STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155187		(X2) MULTIPLE C  A. BUILDING  B. WING	00	(X3) DATE SURVEY COMPLETED 09/17/2013	
	PROVIDER OR SUPPLIE	R -FOUNTAINVIEW PLACE	3175 L	ANCER ST AGE, IN 46368	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES  NCY MUST BE PRECEDED BY FULL  R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F000000	(PSR) to the F Licensure Sur 7/19/13.  This visit was PSR to the inv Complaints IN IN00134323 co Survey dates: 2013  Facility Numb Provider Num AIM Number:  Survey Team: Heather Tuttle Yolanda Love  Census Bed T SNF/NF:146 Total: 146  Census Payor Medicare: 28 Medicaid: 98 Other: 20 Total: 146  These deficient	00133670, and ompleted on 8/15/13.  September 16 &,17,  er: 000098 ber: 155187 100290980  e, R.N. T.C. , R.N.  Type:	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 7LHH12 Facility ID: 000098

(X6) DATE

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/01/2013 FORM APPROVED OMB NO. 0938-0391

	of Correction identification number:  155187	(X2) MULTIPLE CC	00		LETED 7/2013
		B. WING STREET A	ADDRESS, CITY, STATE, ZIP		72010
	PROVIDER OR SUPPLIER  I LIVING CENTER-FOUNTAINVIEW PLACE	3175 LA	ANCER ST AGE, IN 46368		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	IAC 16.2.				
	Quality review completed on September 22, 2013, by Janelyn Kulik, RN.				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 7LHH12

Facility ID: 000098

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MI A. BUII		ONSTRUCTION 00	(X3) DATE S COMPL	ETED	
	155187 B. WING		G		09/17/	2013	
	ROVIDER OR SUPPLIER	FOUNTAINVIEW PLACE		3175 LA	ADDRESS, CITY, STATE, ZIP CODE ANCER ST .GE, IN 46368		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE
F000329 SS=D	from unnecessary drug is any drug is any drug of dose (including dexcessive duration monitoring; or with for its use; or in the consequences which should be reduce combinations of the sased on a compresident, the facilinesidents who has drugs are not given antipsychotic drug treat a specific condocumented in the residents who use receive gradual districtional interversidents who use receive gradual districtional interversidents who use receive gradual districtional interview, the fact and monitoring the sach resident's was free from a medications reand monitoring residents review medications. (  1. The recording reviewed on 9/The resident's	DRUGS rug regimen must be free y drugs. An unnecessary when used in excessive uplicate therapy); or for in; or without adequate hout adequate indications ne presence of adverse nich indicate the dose d or discontinued; or any he reasons above.  In the second and the second and the clinical record; and the entipsychotic drugs ose reductions, and entions, unless clinically in an effort to discontinue  red review and acility failed to ensure is medication regime	F00	0329	Preparation, submission and implementation of this Plan of Correction does not constitute admission of or agreement wit the facts and conclusions set forth on the survey report. Ou Plan of Correction is prepared and executed as a means to continuously improve the quali of care and to comply with all applicable state and federal regulatory requirements. F-329, 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGSResidents #40 and #86 had notifications made to their	h r tty 9 4 33	10/01/2013

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 7LHH12

Facility ID: 000098

If continuation sheet

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i i			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	A. BUILDING COMPLETED			
	155187 <sub>B. V</sub>			G		09/17/	2013
NAME OF B	DOLUDED OD GLIDDLIED		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER			3175 LA	ANCER ST		
GOLDEN	I LIVING CENTER-	FOUNTAINVIEW PLACE		PORTA	GE, IN 46368		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	senile dementi	a, anemia, and			attending physicians and famil	ies	
	psychosis.				related to their sliding scale insulin orders.Residents having	a a	
					diagnosis of diabetes have the		
	Review of the I	Medication			potential to be affected. A 100		
	Administration	Record (MAR) dated			audit of sliding scale orders wa		
		an order for sliding			completed to ensure that the		
		iven per blood glucose			insulin dose given to each		
	test result) Nov				resident was within the		
	•	(under the skin) three			parameters of the physicians order. Medical Records were		
		th the following doses:			reviewed and Care Plans were	<u>,</u>	
	· ·	nits when Blood			modified to reflect the use of	•	
					sliding scale insulin as		
	Sugar=275-325				appropriate.Licensed Staff will	be	
		ınits when Blood -			re-inserviced by 9-27-13 on the	е	
	Sugar=326-37				facility policy and the use of		
	,	cal doctor) if Blood			sliding scale, and the documentation of the units give	an	
	Sugar below 60	and above 450			as per physician's orders.The	511	
					DNS or designee will conduct	а	
		of the MAR dated			daily 100% audit of diabetic		
	8/13, indicated	the resident's blood			residents with physician's orde	ers	
	glucose test re	sult on 8/27/13 at			for sliding scale use to ensure		
	11:00 a.m. was	s 277 and 10 units of			that residents are receiving the	eir	
	insulin was giv	en, and on 8/31/13 at			ordered insulin dosages with each sliding scale use. Daily		
	4:00 p.m. the r	esident's blood glucose			audits will be completed for 30		
	test result was	275 and 10 units of			days using the Resident Insulin		
	insulin was giv	en.			Administration & Sliding Scale		
	3.1				Audit Tool (see Item #26), ther		
	The MAR date	d 9/13, indicated the			100% audit will be completed 3		
		d glucose test result on			days per week for 30 more day then a 100% audit will be done		
		a.m. was 265 and 10			weekly for 30 more days. A	,	
		was given, on 9/4/13			100% monthly audit will be		
		e resident's blood			completed for an additional 90		
	•				days to ensure that residents a		
	-	sult was 279 and no			receiving their ordered insulin		
	_	en, on 9/5/13 at 7:00			dosages with each sliding scal		
		nt's blood glucose was			use. The results of these audits will be reviewed as part of our	3	
	285 and 10 uni	ts of insulin was given,			wiii be reviewed as part of our		

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Event ID: 7LHH12

Facility ID: 000098

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUI	LDING	00	COMPLETED
		155187	B. WIN			09/17/2013
					ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIER	₹		3175 LA	ANCER ST	
	I LIVING CENTER-	FOUNTAINVIEW PLACE		PORTA	GE, IN 46368	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	``	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
TAG		LSC IDENTIFYING INFORMATION)		TAG		DATE
		00 p.m. the resident's			Daily Stand Up meeting at leadays per week. These results	
		was 325 and 10 units			also be reviewed as a part of t	
		given, on 9/9/13 at 4:00			facilities monthly QAPI meetin	
	l •	ent's blood glucose was			for a period of 6 months.	
		its of insulin was given,			Thereafter the frequency of	
		3 at 11:00 a.m. the			reviews may be decreased to as needed basis as determine	
		d glucose was 279 and			by the QAPI Committee.	u
	10 units of insu	ılin was given.			Any patterns or trends will cau	se
					an Action Plan to be written ar	
		the Director of Nursing			appropiate interventions to be	
	(DoN) on 9/16/	/13, at 2:10 p.m.,			implemented.	nn
	indicated nursi	ng staff had been			Completion Date: October 1, 2013	JII
	reinserviced or	n medication			Date: Goldber 1, 2010	
	administration	related to insulin and				
	the Unit Manag	gers conducted weekly				
	audits.					
	Interview with	B Wing Unit Manager				
	on 9/16/13, at	2:42 p.m., indicated				
	she had compl	leted weekly audits and				
		epancies and also				
		esident had not been				
	included in her	sample for the sliding				
	scale audits fo					
	September 20					
	2. The record	for Resident #83 was				
	reviewed on 9/	/16/13 at 1:30 p.m. The				
	diagnoses incl	uded, but were not				
	limited to, hype	ertension, diabetes,				
		order, and dementia.				
		·				
	Review of the	Medication				
	Administration	Record (MAR) dated				
		an order for sliding				
	l , , , , , , , , , , , , , , , , , , ,		1			

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Event ID: 7LHH12

Facility ID: 000098

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		155187	B. WING		09/17/2013
NAME OF I	PROVIDER OR SUPPLIEF	· {		ADDRESS, CITY, STATE, ZIP CODE	
				ANCER ST	
GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE		PORTA	AGE, IN 46368		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL  LISC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE COMPLETION DATE
TAG		jiven per blood glucose	IAU		DATE
	, ,	malog (insulin)			
		(under the skin) three			
		fore meals, with the			
	following doses				
	100-250=15 ur				
	251-400=25				
	If resident eats	less than 50%, half of			
	coverage.				
		of the MAR dated			
	•	there was no evidence			
		of units of Insulin given			
		glucose reading dated			
	8/18/13 throug	n 8/31/13.			
	Dovious of the	MAR dated 9/13,			
		rder for sliding scale			
		per blood glucose test			
	result) Humal	•			
	l '	(under the skin) three			
		fore meals, with the			
	following doses				
	100-250=15 ur				
	251-400=25				
	If resident eats	less than 50%, half of			
	coverage.				
		of the MAR dated			
	l '	there was no evidence			
		of units of Insulin given			
		glucose reading dated			
	9/1/13 through	9/16/13.			
	Interview with	the Director of Nursing			

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Event ID: 7LHH12

Facility ID: 000098

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	OF CORRECTION  X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:  155187	(X2) MULTIPLE CO  A. BUILDING  B. WING	00	(X3) DATE SURVEY COMPLETED - 09/17/2013
	PROVIDER OR SUPPLIER  N LIVING CENTER-FOUNTAINVIEW PLACE	3175 LA	ADDRESS, CITY, STATE, ZIP CO ANCER ST .GE, IN 46368	DDE
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE COMPLETION
	(DoN) on 9/16/13, at 2:10 p.m., indicated nursing staff had been reinserviced on medication administration related to insulin and the Unit Managers conducted weekly audits. She also indicated, the amount of insulin given should be documented on the MAR.  Interview with C Wing Unit Manager on 9/16/13, at 2:30 p.m., indicated he had been completing weekly audits, he further indicated during his audits he assumed the insulin dosage was correctly given, although there was no evidence of documentation of the amount given.  This deficiency was cited on 7/19/13. The facility failed to implement a systemic plan of correction to prevent reoccurrence.  3.1-48(a)(6)			

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Event ID: 7LHH12

Facility ID: 000098

If continuation sheet

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	(X2) MULTIPLE CC A. BUILDING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 09/17/2013
	PROVIDER OR SUPPLIER	FOUNTAINVIEW PLACE	3175 LA	ADDRESS, CITY, STATE, ZIP CODE ANCER ST .GE, IN 46368	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE
F000520 SS=D	A facility must ma assessment and a consisting of the caphysician designest 3 other ments of the quality assessment and a seessment and a seessment and appropriate plans identified quality of A State or the Seessment and a seessment and appropriate plans identified quality of A State or the Seessment and a seessment and appropriate plans identified quality of A State or the Seessment and a seessment and appropriate plans identified quality of A State or the Seessment and a seessment and appropriate plans identified quality of A State or the Seessment and a seessment a	intain a quality assurance committee director of nursing services; nated by the facility; and at abers of the facility's staff.  sment and assurance at least quarterly to h respect to which quality assurance activities are evelops and implements of action to correct			
	to the compliance the requirements  Good faith attempt identify and correspond to be used as a Based on recompliance auditing of sliding administration assurance protection.  Findings including the Director of	ots by the committee to ct quality deficiencies will basis for sanctions. The review and acility failed to identify the of the monitoring and any scale Insulin through the quality ocol.	F000520	F-520 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEI QUARTERLY/PLANS A QAPI meeting was held on 9-18-13 a an Ad Hoc addendum was add to the meeting notes to address survey results from 9-17-13. A Action Plan was developed an implemented.Diabetic resident with sliding scale orders have potential to be affected. The facility has conducted a review those residents with physician orders for sliding scale use.Resident's are currently be	and ded ds An d ds sthe

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Event ID: 7LHH12

Facility ID: 000098

If continuation sheet

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/01/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  155187  NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE  OXID SUMMARY STATEMENT OF DEPICIENCIES  PREITR  GLACTI DEPICENCY MIST ILL PRACEDED BY PLEIL  TAG  Tagellar Arroy or a EXCEPTATION CHANGEMORE  Committee meets every month and consists of himself, the Director of Nursing, Social Service, Dietary, Maintenance, and Nursing as well as the Medical Director. The Administrator indicated at the time, they had developed an auditing tool to monitor the resident's sliding scale Insulin. He further indicated there was no separate box on the tool to indicate if the correct amount of Insulin was given. He indicated the facility had implemented a new computer system for the electronic medication sheets. The new system did not provide a separate box to place the amount of the Insulin that was given to the residents. The Administrator and the Director of Nursing both indicated at the time, they had developed an auditing tool or indicated the facility had implemented a new computer system for the electronic medication sheets. The new system did not provide a separate box to place the amount of the Insulin that was given to the residents. The Administrator and the Director of Nursing both indicated at the time, the problem had just been brought to their attention. He further indicated there had been an action plan and system put into place to identify the sliding scale Insulin problem, however, the system and the auditing tools were not effective.  Interview with the C Wing Unit Mangager on 9/16/13 at 2:30 p.m.,	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA						(X3) DATE S	SURVEY
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE  SUMMARY STATEMENT OF DEFICIENCES (INCITIONAL NAME OF PROVIDER OR SUPPLIER PROTECTION OF THE PROPERTY OF	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A RIIII	DING	00	COMPL	ETED
NAME OF PROVIDER OR SCIPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE  SITE ADDRESS CITY. STATE. ZIP CODE 3175 LANCER ST PORTAGE, IN 46388  LOCATION OF INCEDITATION OF DEFICIENCES (EACH DEFICIENCY MIST BE PRECEDED BY PILL) (COMPLETION (COSEMPTENCY COMPLETION (COSEMPTENCY OF WIST			155187				09/17/	2013
ANAMO OF PROVIDER OR SUPPLIES GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE  IN 19 D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  facility's Quality Assurance Committee meets every month and consists of himself, the Director of Nursing, Social Service, Dietary, Maintenance, and Nursing as well as the Medical Director. The Administrator indicated at the time, they had developed an auditing tool to monitor the resident's sliding scale Insulin. He further indicated there was no separate box on the tool to indicate if the correct damount of Insulin had been given to the resident. He further indicated the facility had implemented a new computer system for the electronic medication sheets. The new system did not provide a separate box to place the amount of the Insulin that was given to the residents. The Administrator and the Director of Nursing both indicated at the time, the problem had just been brought to their attention. He further indicated there had been an action plan and system put into place to identify the sliding scale Insulin problem, however, the system and the auditing tools were not effective.  Interview with the C Wing Unit  3175 LANCER ST PORTAGE, IN 46388  D PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG  D PREFIX TAG  D PREFIX TAG  D PREFIX TAG  D PREFIX TAG  Buddleto tensure that their physician orders for sliding scale insulin, the insulin decoumentation of the units given are followed per orders. Audit results will be reviewed as part of the facility QAPI meetings for silding scale insulin; does a part of the facility QAPI meetings for sliding scale reviewed appart of the facility QAPI meetings for sliding scale reviewed appart of the facility QAPI meetings for sliding scale reviewed appart of the facility QAPI meetings or a 30 day period to mesure that terisdents are receiving their sould consument and comment of the units given to the resident are receiving their sould provide a separate box to place the amount of the insulin does appropriate		n oxympun a	<u> </u>	<del>                                     </del>		ADDRESS, CITY, STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PREFEX (EACH DEFICIENCY MIST BE PRECEDED BY PULL. TAG  facility's Quality Assurance Committee meets every month and consists of himself, the Director of Nursing, Social Service, Dietary, Maintenance, and Nursing as well as the Medical Director. The Administrator indicated at the time, they had developed an auditing tool to monitor the resident's sliding scale Insulin. He further indicated there was no separate box on the tool to indicate if the correct damount of Insulin had been given to the resident's sliding scale indicated the box was there to simply answer yes or no if the correct amount of Insulin was given. He indicated the facility had nipelmented a new computer system for the electronic medication sheets. The new system did not provide a separate box to place the amount of the Insulin that was given to the residents. The Administrator and the Director of Nursing both indicated at the time, the problem had just been brought to their attention. He further indicated there had been an action plan and system put into place to identify the sliding scale Insulin problem, however, the system and the auditing tools were not effective.  Interview with the C Wing Unit  ID PREFEX TAG SUBJECTANT COMPACTORS AND COMPACTORS AND COMPACTORS TAMOF COMPACTORS AND COMPACTORS AND COMPACTORS AND COMPACTORS AND COMPACTORS AND COMPACTORS AND AND COMPACTORS AND COMPACTORS AND TAGE COMPA	NAME OF P	'KOVIDER OR SUPPLIEF	C					
REFIX TAG  REGULATORY OR LISC IDENTIFYING INFORMATION)  Facility's Quality Assurance Committee meets every month and consists of himself, the Director of Nursing, Social Service, Dietary, Maintenance, and Nursing as well as the Medical Director. The Administrator indicated at the time, they had developed an auditing tool to monitor the resident's slicting scale Insulin. He further indicated there was no separate box on the tool to indicate if the correct dose and the correct amount of Insulin had been given to the resident. He further indicated the facility had implemented a new computer system for the electronic medication sheets. The new system did not provide a separate box to place the amount of the Insulin that was given to the residents. The Administrator and the Director of Nursing both indicated at the time, the problem had just been brought to their attention. He further indicated there had been an action plan and system put into place to identify the sliding scale Insulin problem, however, the system and the auditing tools were not effective.  Interview with the C Wing Unit  PREFIX TAG  REGULATORY OR LAD ENGENDEM PROPRIEM PROPRIEMS  REGULATORY OR LAD ENGENDEM PROPRIEMS  REGULATORY OR LAD ENGENDEM PROPRIEMS  Addited to ensure that their physician orders for sliding scale insulin, the insulin administration, and the documentation of the units given are followed per orders. Audit results will be reviewed as part of the facility CAPI meetings and received as part of the facility CAPI sub-Committee Ad Hoc meetings for a 30 day period to ensure that and insense that their physician orders for sliding scale insulin foesoages. The facility Executive Director, or designee, will conduct weekly QAPI Sub-Committee Ad Hoc meetings will be reviewed and correct insulin doses are given with sliding scale coverage. Then, QAPI Sub-Committee Ad Hoc meetings will be reviewed and correct insulin doses are given with sliding scale insulin doses are given with sliding scale insulin doses are given with sliding scale insulin						GE, IN 46368		
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plan and system put into place to identify the sliding scale Insulin problem, however, the system and the auditing tools were not effective.  Interview with the C Wing Unit  Trends discovered as part of the QAPI meeting reviews will cause an Action Plan to be written and appropriate interventions to be implemented.  Completion  Date: October 1, 2013		_					-	
identify the sliding scale Insulin problem, however, the system and the auditing tools were not effective.  Interview with the C Wing Unit  QAPI meeting reviews will cause an Action Plan to be written and appropriate interventions to be implemented.  Completion  Date: October 1, 2013								
problem, however, the system and the auditing tools were not effective.  Interview with the C Wing Unit  an Action Plan to be written and appropriate interventions to be implemented.  Completion  Date: October 1, 2013		plan and syste	m put into place to					
the auditing tools were not effective.  Interview with the C Wing Unit  appropriate interventions to be implemented.  Completion  Date: October 1, 2013		•	_			•		
the auditing tools were not effective.  Interview with the C Wing Unit		problem, howe	ver, the system and					
Interview with the C Wing Unit  Completion Date: October 1, 2013		the auditing too	ols were not effective.				•	
Interview with the C Wing Unit Date: October 1, 2013		_				T	tion	
		Interview with	the C Wing Unit			-		
			_					

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	
		155187	B. WIN	IG		09/17/	2013
NAME OF P	PROVIDER OR SUPPLIER	3		STREET A	ADDRESS, CITY, STATE, ZIP CODE	•	
TWINE OF T	KO VIDEK OK SOI I EIEI				ANCER ST		
GOLDEN	I LIVING CENTER-	FOUNTAINVIEW PLACE		PORTA	GE, IN 46368		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
		as aware of the					
	• •	lem of not allowing					
		document how much					
		cale Insulin had been					
	•	ner indicated he had					
		ut one and half weeks,					
	·	niled to tell the Director					
		problem. The C Wing					
		further indicated at the					
		een completing weekly					
		ing his audits he					
		nsulin dosage was					
		, although there was no					
	evidence of do	cumentation of the					
	amount given.						
		D 147 11 11 14 14					
		B Wing Unit Manager					
		2:42 p.m., indicated					
		leted weekly audits for					
		vith sliding scale					
		irther indicated there					
		sidents, that had not					
		lited for the month of					
	September.						
	Interview with	the Director of Nursing					
		10:00 a.m., indicated					
	there were app	•					
		were receiving sliding					
		•					
		n the B Wing and she					
		pected all the residents					
		at least one time in the					
	I	ember thus far. She					
		ed she was not aware					
	of the compute	er problem until last					

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	of Correction identification number: 155187	A. BUILDING	00	COMPI	
	PROVIDER OR SUPPLIER  I LIVING CENTER-FOUNTAINVIEW PLACE	3175 L	ADDRESS, CITY, STATE, ZII ANCER ST AGE, IN 46368	_	
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
	Thursday 9/12/13, when it had brought to her attention.				
	3.1-52(b)(2)				

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