

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155685	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-ELKHART	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 W HIVELY AVE ELKHART, IN 46517
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F000000	<p>This survey was for the Investigation of Complaint IN00129983.</p> <p>Complaint IN00129983 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Survey dated: June 12-13, 2013</p> <p>Facility number: 000039 Provider number: 155685 AIM number: 100275130</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF/NF: 154 Total: 154</p> <p>Census payor type: Medicare: 16 Medicaid: 108 Other: 30 Total: 154</p> <p>Sample: 2</p> <p>This deficiency reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on June 17, 2013, by Brenda Meredith, R.N.</p>	F000000		
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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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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 record reviews and interviews, the facility failed to accurately assess a resident with a bowel obstruction prior to discharge home. This deficiency affected 1 of 3 residents reviewed for assessments in a sample of 3. (Resident "D")</p> <p>Finding includes:</p> <p>The record of Resident "D" was reviewed on 06/12/13 at 10:40 a.m. Resident "D" was admitted to the facility, on 02/22/13, with diagnoses including, but not limited to, morbid obesity, chronic venous hypertension, GERD (Gastro Esophageal Reflux Disease), obstructive sleep apnea, A-fib (atrial fibrillation: irregular heartbeat), CHF (Congestive Heart Failure), COPD (Chronic Obstructive Pulmonary Disease), DVT (Deep Vein Thrombosis), cellulite and diabetes. Review of an MDS (Minimum Data Set) Assessment (a tool to aid in planning resident care), dated 03/01/13, indicated Resident "D" was</p>	F000309	<p>F-309 1. Resident D was assessed upon readmission to the facility which included a gastrointestinal assessment. There were no adverse outcomes related to the alleged deficient practice. Newly admitted residents will be assessed upon admission for gastrointestinal needs. 2. Residents residing at the facility have the potential to be affected by the alleged deficient practice. * Nursing notes have been reviewed for the past 30-days by Nursing Administration in an attempt to identify any residents with complaints of nausea, vomiting or constipation. 3. The nursing staff team will be educated by the Director of Clinical education on Nursing assessments specific to Gastrointestinal assessments, post nausea, vomiting and/or complaints of constipation by July 1, 2013. Nursing Managers will review nursing notes daily during the clinical start up program. Any residents identified as having complaints of nausea, vomiting or constipation will be checked to ensure assessments of the gastrointestinal system had been performed and appropriate interventions put into place. 4. Clinical assessments audits will be</p>	07/08/2013	

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	<p>cognitively intact, weighed 424 pounds, and was continent of bowel.</p> <p>The record indicated Resident "D" was discharged home on 05/03/13, and readmitted on 05/15/13, following an ACF (Acute Care Facility: hospital) stay from 05/04/13 through 05/15/13. Review of an MDS Assessment dated 05/22/13, following readmission, indicated Resident "D" remained cognitively intact, weighed 390 pounds, and was frequently incontinent of stool.</p> <p>Review of the Progress Notes, from 04/14/13 through 04/28/13, indicated Resident "D" was routinely assessed for bowel sounds. Review of the Progress Notes, from 04/29/13 through discharge on 05/03/13, indicated the following: "04/29/13 04:47 [4:47 a.m.] ...cont [continent] of b/b [bowel/bladder] with incont [incontinent] episodes - incont care given as needed...."</p> <p>"05/02/13 05:08 [5:08 a.m.] resident had emesis at this time partially undigested food, totaling approx 300 cc [centimeters], resident stated he had a stomach ache yesterday so that's probably why he felt that way yesterday."</p>		<p>performed by the Director of Nursing and/or designee. The results of these audits will be reported by the Director of Nursing to the QAA committee for 6 months and then the QAA team will determine the need for additional auditing until a threshold of 100% is achieved</p> <p>5. Date of Compliance 07/8/13</p>				

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	<p>"05/03/13 03:35 [3:35 a.m.] ...resident had small emesis at this time, no other complaints voiced...."</p> <p>"05/03/13 05:45 [5:45 a.m.] resident stated he had been vomiting all night when nurse asked why he had not told staff except for the one time resident stated he was not aware he was suppose to tell us, only one small emesis was seen by staff will administer prn [as needed] phenergan [medication for nausea] and continue to observe."</p> <p>"05/03/13 09:18 [9:18 a.m.] Resident refused to go to the renal US [Ultrasound: a test utilizing sound waves] at (ACF name) this A.M. He states that he is to [sic] nauseous. Ate 100% of breakfast with no problems."</p> <p>"05 03/13 13:03 [1:03 p.m.] DISCHARGE: Resident d'ced [discharged] to home at this time as planned. No c/o [complaints of] express upon departure."</p> <p>The next entry indicated: "05/15/13 20:40 [8:40 7:00 p.m.] Pt. [Patient] admitted to room [number] at 7:00 p.m. from [ACF name] in Indy [Indianapolis] per [name] Ambulance Service via stretcher...."</p>			

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	<p>Review of a Physician's Orders, dated 5/2/13, indicated, "Phenergan 12.5 mg [milligram] by mouth PRN [as needed]. Give 12.5 po [per os: by mouth] q4* [every 4 hours] prn for nausea/vomiting."</p> <p>Review of the MAR (Medication Administration Record), dated May 2013, indicated Resident "D" received 1 dose of phenergan 12.5 mg on 05/03/15 at 5:52 a.m.</p> <p>Review of the "Bowel and Bladder" records for Resident "D" indicated the resident had a medium bowel movement on 05/02/13.</p> <p>Resident "D" was interviewed on 06/13/13 at 9:45 a.m. Resident "D" indicated prior to discharge home, on an undetermined date and time, he had informed a nurse he was constipated. Resident "D" indicated the nurse related the resident could not be constipated unless he had no bowel movements for a 3 day period. Resident "D" indicated the nurse did not assess his abdomen. The resident indicated he knew he was going home and did not relay his concerns to any other staff prior to discharge to home on 05/03/13, since his earlier concern was treated with</p>						

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	<p>disregard. The resident indicated he became ill with nausea upon arrival home and his spouse initiated 911. Resident "D" indicated he was taken to a local ACF, had testing done and was transferred to an ACF in Indianapolis for further care and treatment.</p> <p>Review of a CT (Computerized Tomography) completed at the local ACF indicated: "05/03/13...Impression: Small bowel intestinal obstruction related to a ventral wall umbilical hernia containing a loop of small bowel with proximal moderate small bowel distention...."</p> <p>Review of the "Discharge Summary" from the ACF in Indianapolis indicated: "05/15/13...Discharge Diagnosis: - SBO [Small Bowel Obstruction]...HPI [History/Physical] [Resident name] is a [number of years] y/o...hx [history] of morbid obesity, OSA [Obstructive Sleep Apnea]...obesity hypoventilation syndrome, COPD, Afib, DM2 [diabetes] recently diagnosed with RLE [Right Lower Extremity] DVT...and cellulitis who was discharged (sic) from rehab on 05/04 came in after a few hours at home with nausea, vomiting and was</p>						

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	<p>found to have SBO on KUB [Kidney Ureter Bladder: x-ray] and CT scan...was managed conservatively with NG suction [Naso-Gstric: a tube placed through nares to stomach to relieve pressure/empty contents]. His NG output has improved over the last couple days. CT scan shows large stool burden for which he was also initiated on a bowel regimen...."</p> <p>"Hospital Course: ...2. SBO..."</p> <p>The DNS (Director Nursing Services) was interviewed and provided, on 06/13/13 at 10:00 a.m., a facility Policy & Procedure, titled, "Clinical Health Status/Change of Condition Guideline," dated 2013, which indicated:</p> <p>"Guideline Statement Clinical Health Status: This process will assist in driving a thorough evaluation of resident/patient conditions on admission, quarterly and with significant change of condition..."</p> <p>Guideline Statement Change of Condition...</p> <p>The process for identification of change of condition includes gathering of objective data and documenting assessment findings, resident response, physician and</p>			

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	<p>family notification...</p> <p>Assessment...Subjective Assessment: What is the resident telling the nurse about the condition?...Objective Assessment: What does the physical assessment reveal?...The subjective portion is as important as the objective...."</p> <p>During the interview, the DNS indicated she was unaware of the resident's expressed concern to the nurse in regards to constipation. The DNS provided, at the time, an eMar (electronic Medication Record) Administration note: "05/01/13 11:16 [11:16 a.m.] ...continues to have lower abdomen discomfort, pain along muscle wall on lower abdomen. Abdomen large non tender, bowel sounds active all quads, per [by] pt [patient] report had BM yesterday and not today yet, gave Miralax and prune juice this a.m...."</p> <p>The DNS further indicated being unaware the record did not indicate the physician was apprised of the resident resident's emesis and complaint of abdominal pain prior to discharge home.</p> <p>This Federal tag relates to Complaint IN00129983.</p>			

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	3.1-37(a)				