

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155076	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER- BROOKVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 7145 E 21ST ST INDIANAPOLIS, IN 46219
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00184471, IN00185037, IN00186981, IN00186988 and IN00187838.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00184761 completed on December 20, 2015</p> <p>Complaint IN00184471-Substantiated. Federal/state deficiency related to the allegations is cited at F311.</p> <p>Complaint IN00185037-Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00186981-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00186988-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00187838-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 3, 4 and 7, 2015</p>	F 0000	<p>The submission of this plan of correction does not indicate an admission by Golden Living Centers Brookview that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of this facility</p> <p>This facility recognizes it's obligation to provide legally and medically necessary care and service to its residents in an economic and efficient manner</p> <p>The facility herby maintains it is in substantial compliance with the requirements of participation for residential health care facilities</p> <p>To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management off this facility</p> <p>It is thus submitted as a matter of statue only</p> <p>The facility respectfully request from the Department a desk review for paper compliance</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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F 0311 SS=D Bldg. 00	<p>Facility number: 000031 Provider number: 155076 AIM number: 100266150</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census Payor type: Medicare: 4 Medicaid: 71 Other: 27 Total: 102</p> <p>Sample: 10</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3-1.</p> <p>Quality review completed by 30576 on December 9, 2015</p> <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p>			
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	<p>Based on observation, interview and record review the facility failed to provide a restorative walking program for a resident who required assistance to maintain her ambulation function for 1 of 3 residents sampled for rehabilitation (Resident #M).</p> <p>Finding include:</p> <p>Review of the record of Resident #M on 12/3/15 at 2:00 p.m., indicated the resident's diagnoses included, but were not limited to, history of falls, anxiety, dementia, difficulty walking and depression.</p> <p>The Minimum Data Set (MDS) assessment for Resident #M, dated 10/22/15, indicated the resident required extensive assistance of one person to walk and to walk in the corridor.</p> <p>The Physical Therapy discharge summary, dated 2/5/15 at 2:38 p.m., indicated the resident's level of function with ambulation at the time of discharge was 300 feet with a rolling walker and contact guard assistance with verbal cueing. The resident was discharged from therapy and placed on a restorative program for ambulation to maintain "gains made". The restorative aides were trained on the resident's ambulation</p>	F 0311	<p>F311D The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows: Resident M was referred to the therapy department and was evaluated and placed on therapy caseload When she has completed her skilled therapy if appropriate she will be placed on a restorative/FMP Program Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: Interviews with staff on regarding residents and their ADL functioning was immediately started Residents identified were referred to therapy After evaluation the residents were either placed on therapy caseload or placed on restorative/FMP programs When a resident's therapy is discontinued the therapy staff will write a FMP if appropriate and give to RNAC who will place program in care tracker under the restorative icon and educate the staff on the program Nursing management and Charge Nurse meet weekly with the Medical Director At this meeting each Charge Nurse discuss any resident who has had a change in their ADL functioning If a resident is identified therapy will do a evaluation on them for possible addition to therapy caseload or a restorative/FMP program</p> <p>The measures put into place and</p>	12/15/2015

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	<p>program.</p> <p>The "safe transitions goals/functional maintenance plan" for Resident #M, dated 2/2/15, indicated the resident's goals were omincycle level one for 5 minutes for lower extremities and ambulation with a rolling walker 300 feet with contact guard assist with a wheelchair behind the resident.</p> <p>The physical therapy screen form for Resident #M, dated 9/23/15, indicated the resident was found sitting on the bathroom floor, there were no injuries. The resident had no change in function and a physical therapy evaluation was not indicated. The resident required no modification to her functional maintenance program. The screen was signed by Physical Therapist (PT) #1.</p> <p>Interview with the Assistant Director Of Nursing (ADON) on 12/4/15 at 10:20 a.m., indicated Resident #M does not walk. The ADON indicated she may take 1-2 steps to go the restroom.</p> <p>Interview with CNA #1 on 12/4/15 at 10:20 a.m., indicated Resident #M had not been walking and had more difficulty with transfers. CNA #1 indicated the resident had declined.</p>		<p>the systemic changes made to ensure that this deficient practice does not recur are as follows: Interviews with staff on regarding residents and their ADL functioning was immediately started Residents identified were referred to therapy After evaluation the residents were either placed on therapy caseload or placed on restorative/FMP programs When a resident's therapy is discontinued the therapy staff will write a FMP if appropriate and give to RNAC who will place program in care tracker under the restorative icon and educate the staff on the program Nursing management and Charge Nurses meet weekly with the Medical Director At this meeting each Charge Nurse discusses any resident who has had a change in their ADL functioning If a resident is identified therapy will do a evaluation on them for possible addition to therapy caseload or a restorative/FMP program These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following: RNAC will give copies on all restorative/FMP programs and DNS/Designee will review for accuracy and implementation The programs will be kept in DNS office and dated logged DNS/Designee will audit</p>	

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	<p>Interview with PT #1 on 12/4/15 at 10:28 a.m., indicated she conducted the PT screen on Resident #M on 9/23/15 and the resident had no change in function since she had been on therapy case load. When queried if she watched the resident walk during this screen, PT #1 indicated no, she observed the resident transfer into a dining room chair.</p> <p>During observation on 12/4/15 at 12:05 p.m., CNA #2 assisted Resident #M from her wheelchair to the toilet using a gait belt. Resident #M held on to the grab bar beside the toilet and the CNA guided her with the gait belt. The resident did not walk, but did pivot around to the toilet. The resident was stiff and slow and was bent over at the shoulders during the observation. Interview with CNA #2 at this time indicated the resident did good with transfers when there was a grab bar available for her to hold onto, but it was more difficult for her to transfer into the dining room chairs without anything to hold onto. CNA #2 indicated the resident was unable to walk.</p> <p>The Physical Therapy Plan of Care for Resident #M, dated 12/4/15, indicated the resident had been inconsistent on the unit with transfers and walking, needing strong encouragement to participate with transfers and walking. The resident's</p>		<p>restorative/FMP program in care tracker 5 times a week for 4 weeks, then 3 times a week for 4 for weeks, then weekly, with results forwarded to the Quality Assurance Committee for review and further suggestions/comments Completion Date: 12/15/15</p>				

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	<p>current level of functioning was ambulation from the sitting area (in wheelchair) to a chair in the dining room chair "about 50 feet" with contact guard assist to minimal assist with verbal cues for encouragement. The treatment diagnosis was "difficulty in walking". The resident was placed on therapy case load 5 times a week for 30 days.</p> <p>During observation on 12/7/15 at 12:00 p.m., CNA #1 and CNA #2 assisted Resident #M from the wheelchair to the dining room chair. The CNA's used hands on stand by assist and encouragement for the resident to push up from the wheelchair, stand and pivot. The resident took 2 small steps to pivot and sat down.</p> <p>Interview with CNA #3 on 12/7/15 at 12:30 p.m., indicated the resident use to be on a walking program, but she alone would not be able to ambulate with the resident safely, so she did not walk the resident. CNA #3 indicated the resident's ability in walking had declined.</p> <p>Interview with LPN #4 on 12/7/15 at 2:00 p.m., indicated she was unaware if Resident #M was on a walking program.</p> <p>Interview with CNA #1 on 12/7/15 at 2:05 p.m., indicated Resident #M use to</p>			

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	<p>be on an ambulation program, but the resident's ability to walk had declined and she was not on a walking program any longer.</p> <p>Interview with PT #1 on 12/7/15 at 2:30 p.m., indicated Resident #M walked "about 50 feet" on 12/4/14 with 3 staff. PT indicated the resident needed a lot of cueing and would say she couldn't do it, but with encouragement she walked. PT indicated the resident was now on PT caseload.</p> <p>Interview with RN #1 on 10/7/15 at 2:35 p.m., indicated she was over the restorative program. RN #1 indicated Resident #M's walking program was stopped because the resident did not want to walk. Requested documentation of the last time the resident was in a walking program and documentation that the resident did not want to walk.</p> <p>Interview with the Director Of Nursing (DON) on 12/7/15 at 4:10 p.m., indicated the facility was unable to find documentation that Resident #M participated in a walking program. The DON indicated it should have been documented in the care tracker.</p> <p>The "Restorative" guidelines provided by the Administrator on 12/7/15 at 4:40</p>			

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	<p>p.m., indicated "living center provides a restorative nursing program with interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible." "Restorative documentation is recorded and retained electronically in CareTracker." " When a resident/patient is discharged from the restorative program it is discontinued in CareTracker and a Program Note is completed in CareTracker." "Residents/patients are discharged when restorative goals are met or when they no longer benefit from the program."</p> <p>This Federal tag relates to Complaint IN00184471.</p> <p>3.1-38(a)(2)(B)</p>			