

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/14/2011
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN46545
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F0000	<p>This visit was for investigation of Complaint Number IN00100843.</p> <p>Complaint Number IN00100843-Substantiated: Federal/State deficiencies related to the allegations are cited at F166.</p> <p>Survey Date: December 14, 2011</p> <p>Facility Number: 000094 Provider Number: 155178 AIM Number: 100290310</p> <p>Survey Team: Heather Tuttle, R.N. T.C. Susan Bruck, R.N.</p> <p>Census Bed Type: 111 SNF/NF 111 Total</p> <p>Census Payor Type: 14 Medicare 77 Medicaid 20 Other 111 Total</p> <p>Sample: 5</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>The preparation, submission and implementation of this plan of correction does not constitute an admission of our agreement with the facts and conclusions set forth in 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. Given the scope/severity of the deficiency statement, we respectfully request a desk review of our compliance. Sincerely, William (Tom) Jenkins, Jr. Interim Executive Director Golden Living Center - Fountainview 609 W. Tanglewood Lane Mishawaka, IN 46545 We are asking for paper compliance for F tag 166 with compliance date 12/30/11</p>	

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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F0166 SS=D	<p>Quality review completed 12/15/11 Cathy Emswiler RN</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. Based on record review and interview, the facility failed to ensure each resident's and/or family complaints and grievances were documented according to facility policy with resolutions related to concerns with other resident's behaviors for 1 of 4 residents reviewed with behaviors in the sample of 5. (Resident B and Resident F)</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 12/14/11 at 12:55 p.m. The resident's diagnoses included, but were not limited to Schizophrenia Disorder and depressive disorder.</p> <p>Review of Social Service Progress Notes dated 10/27/11 at 1:00 p.m., indicated the Social Service Director was called to the Restorative Dining Room by nursing staff due to Resident B being extremely agitated and yelling at other residents. The resident was visibly shaking and continued with verbal behaviors towards</p>	F0166	.) Issue was resolved for resident F on 10/27/112) Social Services Director will be reinserviced by the administrator on the grievances policy and procedure by 12/30/11.3.)a)Staff will be re-inserviced on reporting grievances and the social services grievance form by 12/30/11. Families will be notified of the grievance forms through the newsletter for January, 2012.b) The grievance log will be brought to the morning stand up meeting 5X/week. Grievances will be written on the log by social worker with the department heads, post guardian angel rounds to address new issues noted on rounds and grievance forms received from staff and residents and families from prior day.c) Grievance log will be reviewed by the Social worker in the stand up meeting 5X/ week for follow up that concerns were resolved within 5 days.d) Grievance log will be reviewed by the Administrator weekly for compliance.4.) Will review grievances and findings from audits in QAA monthly.	12/30/2011	

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	<p>residents and others in the dining room. When the resident would not calm down another resident told him to "calm down and wait for his food." This upset the resident to a point where he stood up from his chair with his fists clenched and began to yell at this resident. Although his fists were clenched the resident did not look as though he had an intent to physically harm the other resident and was just verbally aggressive. The resident was then easily redirected out of the dining room and finished his meal in his room. The Social Service Director followed the resident to his room and asked him to calm down enough to explain to her what had happened. The resident indicated to her he was upset that a particular CNA (that he likes) served this other resident his meal tray first and that this other resident was going to "steal" her away from him. The resident did realize his behavior was inappropriate. The resident indicated he had difficulty in controlling his emotions when his favorite sports team loses or when some other residents say negative things about his favorite teams. The resident was very apologetic for the entire episode and agreed not to talk to and to stay away from the other resident.</p> <p>Further review of Social Service Progress Notes for the month of 11/11 and through 12/13/11 indicated there had been no</p>		Benchmark of 100% compliance		

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	<p>other outbursts with any other residents.</p> <p>Interview with Resident F on 12/14/11 at 10:41 a.m., indicated expressed concerns with Resident B's behaviors. The resident indicated Resident B has verbally assaulted him and has many outbursts in the past, but has not had any for about six weeks. The resident further indicated Resident B has walked into the dining room with his incontinent brief exposed and his pants too loose. The resident indicated that was not very appetizing to view during meal times. The resident further indicated other family members were upset with Resident B's behavior. The resident indicated on numerous times, has met with the Social Service Director and the old Administrator regarding his complaints but nothing has been done about them.</p> <p>Interview with the Social Service Director on 12/14/11 at 1:20 p.m., indicated Resident B perceives that people do not like him. She indicated the resident loves sports and will get upset when his team loses. She indicated the incident on 10/27/11 was instigated by his favorite CNA giving another resident his meal tray first before him. She indicated the resident lost control with his frustrations and became loud and verbally aggressive towards that resident and raising his voice</p>			

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	<p>to others. The Social Service Director indicated that resident was Resident F. She further indicated Resident F came to her with his concerns regarding Resident B's behavior and her solution was to have Resident F move to another table in the dining room and not sit by Resident B. She indicated Resident F told her that Resident B's pants were too big around his waist and sometimes they fall a little exposing his brief when he walks into the dining room and he did not like that. The Social Service Director indicated the first Interim Administrator was present during this conversation with Resident F. Further interview with the Social Service Director at that time, indicated another family member had also approached her regarding the incident in the dining room and she also had moved that family member's relative to a different table. She indicated that family member had complained before about Resident B's "outbursts".</p> <p>Review of the current 10/09 revised Grievance Procedures provided by the Social Service Director, indicated all individual resident within the Living Center and their family members shall be provided a mechanism to communicate concerns,, conflicts, complaints, grievances, or opportunities of improvement in care and services. Each</p>			
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	<p>individual is encouraged and assisted throughout their stay to exercise their rights as a citizen by freely voicing their grievances and recommended changes without fear of interference, coercion, discrimination or reprisal. The resident and or family member or responsible people can complete the grievance form. If the resident or family does not want to complete the grievance form, it is the responsibility of the employee hearing the grievance to complete the from and submit it for follow-up and resolution. Investigation and resolution of grievances shall be completed in a timely manner-within five working days of receipt of the grievance form. Once resolution has been reached, the social services director should follow up with the complainant in person or by telephone to ensure continued satisfaction and determine if there are any additional concerns.</p> <p>Interview with the Social Service Director on 12/14/11 at 2:10 p.m., indicated she did not complete a grievance form for Resident F's concerns or for the family member's concerns. She indicated it was the facility's policy to complete a grievance when a resident and/or a family member complained about something.</p> <p>This Federal tag relates to complaint</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	IN00100843. 3.1-7(a)(2)				