

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155686	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/25/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-KNOX	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E CULVER RD KNOX, IN 46534
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00133480.</p> <p>Complaint IN00133480-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: October 21, 22, 23, 24, and 25, 2013</p> <p>Facility number: 000088 Provider number: 155686 AIM number: 100289260</p> <p>Survey team: Caitlyn Doyle, RN-TC Regina Sanders, RN (October 21, 22, 23, and 24, 2013) Cynthia Stramel, RN</p> <p>Census bed type: SNF/NF: 47 Total: 47</p> <p>Census Payor type: Medicare: 4 Medicaid: 35 Other: 8 Total: 47</p>	F000000		

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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	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on October 31, 2013, by Janelyn Kulik, RN.</p>				

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F000258 SS=D	<p>483.15(h)(7) MAINTENANCE OF COMFORTABLE SOUND LEVELS The facility must provide for the maintenance of comfortable sound levels. Based on observation and interview, the facility failed to ensure comfortable sound levels were present, related to double doors, staff used to enter and exit a hallway, closing loudly, which affected 2 of 10 residents interviewed for noise levels for 1 of 2 wings (Resident #25, Resident #40, and West Wing)</p> <p>Findings include:</p> <p>During an interview on 10/21/13 at 1:15 p.m., Resident #25 indicated the facility was noisy. She indicated the door to the room was kept closed to help decrease the noise.</p> <p>During an interview on 10/22/13 at 11:42 a.m., Resident #40 indicated the facility was noisy. He indicated he could hear the double doors shutting loudly at the end of the hall, which was one door down from the resident's door. He indicated staff went in and out of the doors frequently and let the doors slam.</p> <p>During observations on 10/23/13, the double doors at the end of the West Wing were opened and shut loudly by</p>	F000258	Preparation, submission and implementation of this plan does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. This Plan of Correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements. F2581. The front hall double doors were repaired on 11-01-2013. Staff were in-serviced regarding maintenance of comfortable sound levels. 2. All residents residing in the hallway with the double door exit have the potential to be affected by this alleged deficiency and therefore, were interviewed on 11-04-2013 regarding door sound and all indicated satisfaction with current sound levels. 3. Maintenance Director or Designee will interview residents residing in the hallway with the double door exit for satisfaction with sound levels 2 times weekly for four weeks. Thereafter, one time monthly for eight weeks. Any identified deficiency will be reported to the Maintenance Supervisor for repair. 4. Maintenance Director or Designee will report any trends or deficiencies with the door to	11/24/2013	

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	<p>the staff either entering or exiting the hallway at the following times:</p> <p>6:08 a.m. 6:10 a.m. 6:12 a.m. 6:28 a.m. 6:38 a.m. 6:40 a.m. 6:41 a.m. 6:42 a.m. 7:02 a.m. 7:37 a.m. 8:01 a.m. 9:20 a.m. 10:25 a.m. 10:33 a.m. 10:34 a.m. 11:36 a.m. 1139 a.m. twice 1:03 p.m. 1:50 p.m.</p> <p>During observations on 10/24/13, the double doors at the end of the West Wing were opened and shut loudly by the staff either entering or exiting the hallway at the following times:</p> <p>8:20 a.m. 11:15 a.m. 11:38 a.m. 11:39 a.m. three times 11:42 a.m. 11:47 a.m.</p>		<p>QAPI monthly for six months. After six months of review without any trends or patterns results will be reviewed quarterly by the QAPI committee. 5. Completion date: November 24, 2013.</p>		

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	<p>During the environmental tour 10/24/13 at 1:37 p.m. through 2:03 p.m., the Director of Maintenance acknowledged the double doors closed loudly.</p> <p>3.1-19(f)</p>				

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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON 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 provide a sanitary and comfortable environment, related to marred walls, doors, and bedside tables, a loud bathroom fan, loose cove base, stained bathroom tile, loose board on wall, and missing plaster on ceilings in resident rooms on 2 of 2 units, which had the potential to affect 18 residents who resided in the resident rooms. (East and West Units)</p> <p>Findings include:</p> <p>During the environmental tour on 10/24/13 at 1:37 p.m. through 2:03 p.m., with the Director of Housekeeping and the Maintenance Director, the following was observed:</p> <p>1. The wall behind the bed in room 5B was marred, and a bedside table in the room had gouges with sharp corners. There were two residents who resided in the room.</p> <p>During an interview at the time of the observation, the Maintenance Director indicated he was painting</p>	F000465	F465 Preparation, submission and implementation of this plan does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. This Plan of Correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.1. Room 5: The wall behind the bed in room 5B was repaired and will be painted. Bedside table was replaced. Room 8: Wall under the window and corner by closet was repaired and will be painted. The closet door was painted. Bathroom fan was replaced. Room 10: Wall behind bed A was repaired and painted. Room 19: Bathroom floor was stripped and waxed. New cove base was installed. The bathroom light switch plate was replaced. Room 20: Bathroom doorway trim was repaired. Floor under the window was repaired. Wall under the window was repaired and painted. Room 21: Board behind bed A repaired. Room 24: Wall behind toilet repaired and cove base replaced. Room 26: Cove base in bathroom replaced. Bathroom door protection cover	11/24/2013			

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	<p>rooms, and had a list of rooms which had been completed. He indicated the staff had not informed him of this room. He indicated a new bedside table was needed.</p> <p>2. There was a crack in the wall under the window, the corner by closet was marred with missing plaster, the closet door was marred, the over the bed table was marred, and the fan in bathroom was loud in room 8. There was one resident who resided in the room.</p> <p>During an interview at the time of the observation, the Director of Maintenance indicated the bearings were going out in the fan and the walls in the room had been repainted three months ago.</p> <p>3. There was a hole in the wall with peeling plaster on the wall behind bed A in room 10. There were two residents who resided in the room.</p> <p>During an interview at the time of the observation, the Director of Maintenance indicated the bed had caused damage to the wall. He indicated he had not received a work order for the wall.</p> <p>4. The cove base was loose in the</p>		<p>repaired. Room 28: Bathroom was repaired and painted. Room ceiling will be repaired and painted. Room 30: Room ceiling will be repaired and painted. 2. All residents have the potential to be affected by this alleged deficiency and therefore, a 100 % room audit completed on 11-12-2013. All identified repair concerns will be recorded in the Building Engine program and scheduled for repair. 3. All resident rooms and bathrooms will be inspected weekly by designated staff and subsequently reported to the Executive Director. All identified repairs will be entered into the Building Engine program for timely maintenance. 4. Resident room and bathroom audits will occur weekly for 8 weeks. Thereafter, monthly. Results of audits will be reviewed monthly by the QAPI committee. 5. Completion date: 11-24-2013.</p>				

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	<p>bathroom and the bathroom floor was stained and dirty behind the toilet. The light switch plate in the bathroom was loose in room 19. There were two residents who resided in the room.</p> <p>During an interview at the time of the observation, the Director of Maintenance acknowledged the above findings.</p> <p>5. The trim on the bathroom doorway was ripped and the wall and floor under the window was in disrepair in room 20. There were two residents who resided in the room.</p> <p>During an interview at the time of the observation, the Director of Maintenance acknowledged the above findings</p> <p>6. There was a loose board on the wall next to bed A in room 21. There was one resident who resided in the room.</p> <p>During an interview at the time of the observation, the Director of Maintenance indicated he had been removing the boards from the wall. He indicated they were used as chair rails.</p>				

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	<p>7. The wall behind the toilet had water damage and the cove base was loose in the bathroom of room 24. There were three residents who used this bathroom. (two residents in room 23 and one resident in room 24)</p> <p>During an interview at the time of the observation, the Director of Maintenance acknowledged the above findings.</p> <p>8. The cove base in the bathroom of room 26 was loose and coming away from the wall and the door protection cover was loose on the bathroom door. There was one resident who resided in the room.</p> <p>9. The ceiling in room 28 had large areas of plaster missing and the bathroom wall had gouges and scuffs. The bathroom door protection cover was loose and torn, and the linoleum on the bathroom floor was coming up on the edges. There were two residents who resided in the room.</p> <p>During an interview at the time of the observation, the Director of Maintenance indicated it was due to moisture.</p> <p>10. The ceiling in room 30 had large areas of plaster missing. There were</p>				

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	two residents who resided in the room. 3.1-19(f)				