Nurse's Notes for wound nurse to evaluate the resident's coccyx area. The DoN indicated the first time she had assessed the wound was on 6/1/13 in which the Physician and family were notified and the treatment had been changed. The DoN further indicated when the resident was observed with redness to the coccyx and buttock areas that should have been placed on a Wound Evaluation Form and monitored. She further indicated the excoriated areas to the coccyx and buttocks should have been measured when first observed.</p> <p>This Federal Tag refers to Complaint Number 00130835.</p> <p>3.1-40(a)(2)</p>				