STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155367		03/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-SYCAMORE VILLAGE	2905 W SYCAMORE ST KOKOMO, IN 46901

(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
F 0000 Bldg. 00	This visit for the Investigation of Complaint IN00195665. Complaint IN00195665-Substantiated. Federal/State deficienciency related to the allegation is cited at F323. Survey dates: March 17 and 18, 2016 Facility number: 000258 Provider number: 155367 AIM number: 100289160 Census bed type: SNF/NF : 82 Total: 82 Census payor type: Medicare: 5 Medicaid: 69 Other: 8 Total: 82 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality Review was completed by 21662 on March 21, 2016.	F 0000		

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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F 0323 SS=D Bldg. 00	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to implement the care planned transfer mode for 1 of 5 resident reviewed for accidents. (Resident B). T Findings Include: The record review for Resident B was completed on 3/17/16 at 1:30 p.m. Current diagnoses included, but were not limited to, Dementia, End Stage Renal Disease, Age related Osteoporosis without pathological fractures and muscle weakness. The record indicated on 3/11/16 at 2:50 a.m., the resident was observed to have a 4 centimeter (cm) by 4 cm area on inner right knee with swelling noted. Right knee was noted to be painful with range of motion. The Nurse Practitioner was notified and orders were obtained for x-ray of the knee in the morning. Orders were also obtained to medicate the resident for pain. The medication was noted to be effective. A Minimum Data Set (MDS) dated	F 0323	Resident Bno longer resides at facility All otherresident's were reviewed to ensure that anyone care planned with a transfermode was being transferred accordingly. CNAassignment sheets and care plans updated on any resident found to have been affectedby the deficient practice. Staffeducation also provided to alert staff of changes in mode of transfers. Nursingstaff in-serviced on reporting any change in mode of transfer of a resident to thecharge nurse/UM/designee. Chargenurse/UM/designee to ensure that care plan and CNA assignment sheet has beenupdated to reflect the change. UM/designee to review in clinical start up previous days nurses notesand new orders to identify any resident with a change in mode of transfer. UM/designee to audit any care plans and theCNA assignment sheets to ensure updates have been made. These audits to becompleted 5x/week x 30 days, 3x/week x 30 days, 2x/week x 30 days, then weeklyx 3 months. Results ofthese audits will be taken to QAPI x 6 months to track for any	04/15/2016

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	1/4/16, indicated transfers between surfaces requires extensive assistance with two + persons for transfer. A plan of care reviewed on 3/17/16, dated 7/10/15, identified the resident as a fall risk with interventions that included, but were not limited to, bed in low position, non-slip footwear, and stand up lift for transfers as needed. During an interview RN#1(Registered Nurse) on 3/17/16 at 3:00 p.m., she indicated Resident B demonstrated no different demeanor, no symptoms of pain were noted. The resident was to be with 2 person assist. Resident B was not noted to be combative or resistant to care. During an interview with CNA#2 (Certified Nurse Aide) on 3/17/16 at 3:10 p.m., he indicated he was the assigned care giver for Resident B on 3/10/16. He transferred the resident from the wheelchair to the shower chair without assistance. He was assisted by CNA#3 with transfer from shower chair to wheelchair. He stated he transferred the resident into bed with assistance from CNA#3. During an interview with CNA#3 on 3/18/16 at 8:45 a.m., she indicated she did assist with the transfer in the shower room, she noted Resident B was moaning during the shower and also was leaning more to the left side. CNA#3 noticed the resident grabbing her legs but this was		trends. If any trends identified then audits will becompleted based on QAPI recommendations. If no trends identified then will review on PRN basis.	

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	not unusual for the resident. During an interview with the Unit Manager of the Dementia unit, LPN#4 (Licensed Practical Nurse) on 3/18/16 at 9:00 a.m., she indicated the CNA's received a report on how to transfer residents during change of shift. This information was written on CNA work sheets. A review of the x-ray report obtained from Medical Records department of (name of hospital) on 3/18/16 at 1:00 p.m., findings noted on 3/11/16 at 2:45 p.m., "... Bones: There is a comminuted fracture of the distal femoral metaphysis with mild to moderate medial and posterior displacement and rotation of the primary distal fragment. No other fracture or osseous lesion is identified. Joint: Moderate degenerative changes are present in the knee. Soft tissues: unremarkable...Impression: Distal femoral metaphysis fracture...." A review of the "Falls Management Guidelines" dated 10/21/2015, obtained from the Director of Staff Development on 3/17/16 at 12:00 p.m., indicated "... Guideline Statement: Each Living center implements the falls prevention and intervention program. Process: the falls prevention and intervention program includes:...At risk residents are identified through "fall alert" communication system to care givers. During orientation			

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	new employees are educated to the fall management system...Following the completion of the MDS, if the resident triggers at risk for falls, the resident has further assessment utilizing the CAA (Care Area Assessment) guidelines. The plan of care is updated, if indicated, to further minimize the risk of falls...." This Federal tag relates to Complaint IN00195665. 3.1-45(a)(2)			