

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN 47304
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F000000	<p>This visit was for the Investigation of Complaints IN00132279 and IN00133956.</p> <p>Complaint IN00132279 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F241, F364, F366, and F514.</p> <p>Complaint IN00133956 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F241, F366, and F514.</p> <p>Survey dates: August 5, 6, and 7, 2013</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 103 Total: 103</p> <p>Census payor type: Medicare: 8 Medicaid: 79</p>	F000000	Disclaimer Statement:Submission of the Plan of Correction is not an admission that the deficiency exists or that they were cited correctly. This Plan of Correction is a desire to continuously enhance the quality of care and services provided to our residents and is submitted solely as a requirement of the provision of Federal and State law."This Plan of Correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements."	

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>Other: 16 Total: 103</p> <p>Sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed by Debora Barth, RN.</p>				

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F000241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on record review and interview, the facility failed to ensure call lights were answered timely to maintain resident dignity for 3 of 4 residents reviewed for timely call light response (Resident #'s H, F, and D) and failed to ensure a resident was not catheterized for a urine specimen when catheterization was not necessary for 1 of 2 residents (Resident #B) reviewed for urine sample collection in a sample of 7.</p> <p>Findings include:</p> <p>1.) All of the resident's interviewed below were identified as alert, oriented, and interviewable on a list provided by the Assistant Director of Nursing (ADoN) on 8/5/13 at 6:30 p.m.</p> <p>Resident #H was interviewed on 8/7/13 at 10:20 a.m.</p> <p>Resident #H indicated the length of time it took for call lights to be answered depended on how busy the</p>	F000241	<p>1. Nurses who care for Resident B will be educated on obtaining specific physician directives on how to collect ordered urinalysis specimens. Resident H and F are unidentifiable to the facility therefore corrective action was not possible. Resident D was re-interviewed to address any concerns with call-light responses.2. All residents have the potential to be affected. Residents with an order for collection of urinalysis will be reviewed to ensure the order includes a collection technique. Interviewable residents will be interviewed to identify concerns with call-light responses. Staff will be re-educated regarding "all-hands" approach to responding to call-lights.3. Licensed nursing staff will be educated regarding obtaining specific physician directives on how to collect ordered urinalysis specimens. All physicians orders for urinalysis will include the technique by which the urine specimen is to be collected. Staff will be re-educated regarding an "all-hands" approach to responding to call-lights.4. The Director of Nursing/Designee will</p>	09/06/2013			

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	<p>staff were. The resident indicated it took over 15 minutes for his call light to be answered at least once a day. He indicated staff sometimes came in, turned his call light off and stated they would be back, then never returned and he would have to turn the call light back on again.</p> <p>Resident #D was interviewed on 8/6/13 at 2:40 p.m.</p> <p>Resident #D indicated he waited at least a half hour for his call light to be answered at least two times a day. He indicated staff sometimes came in, turned his call light off and stated they would be back, then never returned and he would have to turn the call light back on again.</p> <p>Resident #F was interviewed on 8/7/13 at 9:30 a.m.</p> <p>Resident #F indicated the time it took for his call light to be answered depended on who was on duty. He indicated some CNAs answered it quicker than others. He indicated he had to wait over 15 minutes at least once a day for his call light to be answered. He indicated sometimes it was over 30 minutes before they came. He indicated staff sometimes came in, turned his call light off and</p>		<p>audit new urinalysis orders to ensure that the orders include the technique by which to collect the specimen 5x/wk for 8 weeks, 3x/wk for 8 weeks and 1x/wk for 8 weeks. Facility management staff will audit call-light responses of 5 call-lights per day on random shifts 5x/wk for 8 weeks, 3x/wk for 8 weeks and 1x/wk for 8 weeks. DNS/Designee will report findings of audits to monthly QAPI meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>		

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	<p>stated they would be back, then never returned and he would have to turn the call light back on again.</p> <p>2.) The clinical record for Resident #B was reviewed on 8/6/13 at 10:45 a.m.</p> <p>Diagnoses for Resident B included, but were not limited to, history of cerebrovascular accident, anxiety state, and vascular dementia with depressed mood.</p> <p>An Admission Minimum Data Set assessment, dated 6/12/13, indicated the resident needed only the supervision of one staff member for toileting and was only occasionally incontinent of urine.</p> <p>A nursing note, dated 6/5/13 at 4:45 p.m., indicated the physician had visited the resident and orders were received for lab work and a urinalysis to be completed on 6/6/13.</p> <p>A nursing note, dated 6/6/13 at 4:13 p.m., indicated a urine specimen was obtained per physician order for testing. The note indicated the resident responded well to the procedure and denied any pain. The note did not indicate the manner used to obtain the urine specimen.</p>						

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	<p>A physician's order, dated 7/22/13 at 2:20 p.m., indicated the resident was to have a urinalysis and culture and sensitivity lab test done due to increased confusion. The order lacked any information related to the resident being catheterized in order to obtain the specimen.</p> <p>A nursing note, dated 7/24/13 at 5:35 a.m., indicated urine had been collected via and "in and out" catheter procedure for the ordered urinalysis and culture and sensitivity.</p> <p>During an interview with the resident's son and his girlfriend on 8/6/13 at 9:20 a.m., they indicated the resident had been very upset about being catheterized for the procedure. They indicated the resident had complained of discomfort from the procedure and it should not have been done since she is able to walk to the bathroom and urinate for a specimen. They indicated there had been no physician's order to obtain the specimen via catheterization. They indicated they had discussed their concerns with the facility.</p> <p>A nursing note entry, dated 7/25/13 at 10:51 a.m., indicated the ADoN had visited the resident related to the</p>				

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	<p>catheterization procedure. The note indicated "She stated it was a little uncomfortable and that she had never had one before but that she was okay...."</p> <p>Resident #B was interviewed on 8/6/13 at 1:30 p.m. Resident B indicated she did remember being catheterized for the urine specimen and had not wanted the procedure. She indicated she had told the staff she didn't think she needed the test done and did not feel like she had an infection, but did not tell them "no" to the procedure. She indicated the procedure was uncomfortable. During the interview, the resident was asked if she felt she could go to the bathroom, cleanse herself with a towelette, and obtain a urine specimen in a small plastic container with the assistance of a nurse. She indicated "yes" and that she had obtained urine for testing using that procedure before. She indicated she would have much preferred this method for obtaining the test.</p> <p>The ADoN was interviewed on 8/7/13 at 2:50 p.m. The ADoN indicated the order to obtain the urine specimen for testing did not contain any order for the resident to be catheterized.</p>				

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	<p>This federal tag relates to Complaint IN00132279 and IN00133956.</p> <p>3.1-3(t)</p>				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure the staff monitored the meal consumption of diabetic residents in accordance with their plan of care for 3 of 4 diabetic residents reviewed in a sample of 7. (Resident #'s G, D, and E.)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #G was reviewed on 8/7/13 at 8:30 a.m.</p> <p>Diagnoses for Resident #G included, but were not limited to, diabetes mellitus, flaccid hemiplegia, and obesity.</p> <p>A recapitulation of physician's orders, signed 6/19/13, indicated Resident #G had diabetic related orders, which included, but were not limited to, the following::</p> <p>1400-1600 calorie mechanical soft diet Lantus insulin 65 units</p>	F000282	<p>1. Resident's G, D, and E's charts were reviewed to observe for any weight variances-no significant changes were noted from July 2013 through the present.2. All residents have the potential to be affected.3. Nursing staff will be in-serviced regarding procedures in documenting meal intakes. DNS/Unit Managers/Designee will review meal intake daily to ensure compliance.4. The Director of Nursing/Designee will audit for meal consumption documentation for omissions 5x's/wk for 8 weeks, 3x's/wk for 8 weeks and 1x/wk for 8 weeks. DNS/Designee will report findings of audits to monthly QAPI meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>	09/06/2013	

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	<p>subcutaneously (subq) daily at bedtime. Lantus insulin 16 units subq daily every morning. Novolog insulin 10 units subq daily with breakfast. Novolog insulin 32 units subq daily with lunch. Novolog insulin 28 units subq daily with dinner.</p> <p>A health care plan problem, revised on 6/25/13, indicated Resident #G received a therapeutic diet due to diabetes mellitus and obesity. One of the approaches for this problem was to "monitor intakes daily."</p> <p>The "Food Consumption Records" for Resident #G, dated from 7/1/13 through 8/6/13, lacked documentation of the resident's food intake for the following dates and times:</p> <p>No breakfast documentation on 7/6, 7/11, 7/21, 7/27, 7/28, 8/2, 8/3, 8/4, and 8/5/13.</p> <p>No lunch meal documentation on 7/6, 7/9, 7/11, 7/12, 7/13, 7/15, 7/20, 7/21, 7/27, 7/28, 8/2, 8/3, 8/4, and 8/5/13.</p> <p>No supper documentation on 7/2, 7/8, and 7/9/13.</p>						

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	<p>During an interview with the Administrator and Assistant Director of Nursing on 8/7/13 at 2:50 p.m., additional information was requested related to the lack of meal consumption documentation for Resident #G.</p> <p>The facility failed to provide any additional information as of exit on 8/7/13.</p> <p>2.) The clinical record for Resident #E was reviewed on 8/6/13 at 2:05 p.m.</p> <p>Diagnoses for Resident #E included, but were not limited to, diabetes mellitus, flaccid hemiplegia, and depressive disorder.</p> <p>A recapitulation of physician's orders, signed 7/1/13, indicated Resident #E had diabetic related orders, which included, but were not limited to, the following:</p> <p>Controlled carbohydrate diet Lantus insulin 40 units subcutaneously (subq) two times daily. Humalog KwikPen insulin 8 units subq three times daily with meals.</p>						

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	<p>A health care plan problem, dated 3/28/12 and revised on 7/23/13, indicated Resident #E received a therapeutic diet. Two of the approaches for this problem were to "monitor intakes daily" and "diet per order."</p> <p>The "Food Consumption Records" for Resident #E, dated from 7/1/13 through 8/6/13, lacked documentation of the resident's food intake for the following dates and times:</p> <p>No breakfast documentation on 7/1, 7/6, 7/11, 7/19, 7/20, 8/3, and 8/5/13.</p> <p>No lunch meal documentation on 7/1, 7/6, 7/9, 7/11, 7/12, 7/13, 7/16, 7/19, 7/20, 8/3, 8/4, and 8/5/13.</p> <p>No supper documentation on 7/2, 7/8, 7/9, 7/11, and 7/26/13.</p> <p>During an interview with the Administrator and Assistant Director of Nursing on 8/7/13 at 2:50 p.m., additional information was requested related to the lack of meal consumption documentation for Resident #E.</p> <p>The facility failed to provide any additional information as of exit on</p>				

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	<p>8/7/13.</p> <p>3.) The clinical record for Resident #D was reviewed on 8/6/13 at 2:40 p.m.</p> <p>Diagnoses for Resident #D included, but were not limited to, protein calorie malnutrition, diabetes mellitus, quadriplegia, and iron deficiency anemia.</p> <p>A recapitulation of physician's orders, signed 7/1/13, indicated Resident #D had an order for Glipizide (a medication given to lower the blood sugar level) 2.5 milligrams twice daily.</p> <p>A health care plan problem, dated 12/7/12 and last reviewed on 7/2/13, indicated Resident #B had an alteration in nutritional status. One of the approaches for this problem was to "monitor meal consumption daily."</p> <p>The "Food Consumption Records" for Resident #D, dated from 7/1/13 through 8/6/13, lacked documentation of the resident's food intake for the following dates and times:</p> <p>No breakfast documentation on 7/6, 7/11, 7/16, 7/22, 7/25, 7/26, 7/27, 7/28, 7/30, 8/4, 8/5, and 8/6/13.</p>						

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	<p>No lunch meal documentation on 7/1, 7/6, 7/10, 7/11, 7/12, 7/16, 7/20, 7/22, 7/25, 7/26, 7/28, 7/30, 7/31, 8/4, 8/5, and 8/6/13.</p> <p>No supper documentation on 7/5, 7/6, 7/12, 7/23 and 7/26/13.</p> <p>During an interview with the Administrator and Assistant Director of Nursing on 8/7/13 at 2:50 p.m., additional information was requested related to the lack of meal consumption documentation for Resident #D.</p> <p>The facility failed to provide any additional information as of exit on 8/7/13.</p> <p>This federal tag relates to Complaint IN00132279 and IN00133956.</p> <p>3.1-35(g)(2)</p>						

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F000364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on record review and interview, the facility failed to ensure food was served to residents that was palatable and at the proper temperature for 4 of 4 residents reviewed for food palatability in a sample of 7. (Resident #'s H, F, E and D)</p> <p>Findings include:</p> <p>During a review of Resident Council Minutes, provided by the Administrator on 8/5/13 at 6:50 p.m., the following were noted:</p> <p>Meeting on 6/3/13 (only 5 residents in attendance) - 2 of 5 requested sauces to be served with food as indicated. They also requested that "comfort foods" such as chicken and noodles and mashed potatoes be served as alternates.</p> <p>Meeting on 7/1/13 (only 3 residents in attendance) - 2 of 3 residents complained of the chicken noodle soup containing chicken, but no</p>	F000364	<p>1. Residents E and D have been re-interviewed to evaluate concerns with meal service to identify how to enhance their meal service. Residents H and F are unidentifiable to the facility, therefore corrective action was not possible for those residents.2. All residents have the potential to be affected.3. A revision of meal service times by unit and dining room has been made to improve efficiency in meal delivery. A schedule of facility management staff to assist in meal delivery for every meal has been implemented. The dietary staff were in-serviced on 8-7-13 on food palatability and preparation. The Nursing staff will be inserviced on 8-26-13 and 8-27-13 on meal timeliness and delivery.4. The Executive Director/Designee will observe that management staff is attending for meal service as scheduled 5x's/wk for 2 weeks, 3x's/wk for 10 weeks and 1x/wk for 12 weeks. Dietary Manager/Designee will monitor food serving temperatures, palatability and meal timeliness daily 5x's/wk for 8 weeks, 3x's/wk for 8 weeks and 1x/wk for 8</p>	09/06/2013			

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	<p>noodles.</p> <p>A Resident Council Department Response Form, dated 7/1/13, indicated the facility was training a new cook who had started 3 weeks ago and a new relief cook was to also start training on 7/1/13. The form also indicated a new Dietary Manager was to begin orientation on 7/1/13.</p> <p>All of the residents interviewed below were either identified as alert, oriented, and interviewable on a list provided by the Assistant Director of Nursing (ADoN) on 8/5/13 at 6:30 p.m. or had a Brief Interview of Mental Status score of 15 on their most recent Minimum Data Set Assessment which indicated they had no cognitive impairment. (dates withheld to maintain anonymity).</p> <p>Resident #H was interviewed on 8/7/13 at 10:20 a.m.</p> <p>Resident #H indicated the he ate his meals in his room. He indicated the food was often cold when he received it. He indicated the meat was not always tender. He indicated the french fries were always cold and sometimes even the oatmeal was cold. He indicated he kept snacks in his room to eat when he wanted.</p>		<p>weeks. At least 3 residents will be interviewed daily for texture, temperature and palatability 5x's/wk for 8 weeks, 3x's/week for 8 weeks and 1x/wk for 8 weeks. The Dietary Manager/Designee will meet with the residents in food committee weekly for 4 weeks and then monthly on-going. Dietary Manager/Designee will report findings of audits to monthly QAPI meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>				

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	<p>Resident #D was interviewed on 8/6/13 at 2:40 p.m.</p> <p>Resident #D indicated he often did not care for the food. He indicated he ate his meals in his room. He indicated the oatmeal was either "runny" or "hard". He indicated sometimes the powdered eggs were "runny". He indicated the food was cold at least 4-5 times a week. He indicated the french fries were always cold. He indicated his appetite was good if he liked the food. Occasionally they asked him if he wanted something else if he didn't eat well, but usually they didn't.</p> <p>Resident #F was interviewed on 8/7/13 at 9:30 a.m.</p> <p>Resident #F indicated he usually ate his meals in the dining room. He indicated the food was "pretty good" but was not always hot. He indicated the french fries were always cold.</p> <p>Resident #E was interviewed on 8/7/13 at 10:25 a.m.</p> <p>Resident #E indicated he usually ate his meals in the dining room. He indicated the food was not good and was cold at times. He indicated the</p>						

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	<p>meat was not always tender.</p> <p>LPN #4 was interviewed on 8/6/13 (time withheld to maintain confidentiality). LPN #4 indicated resident care and assistance with meals could usually be given timely if they had the full scheduled staff. She indicated when staff called in and could not be replaced, it was hard to provide care in a timely manner. She had worked without full scheduled staff within the last few weeks.</p> <p>CNA #5 was interviewed on 8/6/13 (time withheld to maintain confidentiality). CNA #5 indicated they were able to provide resident care and assistance with meals timely if they had full staff on the unit. She indicated they occasionally had to work without full staff and this affected the quality of the care.</p> <p>LPN #6 was interviewed on 8/6/13 (time withheld to maintain confidentiality) LPN #6 indicated it was very difficult to provide timely care and assistance if they did not have full scheduled staff and this had occurred within the past week.</p> <p>This federal tag relates to Complaint IN00132279.</p>				

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	3.1-21(a)(2)				

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F000366 SS=D	<p>483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE</p> <p>Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.</p> <p>Based on observation, record review, and interview, the facility failed to ensure alternate foods were provided to a resident who could not eat the primary menued item for 1 of 4 residents reviewed for alternative choices in a sample of 7. (Resident #B) This had the potential to affect 34 of 34 residents residing on the unit.</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 8/6/13 at 10:45 a.m.</p> <p>Diagnoses for Resident B included, but were not limited to, history of cerebrovascular accident, anxiety state, and vascular dementia with depressed mood.</p> <p>A physician's order, dated 7/8/13, indicated Resident #B was to have a mechanical soft diet with ground meat and gravy added.</p> <p>The dietary card used to prepare the resident's tray and used for all meals,</p>	F000366	<p>1. Dietary Manager has met with resident B to review menus in advance to ensure appropriate foods are provided from available menu items with regard to her preferences, dietary restrictions, and food allergies.2. All residents have the potential to be affected.3. The dietary staff were in-serviced on 8-7-13 on following the menu and providing and preparing appropriate substitutes for all diet types in advance to meal service as needed based on individual resident dietary restrictions/limitations. The nursing staff will be in-serviced on 8-26-13 & 8-27-13 on offering appropriate substitutes to foods refused. Dietary Manager/Designee will hold production meetings daily at least 5x's/wk to review menu items including alternate food substitutes to be prepared/provided.4. The Dietary Manager/Designee will monitor one meal service 5x's/wk for 4 weeks, 3x's/wk for 8 weeks and then 1x/wk on-going for alternate availability and offering. Dietary Manager/Designee will report findings of audits to monthly QAPI meetings for 6 months, any patterns or trends will have an</p>	09/06/2013

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	<p>provided by the Corporate Dietician on 8/6/13 at 3:50 p.m., indicated the resident was to have a mechanical soft diet with ground meat and gravy and no raw vegetables.</p> <p>The lunch menu for 8/6/13, listed on a "week at a glance spreadsheet" provided by the Dietary Manager on 8/5/13 at 6:15 p.m., indicated the residents would be receiving cream of broccoli soup and a turkey cobb salad. The alternates for these two items were vegetable barley soup and a roast beef sandwich.</p> <p>During an observation on 8/6/13 at 11:35 a.m., Resident #B was up in the dining room on the Alzheimer's care unit eating her lunch. The meals for this hall arrived in a meal cart and were taken to the residents in the dining room. The resident had consumed all of her cream of broccoli soup and indicated it was very good. The resident asked for more soup. The resident was observed to eat all of her dessert and fortified pudding and drank all of her milk. These were the only food items served to the resident. The resident had not received or consumed any turkey cobb salad. It took approximately 10 minutes for the staff to go to the kitchen and return with additional</p>		action plan written and interventions implemented.		

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	<p>soup and Resident #B indicated she no longer wanted it and was getting ready to exit the dining room.</p> <p>During an interview on 8/6/13 at 11:45 a.m., CNA #1 indicated she had served Resident #B her meal tray. She indicated the resident had not received the turkey cobb salad most likely because it contained raw vegetables. She indicated the resident had also not received any alternate for the turkey cobb salad.</p> <p>During an interview on 8/6/13 at 12:10 p.m., RN #2 indicated alternate food items were not routinely sent with the food cart. He indicated staff had to go to the kitchen to get the alternative food items.</p> <p>During an interview with the Dietary Manager and Corporate Dietician, on 8/6/13 at 2:20 p.m., additional information was requested related to Resident #B not receiving the alternate food for the turkey cobb salad that she could not eat. The dietary manager indicated 5 food items of each alternate food are supposed to be sent to the Alzheimer's dining room with the cart and she did not know why none had been sent today. She also indicated residents on a mechanical soft diet</p>			

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	<p>who could not have the turkey cobb salad should have been given a ground roast beef sandwich in place of the salad when their meal was served.</p> <p>This federal tag relates to Complaint IN00132279 and IN00133956.</p> <p>3.1-21(a)(4)</p>				

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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure resident records were complete and accurately documented in regards to family notification of resident concerns, showers given, and bedtime snack intake for 2 of 7 residents reviewed for complete and accurate documentation in a sample of 7. (Resident #'s B and G)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #B was reviewed on 8/6/13 at 10:45 a.m.</p> <p>Diagnoses for Resident B included, but were not limited to, history of cerebrovascular accident, anxiety state, and vascular dementia with</p>	F000514	<p>1. Resident's B family is currently being contacted on a weekly basis to ensure appropriate communication is occurring regarding resident health status and resident health care approaches. A summary of this communication is being documented in the resident's clinical record to reflect items discussed and family response. Family concerns voiced during this contact will continue to be handled through the facility grievance process. Resident G's physician order for evening snack has been revised to prompt the nurse to document the amount consumed with administration.2. All residents who have a physician ordered dietary supplements or any other order are at risk to be affected by this practice. A facility-wide audit of all residents receiving ordered dietary</p>	09/06/2013			

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	<p>depressed mood.</p> <p>During an interview with the resident's son and his girlfriend on 8/6/13 at 9:20 a.m., they indicated they had not been notified of the resident going out for a CT scan of her head until after the scan was completed and no one had gone with her for the test.</p> <p>A nursing note, dated 6/17/13 at 8:52 a.m., indicated the resident's CT scan had been rescheduled for 6/18/13 at 10:30 a.m. due to a creatinine level not being completed prior to the scan. The note indicated the resident's son was notified of the lab work order and the rescheduled appointment.</p> <p>During an interview with the Assistant Director of Nursing (ADoN) on 8/7/13 at 4:45 p.m., she indicated no one had gone with the resident for the test because the resident's son had indicated he would be meeting her there for the test. She indicated the nursing staff had forgotten to document this information in the note above.</p> <p>"Activity of Daily Living Flow Sheet Logs" for Resident #B lacked documentation of the resident having a shower or complete bed bath for the following dates and times:</p>		<p>supplements was conducted on 8-19-13 to ensure that orders contain a prompt for the nurse for documentation of consumption percentage. 3. Nursing staff were re-educated regarding documentation in the clinical record and notification of change. DNS/Unit Managers/Designee will review CNA documentation for completion before each shift's end to ensure any omissions are corrected immediately to accurately reflect resident ADL's in a timely manner. Any new dietary supplement orders received will be audited by DNS/Designee to ensure that orders contain a prompt for the nurse for documentation of consumption percentage.4. Director of Nursing/Designee will audit orders for resident procedures/appointments outside of facility to ensure appropriate notification of responsible parties. These audits will occur 5x's/wk for 8 weeks, 3x's/wk for 8 weeks and 1x/wk for 8 weeks. The Director of Nursing/Designee will audit for ordered supplement consumption and bathing documentation omissions 5x's/wk for 8 weeks, 3x's/wk for 8 weeks and 1x/wk for 8 weeks. DNS/Designee will report findings of audits to monthly QAPI meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>		

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	<p>7/17/13 through 7/22/13 and 7/27/13 through 8/5/13</p> <p>These records are part of the resident's computerized clinical record.</p> <p>During an interview with the Administrator and ADoN on 8/7/13 at 2:50 p.m., additional information was requested related to the lack of showers for Resident #B during the time periods noted above.</p> <p>Review of the "Resident Shower Sheet/Skin Concern Documentation Records" for Resident #B, provided by LPN #3 on 8/7/13 at 4 p.m., indicated the resident had a shower on 7/19/13; refused a shower, but gave herself a full bed bath on 7/30/13; and was given a shower on 8/2/13.</p> <p>During an interview with the LPN #3 on 8/7/13 at 4 p.m., she indicated these records are kept by the nursing department for approximately one year, but are not part of the resident's clinical record and she had no explanation why this information was different that the information in the clinical record.</p>						

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	<p>2.) The clinical record for Resident #G was reviewed on 8/7/13 at 8:30 a.m.</p> <p>Diagnoses for Resident #G included, but were not limited to, diabetes mellitus, flaccid hemiplegia, and obesity.</p> <p>Computerized "Resident Meal Logs" for Resident #G, dated from 7/1/13 through 7/31/13, contained a section for documenting the percentage of consumption of the evening snack. The logs lacked documentation of any evening snack having been given on July 2, 8, 9, 18, 22, 2013. The area for documentation was blank.</p> <p>The Medication Administration Record (MAR) for July 2013 for Resident #G indicated the resident was given a evening snack on the dates noted previously. The MAR does not contain a section for the percentage consumed.</p> <p>This federal tag relates to Complaint IN00132279 and IN00133956.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				