

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155137	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/05/2014
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 251 STURDY RD VALPARAISO, IN 46383
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F000000	<p>This visit was for the Investigation of Complaint IN00149670</p> <p>Complaint IN00149670- Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F225, F226, F309, and F323</p> <p>Survey dates: June 4 and 5, 2014</p> <p>Facility number: 000062 Provider number: 155137 AIM number: 100271400</p> <p>Survey team: Regina Sanders, RN-TC Heather Hite, RN (June 5, 2014)</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census Payor type: Medicare: 08 Medicaid: 60 Other: 07 Total: 75</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<b>F000</b> - Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this 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.	
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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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F000157 SS=D	<p>Quality review completed on June 11, 2014, by Janelyn Kulik, RN.</p> <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</p>			

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	<p>§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 interview and record review, the facility failed to notify a resident's Physician and Responsible Party of skin tears, reddened coccyx, and bruises, for 1 of 3 residents reviewed for abrasions and notifications in a total sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 06/04/14 at 8:45 a.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p> <p>A Significant Change Minimum Data Set Assessment, dated 04/12/14, indicated the resident had poor short and long term memory problems, was extensive assistance with two or more staff for transfers and bed mobility.</p> <p>A) A Nurses' Note, dated 09/06/13 at 10:13 a.m., indicated the resident had a skin tear to her left wrist and two steri-strips were applied.</p>	F000157	<p><b>F157 -</b></p> <p>1) Resident "B" expired prior to survey.</p> <p>2) All residents have the potential to be affected by the alleged deficient practice. All residents will have skin assessments completed. MD and Family will be notified of any areas of concern.</p> <p>3) In-service nurses on notification of physicians and families related to changes in skin condition. Notification/Assessments audit tool will be used in daily clinical start-up to verify that appropriate notifications have been completed.</p> <p>4) Notification/Assessments audit tool will be completed by the DNS/designee 5 times per week times 4 weeks, then weekly for 8 weeks, then monthly times 12 weeks. Notification audit tool will be reviewed monthly times 6 months in facility QAPI meeting.</p> <p>5) July 3, 2014</p>	07/03/2014	

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	<p>There was a lack of documentation to indicate the resident's Physician and Responsible Party had been notified of the skin tear.</p> <p>During an interview on 06/05/14 at 11:35 a.m., the Director of Nursing (DoN) indicated the Physician and the Responsible Party had not been notified of the skin tear.</p> <p>B) A Nurses' Note, dated 01/31/14 at 10:01 a.m., indicated the resident had a bruise above the right eye of unknown origin, measuring 5 cm (centimeter) by 1 cm.</p> <p>There was a lack of documentation to indicate the resident's Physician had been notified of the bruise above the right eye until 02/03/14 at 3:37 p.m. (three days later)</p> <p>During an interview on 06/05/14 at 11:35 A.M., The DoN indicated the resident's Physician had not been notified of the bruise above the right eye until 02/03/14.</p> <p>C) A Nurses' Note, dated 04/24/14 at 10:55 p.m., indicated the resident had redness to her coccyx and skin tear to her right forearm.</p> <p>There was a lack of documentation to</p>			

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	<p>indicate the resident's Physician and Responsible Party had been notified of the redness and the skin tear.</p> <p>During an interview on 06/05/14 at 11:35 a.m., the DoN, indicated the resident's Physician and Responsible Party had not been notified of the redness and the skin tear.</p> <p>An undated facility policy, received as current from the DoN on 06/05/14 at 8:15 a.m., titled, "Notification of Change in Resident Health Status", indicated, "The center will consult the resident's physician...and if known notify the resident's legal representative or an interested family member when there is: (A) An accident which results in injury and has the potential for requiring physician intervention. Notification: Within 24 hours from the time an assessment has been made indicating there may be potential for physician intervention...(C) A need to alter treatment...or to commence a new form of treatment...Notification: Depending on the nursing assessment appropriate notification may be immediate to 48 hours..."</p> <p>This Federal Tag relates to complaint IN00149670.</p>			

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F000225 SS=D	<p>3.1-5(a)(1) 3.1-5(a)(3)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly</p>			

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	<p>investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to investigate and report a suspicious injury of an unknown source, related to a bruise above the right eye of cognitively impaired resident, for 1 of 3 residents reviewed for abrasions and bruising in a total sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 06/04/14 at 8:45 a.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p> <p>A Significant Change Minimum Data Set Assessment, dated 04/12/14, indicated the resident had poor short and long term memory problems, was extensive assistance with two or more staff for transfers and bed mobility.</p>	F000225	<p><b>F225 -</b></p> <p>1) Resident "B" expired prior to survey.</p> <p>2) All residents have the potential to be affected by the alleged deficient practice. All residents will have skin assessments completed. MD and Family will be notified of any areas of concern. Any areas of unknown origin that have not been previously investigated, or reported, will be investigated and reported if necessary.</p> <p>3) In-service staff on alleged injuries of unknown source and verification of investigation. IDT in-serviced on the investigation and reporting process. ED/designee will audit all verification of investigations daily for completion, and reporting, if necessary.</p> <p>4) ED/designee will audit all investigations and reportables</p>	07/03/2014			

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	<p>A Nurses' Note, dated 01/31/14 at 10:01 a.m., indicated the resident had a bruise above the right eye of unknown origin, measuring 5 cm (centimeter) by 1 cm.</p> <p>There was a lack of documentation to indicate the facility had conducted an investigation to find the cause of the bruise.</p> <p>There was a lack of documentation to indicate the facility reported the bruise to the Administrator and the Indiana State Department of Health (ISDH).</p> <p>During an interview on 06/05/14 at 11:35 A.M., The DoN (Director of Nursing) indicated there was no documented investigation for the cause of the bruise above the right eye.</p> <p>An inservice on Abuse and Neglect, dated 11/13/13, and received from the DoN, indicated, "...Signs that Physical Abuse May Have Occurred:...Bruising: check for suspicious location and appearance..."</p> <p>During an interview on 06/05/14 at 10:45 a.m., the Administrator indicated the facility investigates all injuries of unknown origin to determine if the injuries were caused by abuse.</p>		<p>daily for completion. Audit results will be reviewed monthly at QAPI meeting for 6 months.</p> <p>5) July 3, 2014</p>				

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F000226 SS=D	<p>This Federal Tag relates to complaint IN00149670.</p> <p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to follow their Abuse Policy related to the investigation and immediately reporting of a suspicious injury of an unknown source, related to a bruise above the right eye of cognitively impaired resident, for 1 of 3 residents reviewed for abrasions and bruising in a total sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 06/04/14 at 8:45 a.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p>			F000226	<p><b>F226 -</b></p> <p>1) Resident "B" expired prior to survey.</p> <p>2) All residents have the potential to be affected by the alleged deficient practice. All residents will have skin assessments completed. MD and Family will be notified of any areas of concern. Any areas of unknown origin that have not been previously investigated, or reported, will be investigated and reported if necessary.</p> <p>3) In-service staff on alleged injuries of unknown source and verification of investigation. IDT in-serviced on the investigation</p>		07/03/2014

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	<p>A Significant Change Minimum Data Set Assessment, dated 04/12/14, indicated the resident had poor short and long term memory problems, was extensive assistance with two or more staff for transfers and bed mobility.</p> <p>A Nurses' Note, dated 01/31/14 at 10:01 a.m., indicated the resident had a bruise above the right eye of unknown origin, measuring 5 cm (centimeter) by 1 cm.</p> <p>There was a lack of documentation to indicate the facility had conducted an investigation to find the cause of the bruise.</p> <p>There was a lack of documentation to indicate the facility reported the bruise to the Administrator and the Indiana State Department of Health (ISDH).</p> <p>A policy titled, "Reporting Alleged Violation", dated 2013, and received from the Staff Development Coordinator on 06/04/14 at 11:30 a.m. as current, indicated, "...It is the responsibility of all employees to immediately report any alleged violation of abuse, neglect, injuries of unknown source...are reported immediately to the executive director of the center. Such violations are also reported to state agencies in accordance with the existing state law. The center</p>		<p>and reporting process. ED/ designee will audit all verification of investigations daily for completion and reporting if necessary.</p> <p>4) ED/designee will audit all investigations and reportable daily for completion. Audit results will be reviewed monthly at QAPI meeting for 6 months.</p> <p>5) July 3, 2014</p>				

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	<p>investigates each such alleged violation thoroughly and reports the results of all investigations to the executive director...as well as to state agencies as required by state and federal law...The investigation includes interviews with employees, visitors or residents who may have knowledge of the alleged incident...The documentation of the investigation is kept in the ED's (executive director) office..."</p> <p>During an interview on 06/05/14 at 11:35 A.M., The DoN (Director of Nursing)indicated there was no documented investigation for the cause of the bruise above the right eye.</p> <p>An inservice on Abuse and Neglect, dated 11/13/13, and received from the DoN, indicated, "...Signs that Physical Abuse May Have Occurred:...Bruising: check for suspicious location and appearance..."</p> <p>During an interview on 06/05/14 at 10:45 a.m., the Administrator indicated the facility investigates all injuries of unknown origin to determine if the injuries were caused by abuse.</p> <p>This Federal Tag relates to complaint IN00149670.</p>			

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F000309 SS=D	<p>3.1-28(a)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to provide necessary care and services, related to investigation for causes of skin tears and bruising and an assessment of skin tear, for 1 of 3 residents reviewed for abrasions and bruises in a total sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 06/04/14 at 8:45 a.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p> <p>A Significant Change Minimum Data Set Assessment, dated 04/12/14, indicated</p>	F000309	<p><b>F309 -</b></p> <p>1) Resident "B" expired prior to survey.</p> <p>2) All residents have the potential to be affected by the alleged deficient practice. All residents will have skin assessments completed. MD and Family will be notified of any areas of concern. Any areas of unknown origin that have not been previously investigated, or reported, will be investigated and reported if necessary.</p> <p>3) In-service for nurses on assessment of changes in skin condition and verification of investigation. Notification/Assessments audit</p>	07/03/2014			

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	<p>the resident had poor short and long term memory problems, was extensive assistance with two or more staff for transfers and bed mobility.</p> <p>A) A Nurses' Note, dated 09/06/13 at 10:13 a.m., indicated the resident had a skin tear to her left wrist and two steri-strips were applied.</p> <p>There was a lack of documentation to indicate the facility had conducted an investigation to find the cause of the skin tear.</p> <p>During an interview on 06/05/14 at 11:35 a.m., the Director of Nursing (DoN) indicated there was no investigation for the cause of the skin tear.</p> <p>B) A Nurses' Note, dated 02/03/14 at 3:37 p.m., indicated the resident had a 3 cm by 3.5 cm green/yellow colored bruise to her left knee and a 7 cm by 7.5 cm purple bruise to her right forearm.</p> <p>An investigation, dated 02/03/14 indicated the resident was alert only to herself and the resident had fragile skin.</p> <p>There was a lack of documentation staff were interviewed to investigate potential causes of the bruises and when the bruises had occurred.</p>		<p>tool will be used in daily clinical start-up to verify that appropriate notifications have been completed.</p> <p>4) Notification/Assessments audit tool will be completed by the DNS/designee 5 times per week times 4 weeks, then weekly for 8 weeks, and then monthly times 12 weeks. Notification audit tool will be reviewed monthly times 6 months in facility QAPI meeting.</p> <p>5) July 3, 2014</p>	

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	<p>During an interview on 06/05/14 at 11:35 a.m., the DoN indicated there had not been a thorough investigation of the bruises documented.</p> <p>C) A Nurses' Note, dated 04/24/14 at 10:55 p.m., indicated the resident had a skin tear to her right forearm.</p> <p>There was a lack of documentation to indicate the skin tear had been assessed for appearance and size, and investigated for a possible cause of the skin tear.</p> <p>During an interview on 06/05/14 at 11:35 a.m., the DoN, indicated the skin tear had not been assessed nor investigated for a cause.</p> <p>During an interview on 06/05/14 at 10:45 a.m., the Administrator indicated the facility investigates all injuries of unknown origin to determine if the injuries were caused by abuse.</p> <p>This Federal Tag relates to complaint IN00149670.</p> <p>3.1-37(a)</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155137	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/05/2014
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F000323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to ensure a resident received assistance to prevent accidents, related to a CNA transferring a resident who required two assistance with transfers with only one assistance, causing a skin tear on the resident's left shin, which required nine sutures to close the skin tear, for 1 of 3 residents reviewed for abrasion and bruises in a total sample of 3. (Resident #B and Terminated CNA #1)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 06/04/14 at 8:45 a.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p> <p>A Significant Change Minimum Data Set Assessment, dated 04/12/14, indicated</p>	F000323	<p><b>F323 -</b></p> <p>1) Resident "B" expired prior to survey.</p> <p>2) All residents have the potential to be affected by the alleged deficient practice. In-service staff on following resident care sheets when assisting transfers.</p> <p>3) In-service nursing staff on following resident care sheets for transfers. DNS/designee will use transfer audit tool to observe 5 transfers weekly for proper transfer per resident care sheet.</p> <p>4) DNS/designee will use transfer audit tool to observe 5 transfers weekly for proper transfer per resident care sheet for 3 months, then 1 transfer a week for 3 months. Transfers audit tool will be reviewed monthly times 6 months in facility QAPI meeting.</p>	07/03/2014

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	<p>the resident had poor short and long term memory problems, was extensive assistance with two or more staff for transfers, and required staff assistance to stabilize her with standing.</p> <p>A Resident Care Plan Sheet, dated 05/17/14, indicated the resident required two staff for transfers.</p> <p>A Nurses' Note, dated 05/18/14 at 8 a.m., indicated the resident was transported by ambulance to the hospital due to a open area of the left shin.</p> <p>The Emergency Department notes, dated 05/18/14, at 8:19 a.m., indicated the resident had been transferred from the bed to the wheelchair and the left leg was cut on the wheelchair. The note indicated the left lateral leg had a laceration approximately 5-6 centimeters (cm) over the left shin and the skin was closed with nine sutures.</p> <p>An Incident Report Form, dated 05/19/14, indicated a CNA had transferred the resident from her bed to the wheelchair when the resident caught her leg on the wheelchair and caused a 5.5 cm by 3.3 cm lower left extremity laceration.</p> <p>A typed statement form Terminated CNA</p>		5) July 3, 2014		

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	<p>#1, dated 05/20/14, indicated Terminated CNA #1 asked another CNA for help and the other CNA indicated she did not have time, Terminated CNA #1 then indicated the Nurse on the unit looked busy, so she had not asked the Nurse for help.</p> <p>Terminated CNA #1 indicated she had decided to transfer the resident by herself and while doing this, the resident's leg slipped and she had to lower the resident to the floor. She indicated the leg rests were not on the wheelchair and she was unsure how the skin tear occurred.</p> <p>During an interview on 06/04/14, the Director of Nursing indicated Terminated CNA #1 had been disciplined and terminated from the facility after the investigation had been completed and all other staff had been inserviced on transferring residents by the care plan.</p> <p>This Federal Tag relates to complaint IN00149670.</p> <p>3.1-45(a)(2)</p>			