

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/12/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00155342.</p> <p>Complaint IN00155342 unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 7, 8, 9, 10, 11 & 12, 2014</p> <p>Facility number: 000258 Provider number: 155367 Aim number: 100289160</p> <p>Survey team: Rita Mullen, RN, TC (September 8, 9, 10, 11 & 12, 2014) Bobette Messman, RN (September 8, 9, 10, 11 & 12, 2014) Maria Pantaleo, RN (September 7, 8, 9, 10, 2014) Holly Duckworth, RN (September 7, 8, 9, 10, 11 & 12, 2014) Tammy Alley, RN (September 12, 2014)</p> <p>Census bed type: SNF/NF: 94 Total: 94</p> <p>Census payor type: Medicare: 5</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. The facility respectfully requests a desk review for the survey follow-up.	
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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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F000241 SS=D	<p>Medicaid: 77 Other: 12 Total: 94</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on September 17, 2014.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to ensure dignity was maintained regarding a resident who did not receive timely meal service and a resident whose person and wheelchair were not properly cleaned for 2 of 4 residents reviewed for dignity. (#10 and #51)</p> <p>Findings include:</p>	F000241	Resident #51's wheelchair was cleaned. All residents have the potential to be affected by the deficient practice. All residents' wheelchairs were inspected to ensure they were clean. Any wheelchair noted to be dirty was cleaned. Dietary and nursing staff in-serviced on ensuring all residents sitting at the same table during meal times are served prior to serving residents at the next table. If staff sees that a	10/03/2014			

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	<p>1. During a dining observation in the main dining room on 09/08/14 at 12:25 p.m., Resident #10's table was observed being served. Resident #10 had one table mate. After serving the table mate, staff continued to serve other tables. Resident #10's table mate had eaten 30%-40% of her meal before Resident #10 was served at 12:34 p.m.</p> <p>During an interview on 09/08/14 at 12:38 p.m., the Director of Clinical Education indicated she did not know why there had been a delay in serving between the table mates.</p> <p>During an interview on 09/08/14 at 12:46 p.m., the Registered Dietician indicated two of the meal tickets were out of order. She indicated staff were supposed to watch to assure table mates were served at the same time.</p> <p>During an interview on 09/09/14 at 1:41 p.m., Resident #87 indicated sometimes in the dining room, people sitting at the same table were not served at the same time.</p> <p>During an Interview on 09/09/14 at 2:30 p.m., Resident #10 indicated occasionally people at the same table are not served when the others were served.</p>		<p>resident has not been served they are to alert dietary so that the resident's tray can be obtained. Nursing staff in-serviced on wheelchair cleaning schedule and also on checking residents as they leave the dining room from meals to check for any resident that may have food present on their wheelchair or clothing. Any resident identified should be taken to their room and attended to. Nursing staff also in-serviced on ensuring that resident's hair is brushed when getting resident up for the day or from a nap. Charge nurse/designee to watch meal service daily x 30 days, then 3 times weekly x 60 days, then 2 times weekly x 90 days to ensure residents are not skipped over when serving trays. UM/designee to round daily x 30 days, then 3 times weekly x 60 days, then 2 times weekly x 90 days to check residents to ensure that resident and their wheelchair are clean and presentable. Results of meal service audits and rounds to be reviewed at QAPI x 6 months to track for any trends. If any trends identified then the audits will be completed based on QAPI recommendations. If no trends identified then will review on PRN basis.</p>	

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	<p>2. During an observation on 09/07/14 at 6:20 p.m., Resident #51 was observed sitting in her wheelchair in the hallway with food present on her pants and shirt.</p> <p>During an observation on 09/09/14 at 1:31 p.m., Resident #51 was observed sitting in her wheelchair in the hallway with a smeared, dried, substances on her pants, shirt, and wheelchair. At 1:35 p.m., Resident #51 was taken to activities wearing the soiled clothing. Resident #51's hair was tousled and un-brushed.</p> <p>During an observation on 09/09/14 at 4:27 p.m., Resident #51 was observed in bed wearing the same soiled clothing from the previous observation at 1:31 p.m.</p> <p>During an observation on 09/10/14 at 9:20 a.m., Resident #51's wheelchair was observed with food particles in the seat and a smeared, dried substance on both arms of the wheelchair.</p> <p>During an observation on 09/11/14 at 3:09 p.m., Resident #51's wheelchair was observed with a smeared, dried, substance on the right arm.</p> <p>During an interview on 9/11/14 at 3:13 p.m., CNA #4 indicated the CNAs clean</p>			

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	<p>the residents immediately after meal time and follow a wheelchair cleaning schedule.</p> <p>On 3/11/14 at 3:19 p.m., a review of the wheelchair cleaning schedule indicated Resident #51's wheelchair was scheduled for cleaning on Fridays.</p> <p>During an interview on 09/11/14 at 3:25 p.m., the Assistant Director of Nursing Services (ADNS) indicated if a resident's clothing was soiled after a meal, they should be cleaned. If the clothes remained soiled, they should be changed. She indicated Resident #51 was cooperative with changing her clothes for the most part. The ADNS indicated on the scheduled wheel chair cleaning days, the CNAs took wheelchairs into the shower room, hosed them down and scrubbed the wheelchairs with scrub brushes and cleaning supplies. During the rest of the week, the wheelchairs should be wiped down if they appeared soiled. The ADNS indicated that she believed the smeared, dried, substance on the right arm of Resident #51's wheelchair had been there for quite a while. The ADNS took the right arm of the wheel chair down to the soiled utility room and was able to remove the stain. She indicated the CNAs may have been just rinsing the chair in the shower room and not</p>			

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F000278 SS=D	<p>scrubbing it.</p> <p>3.1-3(t)</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement. Based on record review and interview, the facility failed to correctly code the Minimum Data Set assessment (MDS) for 1 of 2 residents reviewed for urinary</p>	F000278	The significant change MDS for Resident #82 was corrected to reflect that the resident was frequently incontinent. The	10/03/2014			

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	<p>incontinence and 1 of 3 residents reviewed for urinary catheter use. (Resident #53 and 82)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #82 was reviewed on 9/12/14 at 8:45 a.m. Diagnoses included, but were not limited to, dementia, depression and osteoporosis.</p> <p>A Quarterly MDS, dated 1/22/14, indicated Resident #82 was always incontinent.</p> <p>A Significant Change MDS, dated 4/22/14, indicated Resident #82 was occasionally incontinent.</p> <p>A Significant Change MDS, dated 7/24/14, indicated Resident #82 was frequently incontinent.</p> <p>A review of the Care Tracker record for 4/16/14 to 4/22/14, indicated 21 episodes of incontinence. Care Tracker records for 7/18/14 to 7/24/14, indicated 21 episodes of incontinence.</p> <p>During an interview with LPN #1, on 9/12/14 at 9:15 a.m., she indicated Resident #82 had never been occasionally incontinent.</p>		<p>diagnosis for Resident #53 was corrected to include benign local hyperplasia prostate with urinary obstruction. The last current MDS for all residents was reviewed to ensure that urinary incontinence was accurately coded. All residents with urinary catheters also reviewed to ensure that the diagnosis was accurately coded. The MDS for any resident to have been affected by the deficient practice was corrected. Licensed nursing staff in-serviced on ensuring that they review the MDS prior to submitting to ensure correct information was inputted. UM/designee to review each MDS regarding urinary incontinence and residents with urinary catheters prior to submitting MDS. This audit to be completed with every MDS x 30 days, then 3 times weekly x 30 days, then 2 times weekly x 30 days then weekly x 90 days. Results of these audits to be reviewed at QAPI x 6 months to track for any trends. If any trends identified then the audits will be completed based on QAPI recommendations. If no trends identified then will review on a PRN basis.</p>				

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	<p>During an interview with the MDS coordinator, on 9/12/14 at 9:55 a.m., she indicated Resident #82 was frequently incontinent of bowel and bladder and the Significant Change MDS, dated 4/22/14, was miss coded.</p> <p>2. Resident #53's clinical record was reviewed on 9/12/2014 at 11:24 a.m. Diagnoses included, but were not limited to, Alzheimer's disease and benign local hyperplasia prostate without urinary obstruction.</p> <p>During an observation of Resident #53 on 9/8/2014 at 10:30 a.m., he was observed to have a Foley catheter in place.</p> <p>During an interview with LPN #3, on 9/8/2014 at 10:38 a.m., she indicated the resident had a urinary obstruction and urinary retention was the reason for his Foley catheter utilization.</p> <p>The Quarterly MDS assessment dated 8/14/2014, indicated Resident #53 had an active diagnosis of benign local hyperplasia prostate without urinary obstruction.</p> <p>During an interview with the Assistant Director of Nursing Services, (ADON) on 9/12/2014 at 10:00 a.m., she indicated the diagnosis coding on the MDS dated</p>			

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F000315 SS=D	<p>8/14/2014 was not correct. Resident #53 should have been coded to indicate benign local hyperplasia prostate with urinary obstruction.</p> <p>3.1-31(c)(1) 3.1-31(c)(3)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on record review, interview and observation, the facility failed to ensure anchored catheter tubing was positioned in a manner to prevent the possibility of infection for a resident with a history of urinary tract infections (UTI) for 1 of 3 residents reviewed for anchored catheter use in a sample of 3. (Resident # 42)</p> <p>Findings include:</p> <p>The record for Resident # 42 was reviewed on 9/12/14 at 1 p.m. Current diagnoses included, but were not limited to, UTI and retention of urine.</p>	F000315	Foley catheter tubing for Resident #42 was positioned off of the floor. Care plans of residents with urinary catheters were reviewed to ensure interventions in place to help prevent the possibility of urinary tract infections. Nursing staff in-serviced on ensuring residents with urinary catheters have the tubing positioned so that it does not come into contact with the floor. UM/designee to round daily x 30 days, then 3 times weekly x 60 days, then 2 times weekly x 90 days to ensure urinary catheter tubing is positioned off of the floor. Results of the rounds to be reviewed at QAPI x 6 months to track for any	10/03/2014

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	<p>A plan of care dated 4/11/13 indicated the resident had an indwelling Foley catheter for urinary retention.</p> <p>A Urinalysis dated 2/1/14 indicated a urine culture positive for greater than 100,000 proteus mirabilis with 50-100 white blood cells (normal 0-5) and 1+ bacteria.</p> <p>A 2/5/14 nursing note indicated an order for ampicillin 500 milligrams (antibiotic) by mouth 4 times daily for 7 days for the treatment of a UTI.</p> <p>A physician order dated 4/3/14 indicated on order for a UA (urinalysis) C&S (culture and sensitively).</p> <p>A Urinalysis dated 4/4/14 indicated the resident had a urinary tract infection with 24-50 white blood cells (normal 0-5), 1+ Bacteria and had a culture positive for greater than 100,000 providencia stuartii.</p> <p>A physician order dated 4/8/14 indicated an order for Bactrim DS (antibiotic) twice daily for 7 days for the treatment of a UTI.</p> <p>During an observation on 9/12/14 at 1:21 p.m., Resident # 42 was sitting in her rocking chair at the foot of her bed. The</p>		trends. If any trends identified than the audits will be completed based on QAPI recommendations. If no trends identified then will review on a PRN basis.				

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F000465 SS=E	<p>dignity bag was hanging on the foot of the bed and the tubing was laying on the floor between the bed and the rocking chair. There was cloudy yellow urine in the tubing.</p> <p>During an observation and interview with LPN UM (unit manager) # 1 on 9/12/14 at 1:27 p.m., she indicated the catheter tubing should not be on the floor while the resident was in her chair. LPN UM #1 adjusted the tubing off the floor.</p> <p>3.1-41(a)(2)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to maintain an environment that was clean and in good repair for 11 of 40 resident rooms observed for environmental concerns. (Room 223, 221, 218, 216, 210, 207, 101, 107, 112, 126, and 321)</p> <p>Findings include:</p> <p>During the Stage 1 survey room observations, the following was observed:</p>	F000465	<p>The following issues have been addressed by the facility maintenance and housekeeping:</p> <p>Room 223: The room and bathroom were deep-cleaned to eliminate any odors. The toilet and toilet base were cleaned. The sink was cleaned. The walls were repaired and repainted.</p>	10/03/2014	

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	<p>Room 223: A strong odor of urine was noted throughout the room. At the time of the observation on 9/8/14 at 12:21 p.m., the ADON indicated the urine odor was very strong and needed to be addressed by housekeeping. The bathroom toilet top was dirty with debris and a liquid brown substance. The walls had paint that was chipping. The bathroom sink was dirty with debris and yellow liquid. There were stains on the floor around the toilet base.</p> <p>Room 221: There was a hole in wall at head of bed area. The bathroom had a strong odor of urine and was shared with room 223. The bathroom door was marred and had chipped paint.</p> <p>Room 218: The bathroom had a dollar size hole in tile between the sink and the toilet. The door was marred and had chipped paint.</p> <p>Room 216: The walls and doors in the room and bathroom was marred and had chipped paint. There was debris noted on the floor in the bathroom.</p> <p>Room 210: There were brown spots on the ceiling tile and the bathroom door and frame was scratched, marred and had chipped paint.</p>		<p>Room 221: The hole in wall at the head of bed was repaired and repainted. Bathroom was deep-cleaned to eliminate odors. Bathroom door was repainted.</p> <p>Room 218: The hole in the tile was repaired. The door was repainted.</p> <p>Room 216: The walls and doors were repaired and repainted. Housekeeping cleaned the bathroom and removed the debris.</p> <p>Room 210: The ceiling tile was cleaned and brown spots removed. Bathroom door and frame were repainted.</p> <p>Room 207: The baseboard was repaired. The room walls were repaired (nail holes filled in and crack repaired) and repainted. Bathroom door and frame were repainted.</p> <p>Room 101: Bathroom door and frame were repainted.</p> <p>Room 107: The walls in the room were repaired and</p>	

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	<p>Room 207: The baseboard was coming apart from the wall. The walls were marred, gouged and had chipped paint. There were nail holes in the wall and a crack in the wall extending up from the air unit. The bathroom door and frame and the bathroom wall was marred and had chipped paint.</p> <p>Room 101: The bathroom door and door frame was marred and had chipped paint.</p> <p>Room 107: The walls in the room and bathroom were gouged and had chipped paint. The bathroom door and doorframe was gouged and had chipped paint.</p> <p>Room 112: The doorway, room walls and bathroom walls had area of chipped paint. The doorway to the room was difficult to open and close as it "stuck." There was marring on the floor under where the door open and closed.</p> <p>Room 126: The bathroom walls had chipped paint.</p> <p>Room 321: The room and door had chipped paint. There was a ceiling panel that was falling down and maintenance was notified of this concerns.</p> <p>During an interview with the</p>		<p>repainted. The bathroom door and frame were repainted.</p> <p>Room 112: The doorway, room walls and bathroom walls were repaired and repainted. The door was adjusted so that it opened and closed appropriately. The floor where the door opened was repaired.</p> <p>Room 126: Bathroom walls were repaired and repainted.</p> <p>Room 321: The room and door were repaired and repainted. The ceiling panel was repaired.</p> <p>Maintenance and housekeeping audited the remainder of the resident rooms to identify any similar issues identified by State Surveyors. Anything noted will be cleaned or repaired as necessary. Housekeeping has a new cleaning product that will help in the elimination of odors in bathrooms.</p> <p>Maintenance shall do walkthroughs in a minimum of 10 resident rooms per week to</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/12/2014
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901		
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	Maintenance Supervisor and the Administrator on 9/12/14 at 9:52 a.m., the Administrator indicated maintenance monitors rooms for concerns, but there was no specific plan in place for how rooms were monitored. The Maintenance Supervisor indicated he received maintenance slips and verbal notification from the staff when a repair needed completed. He indicated he would get on these areas today. 3.1-19(f)		observe the condition of resident rooms and identify any repairs needed. These walkthroughs will be documented on an audit sheet and retained in the maintenance office. The results of these audits to be reviewed at QAPI monthly x 6 months to track for any trends. If any trends identified then audits to be completed based on QAPI recommendation. If no trends identified then will review on a PRN basis.		