

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00190932 and IN00191846.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaints IN00187741 and IN00188571 completed on December 18, 2015.</p> <p>Complaint IN00190932- Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F309, and F502.</p> <p>Complaint IN00191846 - Substantiated. No Deficiencies cited.</p> <p>Survey dates: January 27 & 28, 2016</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Census bed type: SNF/NF: 132 Total: 132</p> <p>Census payor type: Medicare: 26</p>	F 0000		

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 0157 SS=D Bldg. 00	<p>Medicaid: 95 Other: 11 Total: 132</p> <p>Sample: 10</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 26143, on February 5, 2016.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p>			

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	<p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the Physician was notified of elevated blood glucose (sugar) levels for 1 of 3 residents reviewed for blood glucose monitoring in a sample of 10. (Resident #E)</p> <p>Finding includes:</p> <p>The record for Resident #E was reviewed on 1/27/16 at 1:50 p.m. The resident's diagnoses included, but were not limited to, dementia, insulin dependent diabetes mellitus, and high blood pressure.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 5/27/14 indicated the resident had alterations in blood glucose levels related to insulin dependent diabetes mellitus. The Care Plan was last reviewed on 8/31/15. Care plan interventions included to observe for symptoms of</p>	F 0157	<p>Plan of Correction F157,F309</p> <p>The intent of the facility is to ensure Physician notification is completed in a timely manner regarding resident changes in condition. What corrective action (s) will be accomplished for those residents found to have been affected by the alleged deficient practice: Nursing staff reviewed resident E's current physician orders, physician notified of blood sugar readings, orders received.</p> <p>How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by this deficient practice. Medical Records were reviewed to ensure residents with a current change of condition had physician notification completed and documented. What measures</p>	02/18/2016

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	<p>elevated glucose levels and to report any abnormal results to the Physician.</p> <p>The 11/2015 Medication Administration Record was reviewed. A Physician's order was written on 11/23/15 for Novolog insulin to be administered per a sliding scale twice a day at 8:00 a.m. and 4:00 p.m. Sliding scale insulin was to be administered as follows: Blood Sugar 151-200 (2) units Blood Sugar 201-250 (4) units Blood sugar 251-300 (6) units Blood sugar 301-351 (8) units Blood sugar 351-400 (10) units Blood sugar 401 and over (12) units and call the Physician.</p> <p>The 11/2015 Medication Administration Record was reviewed. The Medication Administration Record indicated the following elevated blood sugar levels were noted: 11/23/15 at 4:00 p.m.- level was 458.</p> <p>The 11/2015 Nursing Progress Notes were reviewed . An entry made as a late entry on 11/23/15 4:20 p.m. indicated the resident's blood sugar level was 408 and the Physician was paged. An entry made on 11/23/15 at 5:56 p.m. indicated the Physician was paged again for a blood sugar level of 408. The next entry was made on 11/23/15 at 11:05 p.m. This</p>		<p>will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed nurses were educated regarding physician notification when residents have changes in condition, along with family/POA notification. Nursing notes will continue to be reviewed during morning clinical meeting. Notifications audits will be completed by DNS/designee daily for 4 weeks, 3 times weekly for 4 weeks, 2 times weekly for 4 weeks, and weekly for 8 weeks. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Audit results will be reported in QAPI meeting for 6 months or as determined by the QAPI committee, will track and trend patterns and implement action plans as appropriate. Date the systemic changes will be completed: 2/18/2016 Facility is asking for desk review, for F157,F309</p>		

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	<p>entry indicated the Physician was paged again and this was passed on to the midnight shift. One further entry was made on 11/23/15. This entry was made at 11:07 p.m. There was no indication of Physician notification in this entry. The results of the 11/23/15 4:00 p.m. blood sugar level on the Medication Administration Record and the Nursing Progress Notes listed different results for the same blood glucose test. There was no indication of the Physician being notified of any elevated blood sugar levels on 11/23/15.</p> <p>The 1/2016 Medication Administration Record was reviewed. A Physician's order was written on 12/4/2015 for the insulin to be administered per a sliding scale every 6 hours. The sliding scale indicated blood glucose levels were to be checked every 6 hours at 2:00 a.m., 8:00 a.m., 2:00 p.m., and 8:00 p.m. Sliding scale insulin was to administered as follows:</p> <p>Blood sugar 1-150 (0) units Blood sugar 151-200 (2) units Blood sugar 201-250 (4) units Blood sugar 251-300 (6) units Blood sugar 301-350 (8) units Blood sugar 351-400 (10) units Contact Physician if Blood sugar levels less then 60 or greater then 400.</p>			

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	<p>The Medication Administration Record indicated the resident's blood sugar level was recorded as "600" on 1/22/16 at 8:00 a.m.</p> <p>Review of the 1/22/16 Nursing Progress Notes indicated the first entry was made on 1/22/16 at 10:33 a.m. This entry indicated the resident's glucose level read high "HI." The resident's temperature was 100.8, respirations labored, quick and shallow, and pulse ranged between 120-125. The Physician was notified of the resident's status and new orders were obtained to send the resident to the hospital Emergency Room.</p> <p>When interviewed on 1/28/16 at 11:00 a.m., Unit Manager #1 indicated the resident's blood glucose level was checked on 1/22/16 at 8:45 a.m. The blood sugar level was "HI". The blood glucose level was checked again approximately 45 minutes later and read "HI" again. The Physician was paged again and called back at approximately 10:30 a.m. and was notified of the elevated glucose level. New orders were given to send the resident to the hospital Emergency Room.</p> <p>The facility policy titled " Notification of Change in Resident Health Status" was reviewed on 1/28/16 at 11:45 a.m. The</p>			

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F 0309 SS=D Bldg. 00	<p>policy had a last reviewed date of 11/11/15. The Assistant Director of Nursing provided the policy and indicated the policy was current. The policy indicated the Physician was to be notified of the need to alter treatment or commence a new form of treatment.</p> <p>This Federal tag relates to Complaint IN00190932.</p> <p>3.1-5(a)(2)</p> <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 review and interview, the facility failed to provide the necessary treatment and service related to monitoring for hyperglycemic reactions for 1 of 3 residents reviewed for Diabetic monitoring in a sample of 10. (Resident #E)</p>	F 0309	<p><u>Plan of Correction F157 F309</u> The intent of the facility is to ensure Physician notification is completed in a timely manner regarding resident changes in condition. What corrective action (s) will be accomplished for those residents found to have been</p>	02/18/2016

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	<p>Finding includes:</p> <p>The record for Resident #E was reviewed on 1/27/16 at 1:50 p.m. The resident's diagnoses included, but were not limited to, dementia, insulin dependent diabetes mellitus, and high blood pressure.</p> <p>Review of the 11/27/15 Minimum Data Set (MDS) assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (5). A score of (5) indicated the resident's cognitive patterns were severely impaired. The assessment indicated the resident was dependent on staff for eating.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 5/27/14 indicated the resident had alterations in blood glucose levels related to insulin dependent diabetes mellitus. The Care Plan was last reviewed on 8/31/15. Care plan interventions included to observe for symptoms of elevated glucose levels and to report any abnormal results to the Physician.</p> <p>The 11/2015 Medication Administration Record was reviewed. A Physician's order was written on 11/23/15 for Novolog insulin to be administered per a sliding scale twice a day at 8:00 a.m. and 4:00 p.m. Sliding scale insulin was to be</p>		<p>affected by the alleged deficient practice: Nursing staff reviewed resident E's current physician orders, physician notified of blood sugar readings, orders received.</p> <p>How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by this deficient practice. Medical Records were reviewed to ensure residents with a current change of condition had physician notification completed and documented. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed nurses were educated regarding physician notification when residents have changes in condition, along with family/POA notification. Nursing notes will continue to be reviewed during morning clinical meeting. Notifications audits will be completed by DNS/designee daily for 4 weeks, 3 times weekly for 4 weeks, 2 times weekly for 4 weeks, and weekly for 8 weeks.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Audit results will be reported in QAPI meeting for 6 months or as</p>	

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	<p>administered as follows: Blood Sugar 151-200 (2) units Blood Sugar 201-250 (4) units Blood sugar 251-300 (6) units Blood sugar 301-351 (8) units Blood sugar 351-400 (10) units Blood sugar 401 and over (12) units and call the Physician.</p> <p>The 11/2015 Medication Administration Record was reviewed. The Medication Administration Record indicated the following elevated blood sugar levels were noted: 11/23/15 at 4:00 p.m.- level was 458.</p> <p>The 11/2015 Nursing Progress Notes were reviewed. An entry made as a late entry on 11/23/15 at 4:20 p.m. indicated the resident's blood sugar level was 408 and the Physician was paged and staff were awaiting a call back. The 4:00 p.m. blood glucose results on the Medication Administration Record and the Nursing Progress Notes were different. No assessment of the resident's physical or mental status was noted.</p> <p>An entry made on 11/23/15 at 5:56 p.m. indicated a second page was made to the Physician. An entry made on 11/23/15 at 11:05 p.m. indicated the Physician was paged for a third time. No assessment of the resident's physical or mental status</p>		<p>determined by the QAPI committee, will track and trend patterns and implement action plans as appropriate. Date the systemic changes will be completed: 2/18/2016 Facility is asking for desk review, for F157, F309</p>				

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	<p>was noted during the above times.</p> <p>There was no indication of any assessment of the resident's physical or mental status in the 11/23/15 Nursing Progress Notes during the above times.</p> <p>The 1/2016 Medication Administration Record was reviewed. There were orders to complete blood glucose testing every (6) hours and cover with Novolog insulin as follows: 0-150: no insulin given Blood glucose: 151-200 : 2 units Blood glucose: 201-250 : 4 units Blood glucose: 251-300 : 6 units Blood glucose: 301-350: 8 units Blood glucose : 351-400 10 units Contact Physician if over 400</p> <p>The resident's blood glucose level registered 600 on 1/22/16 at 8:00 a.m.</p> <p>The 1/22/16 Nursing Progress Noted were reviewed. The first entry was made at 10:33 a.m. This entry indicated the resident was resting in bed and the glucometer read high. The resident's pulse rate ranged between 120-125. The resident's temperature was 100.8 degrees. The Physician was notified and orders were given to send the resident to the hospital.</p>			

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F 0502 SS=D Bldg. 00	<p>When interviewed on 1/28/15 at 12:30 p.m., the Assistant Director of Nursing indicated a physical assessment of the resident should have been completed on 1/22/16 at 8:00 a.m. when the above blood glucose level was high.</p> <p>This Federal tag relates to Complaint IN00190932.</p> <p>3.1-37(a)</p> <p>483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. Based on record review and interview, the facility failed to ensure laboratory tests were completed in a timely manner</p>	F 0502	Plan of Correction F502 The intent of this facility is to ensure residents receive and the facility to provide the	02/18/2016

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	<p>for 1 of 4 residents reviewed for change in condition in a sample of 10. (Resident #B)</p> <p>Finding includes:</p> <p>The record for Resident #B was reviewed on 1/28/16 at 11:06 a.m. The resident's diagnoses included, but were not limited to, hyponatremia (high sodium), calculus of Gallbladder (Gallbladder stones), protein-calorie malnutrition, and dysphasia (difficulty swallowing).</p> <p>Review of the Nurses Notes indicated on 11/25/15 at 3:02 p.m., the Physician ordered a CBC (Complete Blood Count) and BMP (Basic Metabolic Panel) to be completed in the a.m.</p> <p>Review of the resident's laboratory test results indicated a CBC and BMP was completed on 11/30/15. The Sodium test result indicated a high result of 155 mEq/L, (normal range 135-145 milliequivalents per liter) There lacked an indication of any laboratory tests being completed on 11/26/15.</p> <p>Interview with the ADON (Assistant Director of Nursing) on 1/28/16 at 3:10 p.m., indicated the Physician's Order was taken verbally over the phone. The lab test should have been completed on</p>		<p>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. What corrective action (s) will be accomplished for those residents found to have been affected by the alleged deficient practice: Resident B's labs were addressed by physician, new orders received and completed timely. How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Residents with lab orders have the potential to be affected. Medical records were reviewed to ensure current lab orders were being obtained timely. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed nurses were educated regarding labs/following physician orders. Nursing notes are reviewed during morning clinical meeting. Audits by DNS/designee will ensure residents are receiving lab services as ordered. Audits will be completed daily for 4 weeks, 3 times weekly for 4 weeks, 2 times weekly for 4 weeks, and weekly for 8 weeks. How the corrective action(s)</p>		

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	11/26/15 as ordered. This Federal tag relates to Complaint IN00190932. 3.1-49(a)		will bemonitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Audit results will be reported in QAPI meeting for 6 months or as determined by the QAPI committee, will track and tread patterns and implement action plans as appropriate. Date the systemic changes will be completed: 2/18/2016 Facility is asking for desk review, for F502		