STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	3175 LANCER ST PORTAGE, IN 46368

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaint IN00103554. Complaint IN00103554- Substantiated, Federal/State deficiencies related to the allegations are cited at F 282. Survey dates: February 17 and 20, 2012 Facility number: 000098 Provider number: 155187 AIM number: 100290980 Survey team: Janelyn Kulik, RN Census bed type: SNF/NF: 177 Total: 177 Census payor type: Medicare: 33 Medicaid: 131 Other: 13 Total: 177 Sample: 5 This deficiency also reflects state findings cited in accordance with 410 IAC 16.2 Quality review completed on February 24,	F0000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth ont he survey report. Out 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.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	2012 by Bev Faulkner, RN			

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F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.			
	Based on observation, record review and interview, the facility failed to ensure physician's dietary orders were followed for 2 of 5 residents reviewed in a sample of 5. (Residents #C and #D) Findings include: 1. On 2/17/12 at 12:00 p.m., CNA #1 was observed carrying a meal tray to Resident #C's room. The meal tray order card indicated fortified mashed potatoes, crispy chicken thigh, Scandinavia vegetables, blushing pears, and macaroni salad. On 2/17/12 at 12:15 p.m., Resident #C was observed sitting in his wheelchair in his room. His meal tray was sitting on the over bed table. The plate included, but was not limited to, mashed potatoes. On 2/20/12 at 5:43 a.m., the resident was observed sitting in his wheelchair in his room. His meal tray was sitting on the over bed table. The tray included, but was not limited to orange juice. The record for Resident #C was reviewed on 2/17/12 at 2:52. His diagnoses included, but were not limited to, renal	F0282	F282 The meal tickets were clarified for both resident "C" and resident "D" . The alleged deficient practice was resolved the same day as the survey (February 20, 2019). All residents with a dietary restriction have the potential t be affected by the same deficient practice. A full house audit on all dietary restrictions was completed on February 29, 2012. Any resident identified with an inaccurate meal ticket due to dietary restrictions had their tickets corrected at the time of the audit. The Dietary Manager with the DNS and RD to review the system for inputting diet changes into the dietary program (Momentum). Dietary staff responsible for making the changes on dietary tickets will be re-educated on any system changes. Dietary and nursing staff re - educated on treading tray tickets. The Dietary Manager or designee to monitor the tray line for 1 meal daily 5 times a week rotating between our dining rooms. Dietary Manager and RD to	03/09/2012

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	dialysis status, edema (swelling), congestive heart failure, and renal failure. A general progress note, dated 1/18/12 at 13:57 (1:57 p.m.), written by the Registered Dietician (RD), indicated monthly labs from dialysis 1/4/12 indicated K+ (potassium) high at 5.7, Phos (phosphorous) high at 5.6, Alb (albumin)=4.1 normal. Resident is followed by renal RD at dialysis. RD spoke with dialysis RD on this date. Dialysis RD would like resident's diet changed to provide decreased K+., recommend change diet to: Regular-no potatoes, tomatoes, oranges/orange juice, bananas, broccoli, strawberries, prunes/prune juice. Also recommend to d/c (discontinue) fortified food at lunch (mashed potatoes) at this time r/t (related to) high K+ content. RD spoke with resident, educated on diet order change and rationale. Resident voiced acceptance. A physician order, dated 1/19/12, indicated discontinue fortified foods at lunch A physician order, dated 1/19/12, indicated diet order for: regular-no potatoes, tomatoes, oranges/orange juice, bananas, broccoli, strawberries, prunes or prune juice.		complete a complete audit of tray tickets vs. diet/supplement orders weekly x 4 weeks and then monthly. Results of audits to be communicated to QA committee monthly identifying any trends or patterns.	

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	Interview with the Director of Nursing on 2/20/12 at 6:50 a.m., indicated she was not aware of the resident's dietary orders. She did not know why the fortified mashed potatoes were on the meal tray card or if the dietary department knew the fortified mash potatoes were discontinued. The Director of Nursing had no additional information. 2. On 2/17/12 at 12:20 p.m., Resident #D was observed sitting up in bed with her over bed table in front of her. The resident's meal tray was on the over bed table. The tray included, but was not limited to, a bowl of vegetable soup with pieces of tomatoes in the soup. The resident indicated, at this time, the facility provided her the proper diet. She then indicated she had vegetable soup with tomatoes but she did not eat the tomatoes, she pushed them to the side. A physician order, dated 2/10/12, indicated change diet to NAS (no added salt), low K+ (potassium), (no potatoes, tomatoes, broccoli, OJ (orange juice, oranges, prunes, bananas), no fish due to allergy, give double meat and eggs at meals, give milk, peanut butter, ice cream as desired. Interview with the Director of Nursing on			

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	2/20/12 at 6:50 a.m., indicated she was not aware of the resident's dietary orders. She had no additional information to add at this time. This Federal tag relates to Complaint IN00103554. 3.1-35(g)(2)			