STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155187	A. BUILDING 00 B. WING	09/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	3175 LANCER ST PORTAGE, IN 46368

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F000000	This visit was for Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 7/19/13. This visit was in conjunction with the PSR to the investigation of Complaints IN00133670, and IN00134323 completed on 8/15/13. Survey dates: September 16 &,17, 2013 Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980 Survey Team: Heather Tuttle, R.N. T.C. Yolanda Love, R.N. Census Bed Type: SNF/NF:146 Total: 146 Census Payor Type: Medicare: 28 Medicaid: 98 Other: 20 Total: 146 These deficiencies also reflect state findings cited in accordance with 410	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement 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.

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	IAC 16.2. Quality review completed on September 22, 2013, by Janelyn Kulik, RN.			

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F000329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.			
	Based on record review and interview, the facility failed to ensure each resident's medication regime was free from unnecessary medications related to adequate dose and monitoring of Insulin for 2 of 3 residents reviewed for unnecessary medications. (Resident #40 and #83) 1. The record for Resident #40 was reviewed on 9/16/13 at 11:36 a.m. The resident's diagnoses included, but were not limited to, diabetes,	F000329	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on 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. F-329 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGSResidents #40 and # 83 had notifications made to their	10/01/2013

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	senile dementia, anemia, and psychosis. Review of the Medication Administration Record (MAR) dated 8/13, indicated an order for sliding scale (insulin given per blood glucose test result) Novolog (insulin) subcutaneous (under the skin) three times a day, with the following doses: Give extra 5 units when Blood Sugar=275-325 Give extra 10 units when Blood Sugar=326-375 Call MD (medical doctor) if Blood Sugar below 60 and above 450 Further review of the MAR dated 8/13, indicated the resident's blood glucose test result on 8/27/13 at 11:00 a.m. was 277 and 10 units of insulin was given, and on 8/31/13 at 4:00 p.m. the resident's blood glucose test result was 275 and 10 units of insulin was given. The MAR dated 9/13, indicated the resident's blood glucose test result on 9/4/13 at 11:00 a.m. was 265 and 10 units of insulin was given, on 9/4/13 at 4:00 p.m. the resident's blood glucose test result was 279 and no insulin was given, on 9/5/13 at 7:00 a.m. the resident's blood glucose was 285 and 10 units of insulin was given,		attending physicians and families related to their sliding scale insulin orders.Residents having a diagnosis of diabetes have the potential to be affected. A 100% audit of sliding scale orders was completed to ensure that the insulin dose given to each resident was within the parameters of the physicians order. Medical Records were reviewed and Care Plans were modified to reflect the use of sliding scale insulin as appropriate.Licensed Staff will be re-inserviced by 9-27-13 on the facility policy and the use of sliding scale, and the documentation of the units given as per physician's orders.The DNS or designee will conduct a daily 100% audit of diabetic residents with physician's orders for sliding scale use to ensure that residents are receiving their ordered insulin dosages with each sliding scale use. Daily audits will be completed for 30 days using the Resident Insulin Administration & Sliding Scale Audit Tool (see Item #26), then a 100% audit will be completed 3 days per week for 30 more days, then a 100% audit will be done weekly for 30 more days. A 100% monthly audit will be completed for an additional 90 days to ensure that residents are receiving their ordered insulin dosages with each sliding scale use.The results of these audits will be reviewed as part of our	

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	on 9/8/13 at 4:00 p.m. the resident's blood glucose was 325 and 10 units of insulin was given, on 9/9/13 at 4:00 p.m. the resident's blood glucose was 287 and 10 units of insulin was given, and on 9/14/13 at 11:00 a.m. the resident's blood glucose was 279 and 10 units of insulin was given. Interview with the Director of Nursing (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. Interview with B Wing Unit Manager on 9/16/13, at 2:42 p.m., indicated she had completed weekly audits and found no discrepancies and also indicated the resident had not been included in her sample for the sliding scale audits for the month of September 2013. 2. The record for Resident #83 was reviewed on 9/16/13 at 1:30 p.m. The diagnoses included, but were not limited to, hypertension, diabetes, depressive disorder, and dementia. Review of the Medication Administration Record (MAR) dated 8/13, indicated an order for sliding		Daily Stand Up meeting at least 5 days per week. These results will also be reviewed as a part of the facilities monthly QAPI meeting for a period of 6 months. Thereafter the frequency of reviews may be decreased to an as needed basis as determined by the QAPI Committee. Any patterns or trends will cause an Action Plan to be written and appropiate interventions to be implemented. Completion Date: October 1, 2013	

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	scale (insulin given per blood glucose test result) Humalog (insulin) subcutaneous (under the skin) three times a day before meals, with the following doses: 100-250=15 units 251-400=25 If resident eats less than 50%, half of coverage. Further review of the MAR dated 8/13, indicated there was no evidence of the number of units of Insulin given for each blood glucose reading dated 8/18/13 through 8/31/13. Review of the MAR dated 9/13, indicated an order for sliding scale (insulin given per blood glucose test result) Humalog (insulin) subcutaneous (under the skin) three times a day before meals, with the following doses: 100-250=15 units 251-400=25 If resident eats less than 50%, half of coverage. Further review of the MAR dated 9/13, indicated there was no evidence of the number of units of Insulin given for each blood glucose reading dated 9/1/13 through 9/16/13. Interview with the Director of Nursing			

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	(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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F000520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. Based on record review and interview, the facility failed to identify non-compliance of the monitoring and auditing of sliding scale Insulin administration through the quality assurance protocol. Findings include: Interview with the Administrator and the Director of Nursing (DoN) on 9/17/13 at 11:34 a.m., indicated the	F000520	F-520 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A QAPI meeting was held on 9-18-13 and an Ad Hoc addendum was added to the meeting notes to address survey results from 9-17-13. An Action Plan was developed and implemented.Diabetic residents with sliding scale orders have the potential to be affected. The facility has conducted a review of those residents with physician's orders for sliding scale use.Resident's are currently being	10/01/2013

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	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 dose and the correct amount of Insulin had been given to the resident. He further indicated the box was there to simply answer yes or no 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, 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 Manager on 9/16/13 at 2:30 p.m.,		audited 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 QAPI meetings to ensure that residents are receiving their ordered insulin dosages.The facility Executive Director, or designee, will conduct weekly QAPI Sub-Committee Ad Hoc meetings for a 30 day period to ensure that audit results are reviewed and correct insulin doses are given with sliding scale coverage. Then, QAPI Sub-Committee Ad Hoc meetings will be held 2 times per month for an additional 60 day period and then monthly for another 90 day period.The Executive Director or designee will conduct monthly QAPI meetings and will review sliding scale audits for trends to ensure that all diabetic residents are receiving their sliding scale insulin does per physician orders. Thereafter monitoring and audit reviews may be decreased to an as needed basis as determined by the QAPI Committee. Any patterns or 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	

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	indicated he was aware of the computer problem of not allowing nursing staff to document how much of the sliding scale Insulin had been given. He further indicated he had known for about one and half weeks, however, he failed to tell the Director of Nursing the problem. The C Wing Unit Manager further indicated at the time, he had been completing weekly audits and during his audits he assumed the Insulin dosage was correctly given, although there was no evidence of documentation of the amount given. Interview with B Wing Unit Manager on 9/16/13, at 2:42 p.m., indicated she had completed weekly audits for the residents with sliding scale Insulin. She further indicated there were some residents, that had not even been audited for the month of September. Interview with the Director of Nursing on 9/17/13 at 10:00 a.m., indicated there were approximately 13 residents who were receiving sliding scale Insulin on the B Wing and she would have expected all the residents to be audited at least one time in the month of September thus far. She further indicated she was not aware of the computer problem until last			

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	Thursday 9/12/13, when it had brought to her attention. 3.1-52(b)(2)			