

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155136	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/14/2012
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-FOUNTAINVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 ANDREW AVE LA PORTE, IN 46350
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F0000	<p>This visit was for the Investigation of Complaint IN00113518.</p> <p>Complaint IN00113518-Substantiated. Federal/state deficiency related to the allegation is cited at F157.</p> <p>Survey dates: August 13 &amp; 14, 2012</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 100288620</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF/NF: 139 Total: 139</p> <p>Census Payor type: Medicare: 22 Medicaid: 105 Other: 12 Total: 139</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>This Plan of Correction shall serve as this facility's credible allegation of compliance. Preparation, submission and implementation of the Plan of Correction does not constitute an admission of or 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. I respectfully ask that paper compliance be considered to verify the implementation and effectiveness of this Plan of Correction.</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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	Quality review completed on August 15, 2012 by Bev Faulkner, RN			

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F0157 SS=D	<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> <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 record review and interview, the facility failed to ensure the Physician was notified of a change in condition related to decrease in meal intakes for 1 of 3 residents reviewed for change in</p>	F0157	F157 Step One <b>The corrective actions accomplished for those residents found to have been affected by the deficient</b>	09/13/2012			

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	<p>condition in the sample of 4. (Resident #C)</p> <p>Findings include:</p> <p>The closed record for Resident #C was reviewed on 8/13/12 at 12:30 p.m. The resident's diagnoses included, but were not limited to, congestive heart failure, generalized pain, high blood pressure, depressive disorder, and nutritional deficiency. The resident was admitted to the facility on 6/10/12. The resident was discharged from the facility on 7/13/12.</p> <p>A care plan initiated on 6/15/12 indicated the resident was a nutritional risk related to her need for a therapeutic diet based on the diagnoses of congestive heart failure and high blood pressure. Care plan interventions included for staff to monitor the resident's meal consumption daily and to encourage adequate meal intakes.</p> <p>Review of the 6/12 "Resident Meal Logs" indicated the following meal intake percentages were recorded for the Breakfast (B), Lunch (L), and Dinner (D) meals and the Evening Snack (ES): 6/18/12 B- 50% L- 75% D- 25%</p>		<p><b>practice are as follows:</b></p> <p>Resident C is discharged from facility. Step Two <b>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</b></p> <p>An audit was performed to assess current meal consumption amounts for residents with a COC related to nausea and/or emesis in the past 30 days. Any identified decreased meal consumption amounts were reviewed for physician notification. Any deficiencies noted were corrected.</p> <p><b>Step Three</b> <b>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</b></p> <p>The Licensed Nurses were re-educated on COC reporting and documentation of notification for decreased meal consumption amounts. The DNS or designee will audit 10 residents a week who present with decreased meal consumption to ensure appropriate physician notification and documentation for 4 weeks, then 8 residents a week for 4</p>		

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	6/19/12 B- 50% L- 25% D- 100%		<p>weeks and then 5 residents a week for 4 weeks.</p> <p><b>Step Four</b></p> <p><b>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</b></p> <p>The DNS will report findings information to QAA Committee.</p> <p>The QAA Committee will monitor for trends/patterns monthly for a period of six months and will implement an action plan as indicated.</p>		
	6/20/12 B- 100% L- 75% D- 50%				
	6/21/12 B- 75% L- no entry recorded D- 75%				
	6/22/12 B- 25% L- 50% D- 75% ES- 50%				
	6/23/12 B- 50% L- 25% D- 50% ES- 75%				
	6/24/12 B- 0% L- 0% D- 0% ES- 0%				
	6/25/12				

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	<p>B- 50%</p> <p>L- 25%</p> <p>D- 50%</p> <p>ES- 25%</p> <p>6/26/12</p> <p>B- 75%</p> <p>L- 75%</p> <p>D- 0%</p> <p>ES- 0%</p> <p>6/27/12</p> <p>B- 50%</p> <p>L- 50%</p> <p>D- 25%</p> <p>ES- 25%</p> <p>6/28/12</p> <p>B-25%</p> <p>L- out of facility</p> <p>D- 50%</p> <p>ES- 75%</p> <p>6/29/12</p> <p>B- 0%</p> <p>L- 25%</p> <p>D- 25%</p> <p>ES- 50%</p> <p>6/30/12</p> <p>B- 0%</p> <p>L- no entry recorded</p> <p>D- 0%</p> <p>ES- 100%</p>			

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	<p>The July 2012 "Resident Meal Logs" were reviewed. The resident's intake percentages were as follows:</p> <p>7/1/12 B- 0% L- 100% D- 25% ES- 0%</p> <p>7/2/12 B-no entry recorded L- 25% D- 25% ES- 25%</p> <p>7/3/12 B-100% L-0 % D- 25% ES-50%</p> <p>7/4/12 B- 50% L- 50% D- 0% ES- 75%</p> <p>7/5/12 B-75% L- 50% D- 25%</p> <p>7/6/12</p>				

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	<p>B-50%</p> <p>L- no entry recorded</p> <p>D- 75%</p> <p>ES- 75%</p> <p>7/7/12</p> <p>B- 50%</p> <p>L- no entry recorded</p> <p>D- 0%</p> <p>ES- 100%</p> <p>7/8/12</p> <p>B-100%</p> <p>L- 25 %</p> <p>D- 0%</p> <p>ES- 0%</p> <p>7/9/12</p> <p>B- no entry recorded</p> <p>L- 0%</p> <p>D- 25%</p> <p>ES- 50%</p> <p>7/10/12</p> <p>B- 0%</p> <p>L- no entry recorded</p> <p>D- 25%</p> <p>7/11/12</p> <p>B- 0%</p> <p>L- 0%</p> <p>D- 100%</p> <p>ES- 0%</p>			

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	The 6/12 Nurses' Notes were reviewed. There was no documentation of the resident refusing meals in the entries made from 6/11/12 through 6/13/13. An entry made on 6/13/12 at 2:23 a.m., indicated the resident's appetite was good. The next entry related to the resident's oral intake or appetite was on 6/16/12 at 5:01 p.m. This entry indicated the resident's appetite was fair. An entry made on 6/17/12 at 5:02 p.m., indicated the resident was able to feed herself and had a good appetite. An entry made on 6/20/12 at 9:22 p.m., indicated the resident's appetite was good. An entry made on 6/22/12 at 5:09 p.m., indicated the resident's appetite was good. An entry made on 6/23/12 at 2:45 p.m., indicated the resident requested something for indigestion. An entry made on 6/26/12 at 1:00 p.m., indicated the resident was assessed by the Nurse Practitioner related to an upset stomach. An entry on 6/27/12 at 5:05 p.m., indicated the resident complained of discomfort to the abdomen with bowel sounds present and she had requested a liquid diet for lunch and consumed 100%. An entry made on 6/28/12 at 10:41 p.m., indicated the resident had consumed 36.6% of meals in the past 7 days. An entry made on 6/29/12 at 12:54 p.m., indicated the resident complained of GI (gastric/intestinal) upset earlier and						

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	<p>received a dose of Levsin (a medication to treat GI/stomach symptoms) with relief. An entry made on 6/30/12 at 3:52 p.m., indicated a clear liquid diet was sent for breakfast due to the resident's complaints of nausea and the resident complained of nausea with emesis (vomiting) two times after drinking chicken broth that was sent for breakfast. The above entries did not indicate the Physician/Nurse Practitioner had been notified of the resident's food consumption amounts.</p> <p>The 7/12 Nurses' Notes were reviewed. An entry on 7/1/12 at 11:21 a.m., indicated the resident received prn (as needed) Levsin for complaints of GI upset. The NP was present and was informed. An entry on 7/1/12 at 10:35 p.m., indicated the resident consumed a light supper and broth. An entry on 7/2/12 at 10:43 a.m., indicated the resident had been consuming 49.4% of meals in the past 22 days. An entry made on 7/5/12 at 9:54 p.m., indicated the resident consumed 40% of her meals in the past 7 days. An entry made on 7/10/12 at 3:54 p.m., indicated the resident's appetite was poor and the resident was eating 30.3 % of meals and evening snacks for the past 2 weeks. The Nurse Practitioner was in and new orders were received for a Digoxin (a cardiac medication) to level to be drawn. There</p>			

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	<p>was no documentation prior to the 7/10/12 entry related to the Physician being notified of the resident starting to consume 0% of some of her meals and the decreases in percentages of other meals in the 6/12 or 7/12 Nurses' Notes. The above entries did not indicate the Physician/Nurse Practitioner had been notified of the resident's food consumption amounts.</p> <p>The 6/12 Physician Progress Notes were reviewed. The 6/11/12 note indicated the resident was admitted to the facility on 6/10/12. The 6/26/12 note indicated the resident complained of abdominal pain and Levsin (a medication for gastro intestinal disorders) was ordered. The 6/28/12 note indicated the resident's abdominal pain was resolved and the resident was "eating better."</p> <p>The 7/12 Physician Progress Notes were reviewed. The 7/1/12 note indicated the resident was on oxygen and her lung sounds were clear. There was no documentation of the resident's food/fluids intakes in this note. The 7/5/12 note indicated the resident was anxious and her abdomen was soft and non tender. There was no documentation related to the resident's appetite or food/fluid oral intakes.</p>				

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	<p>The Speech Therapy Progress Report for 6/22/12 through 7/13/12 indicated the resident had been ill this past week and the resident reported feeling nauseous, tired, and had no appetite.</p> <p>The 6/2012 Medication Administration Record was reviewed. The resident received Phenergan (a medication to treat nausea and vomiting) 50 milligrams IM (injected into the muscle) on 6/30/12 at 10:30 a.m. The resident also received Levsin 0.125 milligrams sublingual (placed under the tongue or the side of the mouth) one tablet at 9:30 a.m., and at 12:30 p.m. for upset stomach.</p> <p>When interviewed on 8/13/12 at 3:35 p.m., the Unit Manager indicated the resident had episodes of nausea and the Nurse Practitioner had ordered Levsin and Phenergan medications. The Unit Manager also indicated the resident's family had voiced concerns about the resident's nausea.</p> <p>When interviewed on 8/14/12 at 10:55 a.m., the Director of Nursing indicated the resident's meal consumption logs indicated the resident had begun refusing meals. The Director of Nursing indicated the resident had episodes of abdominal pain and nausea and 0% food consumption was a change for the</p>			

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	<p>resident.</p> <p>The current facility policy titled "Notification of Change in Resident Health Status" was received from the facility Administrator on 8/14/12 at 10:45 a.m. The policy indicated the resident's Physician, Nurse Practitioner, or Physician Assistance were to be contacted for any acute change in the resident's physical, mental, or psychosocial status. The policy also indicated the Physician, Nurse Practitioner, or Physician Assistant were to be notified of any need to alter a resident's treatment.</p> <p>This federal tag relates to Complaint IN00113518.</p> <p>3.1-5(a)(3)</p>				