

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155120	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/01/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BRANDYWINE	STREET ADDRESS, CITY, STATE, ZIP CODE 745 N SWOPE ST GREENFIELD, IN 46140
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00203241 and IN00203645.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and the Investigation of Complaint IN00197809 completed on May 25, 2016.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00200645 completed on May 25, 2016.</p> <p>Complaint IN00203241 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00203645 - Substantiated. Federal/State deficiencies related to the allegations are cited at F223.</p> <p>Survey dates: June 28, 29, and 30, 2016. July 1, 2016.</p> <p>Facility number: 000050 Provider number: 155120 AIM number: 100266170</p> <p>Census bed type: SNF/NF: 105 Total: 105</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 0223 SS=D Bldg. 00	<p>Census payor type: Medicare: 2 Medicaid: 84 Other: 19 Total: 105</p> <p>Sample: 5</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on July 6, 2016.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on observation, interview and record review, the facility failed to</p>	F 0223		07/27/2016

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	<p>prevent rough treatment of a resident by a CNA during care for 1 of 4 residents reviewed for abuse (Resident #L).</p> <p>Finding include:</p> <p>Review of the reportable incident provided by the Administrator on 6/29/16 at 10:46 a.m., indicated on 6/22/16 at 11:54 a.m., it was reported to the Administrator by Speech Therapy (S.T.) #1 that CNA #1 was being rough with Resident #L while providing care. S.T. #1 indicated CNA #1 was "forcefully" taking Resident #L's head when attempting to reposition a pillow under his head. CNA #1 was immediately suspended pending an investigation.</p> <p>The "witness" statement, dated 6/22/16 at 4:48 p.m., indicated Speech Therapy intern #1 observed CNA #1 attempting to reposition Resident #L upright in his chair. Resident #L was leaning over his chair. Speech therapy intern #1 indicated she witness the cna push the right side of the resident's head "with too much force." Speech Therapy intern #1 indicated the resident continued to lean over his chair and CNA #1 continued to forcibly push his head into position four times.</p> <p>The "witness" statement, dated 6/22/16 at 6:38 p.m., indicated Dietary Aide #1</p>		<p>A head to toe skin assessment was completed by a licensed nurse on Resident #L and no injuries were noted. Resident #L was monitored for any behavioral changes with none noted. CNA #1 was terminated. CNA#1 suspended immediately following allegation and terminated at completion of investigation All residents had the risk to potentially be affected by this deficient practice. CNA #1 was terminated. The facility will continue to train on resident abuse during new employee orientation, annually, and as needed. Facility continues to conduct staff interviews regarding signs of abuse and what to do when abuse is suspected. No other residents identified as being affected.</p> <p>All staff to be re-in-serviced on abuse guidelines including how to report. Also, initiated in-service on 6/30/2016 on employee burn-out and Golden Living Employee Assistant Program. Psychologist scheduled to meet with employees to discuss burn-out, stress management, and any other psychological assistance that the staff may need.</p> <p>ED/DNS/designee to continue to randomly ask staff what they would do if they saw a resident being abused. These audits to occur 3 times weekly x 30 days, 2 times weekly x 30 days, 1 time weekly x 30 days, then 1 time</p>		

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	<p>observed CNA #1 "forcibly slammed" Resident #L upwards. The Dietary Aide #1 indicated the force CNA #1 used on the resident was "shocking." Dietary Aide #1 indicated CNA #1 was using "too much force."</p> <p>The "witness" statement, dated 6/22/16 at 7:45 p.m., indicated S.T. #1 observed CNA #1 taking Resident #L's head and "shoved" it multiple times trying to put a pillow under it. S.T. #1 observed "very rough treatment."</p> <p>The incident follow up, dated 6/27/16 (no time), indicated CNA #1 was terminated from the facility.</p> <p>Interview with S.T. #1 on 6/30/16 at 2:34 p.m., indicated on 6/22/16 she observed CNA #1 take both of her hands and grab Resident #L's head in attempt to reposition him in his chair. S.T. #1 indicated it was forceful and she immediately reported it to the Administrator.</p> <p>Interview with Speech Therapy intern #1 on 6/30/16 at 3:19 p.m., indicated on 6/22/16 she observed CNA #1 attempting to position Resident #L upright in his chair. Speech Therapy intern #1 indicated CNA #1 pushed his head 3-4 times in a forcible manner.</p>		<p>every other week x 30 days, then monthly times 60 days. ED/DNS/designee to randomly ask staff if they are feeling burnt-out or overwhelmed from work-related tasks and will address with employee as issues arise. These audits to occur 3 times weekly x 30 days, 2 times weekly x 30 days, 1 time weekly x 30 days, then 1 time every other week x 30 days, then monthly times 60 days. Results of these audits will be taken to QAPI x 6 months to track for any trends. If any trends are identified 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>Interview with Dietary Aide #1 on 6/29/16 at 4:25 p.m., indicated on 6/22/16, she witnessed CNA #1 shoving Resident #L with "way too much force" upright in his chair. Dietary Aide #1 indicated it was "shocking".</p> <p>During observation on 7/1/16 at 10:18 a.m., Resident #L was sitting in a broda chair leaning slightly to the right. The resident was making movements with his mouth as if he was chewing something with his eyes closed. The resident opened his eyes when spoken to, but did was not verbal or make eye contact.</p> <p>Review of the record of Resident #L on 7/1/16 at 10:25 a.m., indicated the resident's diagnoses included, but were not limited to, dementia, depression, Parkinson disease and essential tremors.</p> <p>The Quarterly Minimum Data Set assessment for Resident #L, dated 6/22/16, indicated the resident was severely impaired for decision making and his speech was rarely or never understood. The resident required extensive assistance of two people for transfers, dressing and hygiene. The resident was totally dependent of one person for eating and totally dependent of one person for toilet use.</p>			

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	<p>The abuse policy provided by the Administrator on 6/29/16 at 10:46 a.m., indicated it was the facilities policy to take appropriate steps to prevent the occurrence of abuse. "Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish."</p> <p>This Federal tag relates to Compliant IN00203645.</p> <p>3.1-27(a)(1)</p>			