

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/08/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00196348</p> <p>Complaint IN00196348- Substantiated. Federal/State deficiencies related to the allegations are cited at F-157, F-309, F-312, & F-318.</p> <p>Survey dates: April 6, 7, & 8, 2016.</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census bed type: SNF: 8 NF: 11 SNF/NF: 58 Total: 77</p> <p>Census payor type: Medicare: 8 Medicaid: 59 Other: 10 Total: 77</p> <p>Sample: 3</p> <p>These deficiencies State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	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 Golden Living of Richmond respectfully request a paper compliance	

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>Quality review completed by 30576 on April 14, 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> <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>			

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	<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 interview and record review the facility failed to notify a family member of a resident's significant decline in the resident's health status for 1 of 3 residents reviewed for notification (Resident #B).</p> <p>Finding include:</p> <p>Interview with Resident #B's family member on 4/6/16 at 10:05 a.m., indicated the resident had been admitted to the hospital in February 2016. The family member indicated the facility did not notify them until 1:00 a.m., that the resident was unresponsive and being sent to the hospital. The family member indicated the notification of the resident's decline in his health should have been reported sooner.</p> <p>Review of the record of Resident #B on 4/6/16 at 3:24 p.m., indicated the resident's diagnoses included, but were not limited to, dementia, history of Urinary Tract Infection (UTI), urinary retention, depression, pain and insomnia.</p> <p>The progress note for Resident #B, dated 2/10/16 at 8:27 a.m., indicated the resident was sleeping a lot and was not responding verbally. The resident was</p>	F 0157	<p>The corrective actions accomplished for the resident found to have been affected by the deficient practice are as follows:</p> <p>Resident #B family was notified of the residents change on health status on 2/11/2016. Upon Residents return from the hospital, Resident was re-assessed on 2/14/16.</p> <p>All licensed nursing staff has been re-in serviced on 4/26/16 regarding notification of change on resident's health status, 24 hour nursing report and use of stop and watch. See Attachment A-1 through A-18</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken areas follows:</p> <p>Facility conducted resident's change of condition on all residents and they were reviewed to ensure if there was a change in resident's health status that proper notification was made if indicated.</p> <p>The measures put into place and the systematic changes made to ensure that this deficient practice does not occur are as follows:</p>	05/08/2016			

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	<p>moaning and swinging his arms when given care. The resident's temperature was 97.1, blood pressure 105/63, pulse was 78 respirations were 24 and oxygen level at room air was 96%. The physician was contacted and labs were ordered. The next shift will notify the resident's family member due to the fact she worked nights.</p> <p>The progress note for Resident #B, dated 2/11/16 at 1:15 a.m., indicated the resident was non responsive to verbal stimuli and blankly staring at the ceiling with 15 seconds of apnea. The physician was contacted and an order was received for the resident to be sent to the local emergency room. The resident's family member was notified of the resident's transfer to the hospital.</p> <p>The local hospital note for Resident #B, dated 2/11/16, indicated the resident was admitted with UTI, severe dehydration, acute chronic kidney injury, chronic kidney disease stage 3 that appears to secondary to the dehydration, hypernatremia (resolved), acute metabolic encephalopathy (resolved), tegretol toxicity and hypokalemia (resolved).</p> <p>Interview with the Unit Manager on 4/8/16 at 11:05 a.m., indicated the facility</p>		<p>Nursing staff were re-in serviced on 4/26/16 regarding notification of change in a resident's health status.</p> <p>DNS/Designee will monitor daily 24 hour reports, nurse's notes, concern forms, clinical start up and morning meetings for notification of change in resident's health status. 5 times per week for 4 weeks then 3 times per week for 4 weeks then weekly for 4 months. Any concerns will be addressed as discovered. (See attachment B-1 through B-2)</p> <p>Any patterns or trends will be reported to the monthly QA meeting for 6 months or until compliant and appropriate plans will be written and implemented if indicated.</p>	

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F 0309 SS=D Bldg. 00	<p>had not notified Resident #B's family member of his change in condition on 2/10/16 until 1:00 a.m. in the morning of 2/11/16.</p> <p>The notification policy provided by the Director Of Nursing (DON) on 4/7/16 at 9:00 a.m., indicated the guideline was to ensure that proper notification was made when a resident has a change in health status. The definition was immediate "As soon as possible no longer than 24 hours". The center will consult with the resident's legal representative or an interested family member when there was an acute illness or a significant change in the resident's physical, mental, or psychosocial status in either life threatening conditions or clinical complications. "Appropriate notification time: Immediate."</p> <p>This Federal tag relates to Complaint IN00196348.</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</p>				

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	<p>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 observation, interview and record review the facility failed to complete an assessment for a resident with a significant change in health status and failed to treat an Urinary Tract Infection (UTI) timely for 1 of 3 residents reviewed for Quality of care (Resident #B).</p> <p>Finding include:</p> <p>Review of the record of Resident #B on 4/6/16 at 3:24 p.m., indicated the resident's diagnoses included, but were not limited to, dementia, history of Urinary Tract Infection (UTI), urinary retention, depression, multiple sclerosis, pain and insomnia.</p> <p>The Significant Change Minimum Data Set (MDS) assessment for Resident #B, dated 2/21/16, indicated the resident had clear speech and usually could make himself understand and usually understands others. The resident had an indwelling catheter.</p> <p>The progress note for Resident #B, dated 2/10/16 at 8:27 a.m., indicated the resident was sleeping a lot and was not</p>	F 0309	<p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Resident # B Clinical assessment was completed upon his return on 2/14/16.</p> <p>Resident # B IV antibiotic was started on 4/6/16</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken areas follows:</p> <p>Facility conducted an audit assessment for residents with a significant change in health status on all residents and they were reviewed to ensure if there was a significant change in a resident's health status an assessment was completed.</p> <p>The measures put into place and the systematic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>Nursing staff were re-in serviced on 4/26/16 regarding obtaining a urine specimen in a timely manner, Signs and Symptoms of an urinary tract infection, SBAR assessment, follow up documentation, use of 24</p>	05/08/2016

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	<p>responding verbally. The resident was moaning and swinging his arms when given care. The resident's temperature was 97.1, blood pressure 105/63, pulse was 78 respirations were 24 and oxygen level at room air was 96%. The physician was contacted and labs were ordered. The next shift will notify the resident's family member due to the fact she worked nights.</p> <p>The progress note for Resident #B, dated 2/10/16 at 11:02 p.m., indicated "Resident not responsive this shift. Refusing medication." There was no assessment documented.</p> <p>The progress note for Resident #B, dated 2/11/16 at 1:15 a.m., indicated the resident was non responsive to verbal stimuli and blankly staring at the ceiling with 15 seconds of apnea. The physician was contacted and an order was received for the resident to be sent to the local emergency room. The resident's family member was notified of the resident's transfer to the hospital.</p> <p>The local hospital note for Resident #B, dated 2/11/16, indicated the resident was admitted with UTI, severe dehydration, acute chronic kidney injury, chronic kidney disease stage 3 that appears to secondary to the dehydration,</p>		<p>hourreport, stop and watch and notification policy.</p> <p>DNS/ Designee will monitor 24 hour reports, nurse's notes, and clinical start up, 5 times per week for 4 weeks then 3 times per week for 4 weeks then monthly for 4 months. Any concerns will be addressed as discovered. (See attachment B1 through B2)</p> <p>Any patterns or trends will be reported to the monthly QA meetings for 6 months or until compliant and appropriate plans will be written and implemented if indicated.</p>				

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	<p>hypernatremia (resolved), acute metabolic encephalopathy (resolved), tegretol toxicity and hypokalemia (resolved). The facility notes indicated the resident had not been eating or drinking for the past couple days and was unarousable.</p> <p>Interview with the Director Of Nursing (DON) on 4/8/16 at 11:20 a.m., indicated the facility was unable to find documentation that the evening shift nurse did an assessment on 2/10/16 when Resident #B was unresponsive. The DON indicated if there was a change in condition of a resident the nurse was suppose to do an follow up assessment.</p> <p>Interview with Resident #B's family member on 4/6/16 at 10:05 a.m., indicated she had reported to the facility on 3/29/16 that the resident's urine in his catheter tubing and bag was milky looking. The family member indicated an order was not wrote until 3/31/16 for the resident to be tested for a UTI. The family member indicated the resident was not check for a UTI until 4/2/16. The family member indicated the resident had to go to the hospital today for a PICC line (thin hollow tube placed in the vein to receive medication) placed this morning so he could receive antibiotics IV (Intravenous therapy) to treat his UTI.</p>			

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	<p>The family member indicated that she felt it took the facility too long to check for a UTI and for treatment of the UTI. Observation of Resident #B's catheter at this time, the tubing had white and cloudy sediment present.</p> <p>The progress note for Resident #B, dated 3/31/16 at 9:27 a.m., indicated the resident was confused, agitated and appeared dazed. The resident's ursine "cloudy yellow with residual". The resident's family member present and aware. "Report given to oncoming nurse to notify" the physician.</p> <p>The progress note for Resident #B, dated 4/1/16 at 8:55 a.m., "urine continues to be very cloudy, pale yellow"</p> <p>The progress note for Resident #B, dated 4/2/16 at 6:55 a.m., indicated a Urinalysis with culture and sensitivity (C&S) (lab to check for UTI) was obtained per the physician order on 3/31/16.</p> <p>The progress note for Resident #B, dated 4/4/16 at 8:03 p.m., indicated the physician called and ordered zosyn (antibiotic) for resident's UTI. A PICC line will need to be put in.</p> <p>The progress note for Resident #B, dated 4/6/16 at 6:50 a.m., indicated the resident</p>			

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	<p>left to go to the local hospital to have a PICC line placed.</p> <p>Interview with the Unit Manager on 4/8/16 at 11:05 a.m., indicated the nurse got an order for Resident #B for an UA with C&S on 3/31/16, the UA with C&S was not obtained until 4/2/16 and the resident was not treated for his UTI until 4/6/16. The DON indicated at this time she was unsure why the UA with C&S was not obtained until 4/2/16.</p> <p>"The clinical health status change in condition guideline" provided by Medical Records ON 4/8/16 at 11:35 a.m., indicated the process would assist with an evaluation for residents with significant change. The process for identification of change of condition includes gathering objective data and documenting assessment findings, resident response, and physician and family notification. The SBAR (situation, background, assessment and recommendations) tool would be used. A concise statement of the problem, pertinent and brief information related to the situation, subjective and objective assessment of the condition and actions and recommendations. "SBAR guide is used to communicate change of condition to physician" "Vital signs are recorded for all residents with change of</p>			

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F 0312 SS=D Bldg. 00	<p>condition".</p> <p>This Federal tag relates to Complaint IN00196348.</p> <p>3.1-37(a)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review the facility failed to assist dependent residents with showers for 2 of 3 residents reviewed for ADL (activity of daily living) assistance (Resident #A and Resident #B).</p> <p>Findings include:</p> <p>1.) Review of the record of Resident #A on 4/6/16 at 11:08 a.m., indicated the resident's diagnoses included, but were not limited to, diabetes, right sided hemiplegia (paralysis) and nontraumatic intracranial hemorrhage.</p>	F 0312	<p>The corrective actions accomplished for these residents found to have been affected by the deficient practice are as follows:</p> <p>Resident # A was interviewed for his preferences, resident #A indicated he would prefer a Bed Bath, and if he did feel like a shower he would indicate so to the staff resident was interviewed two different times for his preferences. Resident # B was interviewed for his preferences, Resident #B indicated he would prefer a bed bath; resident was interviewed two different times for his preferences.</p>	05/08/2016	

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	<p>The Admission Minimum Set (MDS) assessment for Resident #A, dated 2/6/16, indicated the resident's speech was clear and usually made himself understood and usually understands others. The resident required physical help of one person for bathing/showers. The resident had functional range of motion impairment on one side of the upper and lower extremity.</p> <p>The ADL flow sheet for Resident #A dated February, March and April 2016, indicated the resident had 5 fulls baths.</p> <p>Interview with Resident #A on 4/6/16 at 10:45 a.m., indicated he received approximately 1 bath a week. The resident indicated he took a bath every day when he was home. The resident was observed laying in bed, his hair was disheveled and he had dried brown liquid on his face.</p> <p>Interview with Resident #A's family member on 4/6/16 at 2:30 p.m., indicated the resident rarely gets a shower. The family member indicated the resident appeared dirty and was not shaven often and that the resident's hair was often sticking up and greasy. The family member indicated the resident always kept his hair short.</p>		<p>Other residents having the potential to be affected by the same deficient practice will be identified and corrective actions taken are as follows:</p> <p>Facility conducted a Resident preference Questionnaire (See attachment B-6) Shower preferences have been obtained, these preferences will be reflected in the clinical record. Refusals will be documented in the clinical record accordingly. Current shower schedules have been reviewed to reflect resident expressed preferences. Residents plan of care have been reviewed and revised as needed.</p> <p>The measures put into place and the systematic changes made to ensure that this deficient practice does not occur are as follows:</p> <p>Nursing staff have been re-instructed on 4/26/16 the documentation and preference of residents showers. To determine residents receive showers according to personal preference and as scheduled the DNS/ Designee will conduct shower audits to include: resident's personal preference and charting documentation to reflect the same. These audits will be 5 times per week for 4 weeks then 3 times per week for 4 weeks then monthly for 4 months. Any concerns will be addressed as discovered. (See</p>				

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	<p>2.) Review of the record of Resident #B on 4/6/16 at 3:24 p.m., indicated the resident's diagnoses included, but were not limited to, dementia, history of Urinary Tract Infection (UTI), urinary retention, depression, multiple sclerosis, pain and insomnia.</p> <p>The Significant Change Minimum Data Set (MDS) assessment for Resident #B, dated 2/21/16, indicated the resident had clear speech and usually could make himself understand and usually understands others. The resident preference was showers and was totally dependent on staff for baths/showers.</p> <p>Review of the ADL flow sheet for Resident #B, dated February, March and April 2016, indicated the resident had 6 full baths.</p> <p>Interview with Resident #B's family on 4/6/16 at 10:05 a.m., indicated the facility never gives the resident a shower, he only received bed baths and that was only occasionally. The family member indicated the resident took a shower every day when he was at home. The family member indicated it was normal to come visit the resident and he would be dirty. Resident #B indicated he would prefer a shower, but he did not receive a shower very often. The resident had a</p>		<p>Attachment B-14).</p> <p>Any patterns or trends will be reported to the monthly QAmeeting for 6 months or until compliant and appropriate plans will be writtenand implemented if indicated.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/08/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374
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F 0318 SS=D Bldg. 00	<p>slight beard and long nose hair.</p> <p>Interview with Confidential staff #1 indicated the residents at the facility did not receive showers.</p> <p>Interview with Confidential staff #2 indicated the residents did not receive showers, there was not enough time to give residents showers.</p> <p>This Federal tag relates to Complaint IN00196348.</p> <p>3.1-38(a)(2)(A)</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on interview and record review the facility failed to provide a range of motion restorative program for a resident with sided paralysis for 1 of 3 residents reviewed for therapy (Resident #A).</p> <p>Finding include:</p> <p>Review of the record of Resident #A on</p>	F 0318	<p>The corrective actions accomplished for the resident found to have been affected by the deficient practice are as follows:</p> <p>Resident # A was referred to therapy for an evaluation and resident # A is on therapy case load.</p> <p>Other residents having the potential</p>	05/08/2016

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	<p>4/6/16 at 11:08 a.m., indicated the resident's diagnoses included, but were not limited to, diabetes, right sided hemiplegia (paralysis) and nontraumatic intracranial hemorrhage.</p> <p>The Admission Minimum Set (MDS) assessment for Resident #A, dated 2/6/16, indicated the resident's speech was clear and usually made himself understood and usually understands others. The resident required physical help of one person for bathing/showers. The resident had functional range of motion impairment on one side of the upper and lower extremity.</p> <p>The therapy discharge summary for Resident #A, dated 3/14/16, indicated the resident was being discharged from therapy and placed on a functional maintenance program for Passive Range Of Motion (PROM) to right lower extremity to prevent contractures. "Recommendations for CNA's to follow through after discharge include PROM daily for right lower extremity.</p> <p>Interview with Resident #A on 4/6/16 at 1:25 p.m., indicated he had some feeling in his right upper and lower extremities. Resident #A indicated staff do not do any type of range of motion exercises with him. Resident #A indicated he would like</p>		<p>to be affected by the same deficient practice will be identified and the corrective actions taken areas follows:</p> <p>All residents have been reviewed that have an order for functional maintenance program. Any resident who had an order for functional maintenance program have a plan in place if indicated or were referred to therapy for an evaluation.</p> <p>The measures put into place and the systematic changes made to ensure that the deficient practice does not recur are as follows: MDS department, therapy department and all licensed nursing staff was re-in serviced on 4/26/16 regarding Functional Maintenance program and range of motion... (See attachment B-15 through B-30)</p> <p>DNS/ Designee will complete audits regarding residents on the functional Maintenance Program for 5 times for 4 weeks 3 times for 4 weeks then monthly for 4 months. (See attachment B-31)</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure deficient practice will not recur per the following:</p> <p>Results of the audits will be</p>	

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	<p>to be in therapy.</p> <p>Interview with the Director Of Nursing (DON) on 4/7/16 at 11:25 a.m., indicated Resident #A was not on a restorative program. The DON indicated when therapy recommends a restorative program, it was the responsibility of the MDS coordinator to get an order. The DON indicated Resident #A was missed.</p> <p>The "Restorative guideline" provided by the DON on 4/8/16 at 9:20 a.m., indicated a restorative nursing program with interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible.</p> <p>This Federal tag relates to Complaint IN00196348.</p> <p>3.1-42(a)(1)</p>		<p>reviewed at the monthly QA meetings for 6 months or until compliant. The facility will evaluate the audits for trends or patterns and action plans will be implemented if indicated.</p>				