

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155062	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/09/2015
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-LAPORTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 I ST LA PORTE, IN 46350
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00186050.</p> <p>Complaint IN00186050-Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey date: December 9, 2015</p> <p>Facility number: 000023 Provider number: 155062 AIM number: 100289400</p> <p>Census bed type: SNF/NF: 57 Total: 57</p> <p>Census payor type: Medicare: 3 Medicaid: 48 Other: 6 Total: 57</p> <p>Sample: 4</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 December 11, 2015.</p>	F 0000		
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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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F 0323 SS=G Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to ensure each resident was free from accidents related to ensuring the safety belt was securely strapped across the resident's waist while using a mechanical lift for a transfer from the toilet to a wheelchair which resulted in a fall with a laceration to the back of the head that required five staples for 1 of 3 residents reviewed for accidents. (Resident #E)</p> <p>Finding includes:</p> <p>The closed record for Resident #E was reviewed on 12/9/15 at 10:15 a.m. The resident's diagnoses included, but were not limited to, heart failure, high blood pressure, obesity, hypothyroidism, depressive disorder, and type 2 diabetes.</p> <p>The 9/3/15 Quarterly Minimum Data Set</p>	F 0323	<p>1. CNA immediately removed from care and re-inserviced per DNS regarding proper application of sling and able to return demonstrate correct procedure. CNA placed with another experienced CNA &amp;/or DNS for all transfers at this time. DCE and DNS re-educated with return demonstration all other CNAs who utilize lifts prior to utilizing on residents.</p> <p>2. All CNAs were re-inserviced and a skills check-off was completed per the Director of Clinical Education (DCE) utilizing the attached "Golden Living Lift Program Mechanical Skills Check-off." All residents who utilize mechanical lifts and their medical records were reviewed per the Director of Nursing Services (DNS) to ensure that the appropriate lift and lift technique was being utilized, a current and accurate lift assessment (see attached "Lift Assessment") and plan of care plan were in place</p>	01/04/2016

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	<p>(MDS) assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 9, indicating the resident was moderately impaired for decision making and had some cognitive impairment. The resident was an extensive assist with a physical assist of one person for transfers and toilet use. The resident had no history of falls since the last assessment.</p> <p>The current and updated plan of care dated 9/2015 indicated the resident was at risk for falls. The Nursing approaches were to transfer with the Sara lift (a mechanical sit to stand lift).</p> <p>Nursing Progress Notes dated 11/4/15 at 9:20 a.m., indicated the Nurse was called to the resident's room by the CNA. The CNA indicated she was lifting the resident up on the Sara lift, the resident slipped out of the lift and fell to the ground and hit her head. The resident sustained a 3.5 centimeters (cm) by 0.2 cm laceration to the back of her head. The resident's Physician was notified and new orders were obtained to send her to the Emergency Room.</p> <p>Nursing Progress Notes dated 11/4/15 at 1:30 p.m., indicated the resident returned from the hospital with five staples to the back of her head.</p>		<p>with no other deficiencies identified. 3. DCE or designee to complete random CNA lift audits utilizing the "Lift Observation Audit" form (see attachment) at a minimum of 3x/weekly on all three shifts and the DNS or designee to complete weekly on all 3 shifts. If any deficient practice is identified during the audits it will be corrected and the staff member re-inserviced and/or disciplined immediately. 4.DCE to report findings of the audits monthly at the QAPI meeting The QAPI committee to review for any trends or patterns (3 deficient practices per month will be considered a trend/pattern) with changes to the plan to made as necessary. 5. 1/4/2016</p>				

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	<p>The verification of investigation form provided by the Director of Nursing on 12/9/15 at 12:15 p.m., was reviewed. The description of the event indicated "Upon entering the room, resident was laying on her back with her head against the bathroom doorway frame. Her legs were out straight with them still on the base of the Sara lift. The arms of the Sara lift were in an upright position with the sling still attached." The Assessment of Resident/Injury indicated a laceration to the back of her head which was bleeding. The resident was slow to respond with answering questions. The resident wanted to go to sleep and complained of a headache. Resident also indicated she had tingling to her right fingers. The summary of the staff interview indicated CNA #1 was transferring the resident from the toilet to her wheelchair with the Sara lift. The CNA indicated she had the sling on the resident but did not have the belt strapped and tightened. She lifted the resident up to transfer her and had seen the resident was sliding and going to fall. She indicated she tried to prevent her from falling but was unable to get around to catch her. The CNA indicated the resident slipped out of the sling and fell to the floor hitting her head.</p> <p>The current and undated GLC Lift</p>			

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	<p>Program-Mechanical Skills Check-off provided by the Director of Nursing on 12/9/15 at 12:15 p.m., indicated the Sara lift was used for pivot transfers, toileting, changing clothes, incontinence pads and repositioning in chair. The procedure was to position the Sara sling around the resident's back at the waist, position resident's arms outside of the sling and fasten the safety belt around the resident's waist...</p> <p>Interview with the Director of Nursing on 12/9/15 at 12:20 p.m., indicated CNA #1 did not have the safety belt securely fastened around the resident's waist. She further indicated the safety belt needed to be tightened and fastened to prevent the resident from falling.</p> <p>This Federal Tag relates to Complaint IN00186050.</p> <p>3.1-45(a)(2)</p>			