

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 8, 9, 10, 11, 12, & 15, 2013</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Survey team: Leslie Parrett RN TC Sharon Lasher RN Penny Marlatt RN</p> <p>Census bed type: SNF/NF: 120 Total: 120</p> <p>Census payor type: Medicare: 11 Medicaid: 92 Other: 17 Total: 120</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 7/22/13 by Suzanne Williams, RN</p>	F000000	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.	

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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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on interview and record review, the facility failed to complete an accurate MDS (Minimum Data Set) assessment for weight and failed to comprehensively assess a</p>	F000272	<p>F272</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient</p>	07/25/2013	

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	<p>resident's pain, for 1 of 20 residents whose assessments were reviewed. (Resident #179)</p> <p>Findings include:</p> <p>The record of Resident #179 was reviewed on 7/10/13 at 1:51 p.m.</p> <p>Resident #179's Admission MDS (Minimum Data Set) assessment, dated 5/11/13, indicated the following:</p> <ul style="list-style-type: none"> - BIMS (Brief Interview for Mental Status), 15, with a score of 13-15 indicating cognition intact - pain, yes - received PRN (as needed) pain medication - received non-medication intervention for pain, no - should pain assessment interview be conducted, yes - have you had pain or hurting at any time in the last 5 days, yes - how much of the time have you experienced pain or hurting, almost constantly - has pain made it hard for you to sleep at night, yes - have you limited your day-to-day activities because of pain, yes - numeric rating scale (0-10), 8 - should the staff assessment for pain be conducted, no - height, 71 inches 		<p>practice are as follows:</p> <p>Resident#179 Pain assessment done on 7/16/13 careplan updated to reflect changes. MD was notified of oral pain and increase routine ultram to 100mg TID with PRN Norco for breakthrough pain. MD refuses to increase his norco d/t dx of cirrhosis and liver toxicity. New order was placed in EMAR to monitor for oral pain q shift. PREVMED Dentistry will be in facility 7/26/13 at 2:00pm to see resident. Appointment with IU School of Denistry is scheduled for 7/30/13.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>DNS/ADNS did facility audit on pain management to ensure all active residents had appropriate pain assessments and interventions were effective.</p> <p>In-service for licensed nurses was held on 7/25/2013. Pain assessments will be done on all new admissions and change of condition, if indicated to include routine pain med. DNS or designee will audit all new admission charts and change</p>				

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	<p>- weight 183</p> <p>Resident #179's "Weight Record" indicated the following:</p> <ul style="list-style-type: none"> - 5/4/13, 149 - 6/10/13, 131 - 7/2/13, 133.2 - 7/9/13, 134.4 <p>An interview on 7/15/13 at 3:45 p.m., with the MDS Coordinator indicated she was not sure why 183 pounds was documented as his weight on his MDS instead of 149 pounds. She also indicated she asked the nurses on the floor if the PRN medication was taking care of the resident's pain, and they said it was, so she didn't think he needed a staff pain assessment.</p> <p>3.1-31(a)(5)</p>		<p>of condition assessments within 24hrs to ensure pain assessments and weekly weights are completed and interventions in place.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>In-service for licensed nurses was held on 7/25/2013. Pain assessments will be done on all new admissions and change of condition, if indicated to include routine pain med. DNS or designee will audit all new admission charts and change of condition assessments within 24hrs to ensure pain assessments and weekly weights are completed and interventions in place. All new admissions orders will include weekly weights until stable.</p> <p>Deficient practice with be monitored monthly through QA&A process.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice</p>		

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			will not recur per the following: DNS/Designee will report findings of audits to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.		

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to assess a resident for pain when he was admitted with almost constant pain, had teeth in bad condition and had a fracture from a fall, and failed to document an assessment of the location and intensity of pain and effectiveness of narcotic pain medication, for 1 of 1 resident reviewed for pain. (Resident #179)</p> <p>Findings include:</p> <p>The record of Resident #179 was reviewed on 7/10/13 at 1:51 p.m. Resident #179's diagnoses included, but were not limited to, nondependent drug abuse, nausea with vomiting, diarrhea, hemorrhage of gastrointestinal tract, alcoholic cirrhosis of liver, esophageal varices (dilated veins in the esophagus), pelvic fracture, hypotension (low blood pressure), chronic hepatitis C, lower limb amputation, and rheumatoid arthritis.</p>	F000309	<p>F309</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>.</p> <p>Resident #179 has been monitored for pain q shift. Pain medication was increased (Ultram 100mg TID, Norco 5/325 Q 4hrs prn for breakthrough pain) by MD. Dental appt scheduled for 7/30/13 with IU School of Dentistry. Pain assessment completed on 7/22/13 and careplan updated to reflect changes.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p>	07/25/2013	

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	<p>Resident #179's Admission MDS (Minimum Data Set) assessment, dated 5/11/13, indicated the following:</p> <ul style="list-style-type: none"> - BIMS (Brief Interview for Mental Status), 15, with a score of 13-15 indicating cognition intact - pain, yes - received PRN (as needed) pain medication - received non-medication intervention for pain, no - should pain assessment interview be conducted, yes - have you had pain or hurting at any time in the last 5 days, yes - how much of the time have you experienced pain or hurting, almost constantly - has pain made it hard for you to sleep at night, yes - have you limited your day-to-day activities because of pain, yes - numeric rating scale (0-10), 8 - should the staff assessment for pain be conducted, no - dental, obvious or likely cavity or broken natural teeth and mouth or facial pain, discomfort or difficulty with chewing - diuretic, yes <p>Resident #179's care plan, dated 5/22/13, indicated "I am at increased risk for pain and pain-related</p>		<p>DNS/ADNS did facility audit on pain management to ensure all active residents were on appropriate pain medications and documented in EMAR correctly with effectiveness.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows</p> <p>DCE/Designee will audit all emar documentation daily to ensure nurses are using pain scale and location of administration of prn pain medication with effective results . Daily x 2 weeks, bi-weekly x 4 weeks and monthly x 4 weeks.</p> <p>In-service for licensed nurses was held on 7/25/2013. Pain assessments will be done on all new admissions and change of condition, if indicated to include routine pain med. DNS or designee will audit all new admission charts and change of condition assessments within 24hrs to ensure pain assessments and weekly weights are completed and interventions in place.</p>		

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	<p>symptoms due to partial right foot amputation, rheumatoid arthritis and history of abdominal discomfort related to ascites. Goal, Resident will verbalize a decrease in pain with pain relieving strategies, thru next assessment. Interventions, administer pain medication as ordered, assess and establish level of pain on numeric scale/or "faces" assessment tool, assist to turn and reposition for comfort, with devices, as needed, evaluate need to provide medications prior to treatment or therapy, implement non-pharmacological interventions of: Dim lighting/quiet environment, reassuring words/gestures, encouragement, repositioning, as examples, implement pain control strategies as ordered by physician, monitor response on pain scale relative to, medications, treatments and procedures, notify physician if pain interventions are no longer effective to seek alternative treatments/medication options and treatment as indicated for complaints of nausea, vomiting related to advancing effects of ascites."</p> <p>Resident #179's physician's recapitulation orders, dated 7/13, indicated "Ultram (analgesic), 50 mg, by mouth, TID (three times a day),"</p>		<p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>DNS/Designee will report findings of audits to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>	

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	<p>and "hydrocodone (narcotic pain medication)/Tylenol 325 mg, by mouth, PRN, every 4 hours."</p> <p>During an interview on 7/10/13 at 2:10 p.m., Resident #179 indicated "my teeth are my problem with my weight because they hurt. They hurt even when I am not eating and anything cold on my teeth is just a really bad pain. My teeth are broke off, rotten and hurt. I have pain in my hip since I fell and the Ultram does not help but the medication I ask for helps some; it makes the pain a lot more easy to take."</p> <p>An interview on 7/10/13 at 4:10 p.m. with LPN #4 indicated after Resident #179's fall at the facility, the PRN medication helped and he had not complained of tooth pain that much, so no further assessment has been completed.</p> <p>An interview on 7/15/13 at 3:45 p.m., with the MDS Coordinator indicated on his admission MDS assessment, she asked the nurses on the floor if the PRN medication was taking care of his pain, and they said it was, so she didn't think he needed a staff pain assessment.</p> <p>Resident #179's "Controlled</p>						

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	<p>Medication Accountability Record" indicated the hydrocodone (narcotic pain medication)/Tylenol 325 mg, by mouth, PRN, every 4 hours had been signed out 20 times from 5/13/13 to 7/2/13 without documentation of the site, intensity or effectiveness of the pain medication.</p> <p>The DON (Director of Nursing) was interviewed on 7/15/13 at 2:40 p.m. and indicated the nursing notes that had documentation of the hydrocodone/Tylenol given would indicate what the pain medication was given for and how effective it was, but there were not nursing notes related to some of the times the hydrocodone/Tylenol had been given.</p> <p>3.1-37(a)</p>			

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview and record review, the facility failed to implement weekly weights and interventions to prevent weight loss for 1 of 3 residents reviewed for weight loss of 6 residents who met the criteria for nutrition. (Resident #179)</p> <p>Findings include:</p> <p>The record of Resident #179 was reviewed on 7/10/13 at 1:51 p.m., Resident #179's diagnoses included but were not limited to, nondependent drug abuse, nausea with vomiting, diarrhea, hemorrhage of gastrointestinal tract, alcoholic cirrhosis of liver, esophageal varices (dilated veins in the esophagus), hypotension (low blood pressure), chronic hepatitis C, lower limb amputation, and rheumatoid arthritis.</p>	F000325	<p>F325</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Resident #179 is currently on weekly weights and is being monitored by unit spvr/designee weekly to ensure they are completed timely. Supplement put into place for weight management. DNS/Designee will attend weekly weight meetings to ensure accurate doc of weight management and that care plans accurately reflect residents with interventions in place .</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective</p>	07/25/2013	

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	<p>Resident #179's care plan, dated 5/16/13, indicated "Problem, I am at risk for complications related to some of his own teeth in poor condition. Goal, will have no oral complications or mouth pain, thru next assessment. Interventions, dental consultation as needed or ordered, monitor for diet tolerance, monitor for pain and notify physician and oral hygiene to be done BID (twice a day) and PRN."</p> <p>Resident #179's care plan, dated 6/14/13, indicated "Problem, has had a weight loss of 12% of his weight in 30 days. Goal, will have stable weight of 130-140 thru next review. Interventions, diet as ordered by physician, monitor intakes, selective menus and monitor weights weekly."</p> <p>Resident #179's physician's recapitulation orders, dated 7/13, indicated "Aldactone (treats fluid retention) 50 mg (milligrams) give 2 tablets 100 mg, by mouth, every day, Ultram (analgesic), 50 mg, by mouth, TID (three times a day), hydrocodone (narcotic pain medication)/Tylenol 325 mg, by mouth, PRN, every 4 hours, weekly weights times 4 weeks until stable, and regular diet."</p> <p>Resident #179's "Weight Record" indicated the following:</p>						

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	<p>- 5/4/13, 149 - 6/10/13, 131 - 7/2/13, 133.2 - 7/9/13, 134.4</p> <p>Review from Resident #179's record indicated weekly weights were not documented.</p> <p>Resident #179's "Report of Radiological Findings" dated 5/8/13, indicated "ultrasound guided paracentesis was performed in the left lower quadrant of the abdomen with removal of 5 liters of fluid." Resident #179's record indicated 11 pounds of fluid was removed from his abdomen by paracentesis (fluid that has accumulated in the abdominal cavity) on 5/8/13.</p> <p>A "Dietary Progress Note" dated 6/24/13, indicated "weight note, his weight this month was 131 down from 149 on admission. He receives a regular diet and is consuming an average of 74% on his meals. Lots of pain from hip fracture. Stays in his room and does fill out selective menus. Will put on weekly weights." The "Dietary Progress Note" on 6/24/13 did not note that 11 pounds of fluid had been removed from Resident #179's abdomen.</p> <p>Resident #179's "Dietary Notes"</p>				

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	<p>dated 5/28/13, under "nutritional diagnoses, 1. (Resident #179) is at nutritional risk for altered nutrition, related to laboratory values and inadequate oral intake albumin of 1.2 and leaving 25% or greater uneaten most meals. 2. Provide regular diet as ordered and provide food preferences as listed and encourage between meal snacks and monitor labs weight and encourage oral intake. 3. (Resident #179) will have no significant weight changes and will consume 75-100% of meals."</p> <p>Resident #179's "Meal Intake Detail" indicated from July 1st, 2013 to July 11th, 2013 he was on leave of absence 6 meals, ate little to none for 7 meals, ate 50% of 3 meals and ate 75-100% of the rest of the meals during this period in July.</p> <p>During an observation on 7/10/13 at 12:35 p.m., Resident #179 was observed eating 100% of his lunch.</p> <p>During an observation on 7/10/13 at 2:00 p.m. Resident #179's teeth were observed broken off and decayed. The areas under Resident #179's eyes were dark and they appeared hollow. He also appeared gaunt, bony and thin.</p>						

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	<p>An interview on 7/10/13 at 2:10 p.m., with Resident #179, indicated "my teeth are my problem with my weight because they hurt. They hurt even when I am not eating and anything cold on my teeth is just a really bad pain. My teeth are broke off, rotten and hurt. They say I cannot get them fixed because I am on Medicaid and it won't pay for my teeth to be repaired. Yes, I have lost a lot of weight because now I weigh about 130 pounds and I have weighed over 150 pounds most of my adult life."</p> <p>An interview on 7/12/13 at 9:49 a.m. with the Dietary Manager indicated weekly weights should have been done on Resident #179 but were not completed. She also indicated his teeth had not been addressed for his weight loss or that any other interventions had been put in place for his weight loss but "in morning meeting this morning they indicated they are going to get over the counter coverings for his teeth, so his teeth would not be so sensitive and hurt."</p> <p>Review of a Social Service note, dated 6/7/13, indicated "(Resident #179) had an appointment with a local dentist on 6/3/13. The dentist did fix one tooth that was bothering (Resident #179) and has contacted</p>						

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	<p>three oral surgeons about possibly seeing him as a patient. The (local dentist) himself has declined to take (Resident #179) as a patient, citing either the same reasons or payment type. A (School of Nursing Dentistry) was called, but the dentist is not readily available. Will continue to seek a dentist that will do the extractions with Medicaid as the primary payment. (Resident #179) will then not be eligible for further Medicaid dental benefits until 2014."</p> <p>3.1-46(a)(1)</p>			

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F009999	<p>3.1-14 PERSONNEL</p> <p>(t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording unless a previous positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is</p>	F009999	<p>F999 DCE/designee & Personnel clerk and disciplines involved in hiring practices will be trained via inservice to ensure physicals and PPD will be completed prior to start of employment in adherence to state guidelines.</p> <p>Director of Education/Administrative Nurse Designee will ensure by review that documentation is present that confirms that health and TB screenings are present before any newly hired staff are scheduled to begin work.</p> <p>The Business Office Manager or the Executive Director will review files for new hires no less than monthly for compliance to health and TB screening regulations. Any non-compliance will result in further review and training for the DCE and the Payroll/Benefits Clerk.</p> <p>Non-compliance with the requirements will be reported to the QAA Committee and any trend of non-compliance will require the QAA Committee to design and implement an action/ plan of correction .</p>	07/25/2013	

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	<p>negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>This rule was not met as evidenced by:</p> <p>Based on record review, the facility failed to ensure timeliness of pre-employment TB (tuberculosis) testing and pre-employment physicals for 3 of 10 employees files reviewed. (CNA #1, CNA #2, RN #3)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. CNA #1's employee file was reviewed on 7-15-13 at 2:00 p.m. Her employment start date was indicated to be 6-6-13. Her initial or first step TB test date was indicated to have been conducted 6-7-13, or one day after she began employment. 2. CNA 2#'s employee file was reviewed on 7-15-13 at 2:00 p.m. Her employment start date was indicated to be 5-2-13. Her pre-employment physical was indicated to have been conducted 5-3-13, or one day after she began employment 3. RN 3#'s employee file was 				

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	<p>reviewed on 7-15-13 at 2:00 p.m. Her employment start date was indicated to be 4-22-13. Her pre-employment physical was indicated to have been conducted on 4-24-13, or two days after she began employment. Her initial or first step TB test date was indicated to have been conducted 4-23-13, or one day after she began employment. Additionally, the second step TB test was not conducted. A hand-written notation on the TB test form, referring to the need for second step TB testing, indicated, "Not required -- had testing in past 12 months." Attached to the facility's TB test form was a copy of a document RN #3 had provided to the facility. The attached form indicated an area hospital laboratory had performed a "TB Quantiferon Gold" test on 8-13-12 which indicated the results were negative with a reference value of "negative." Additionally, this laboratory test form indicated on the same date a "TB Antigen Value" of 0.10 IU/ml (international units per milliliter) was conducted. A reference value for the TB Antigen Value was not indicated on this form.</p> <p>3.1-14(t)(1)</p>				

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