

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 04/01/2015
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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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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00169091.</p> <p>Complaint IN00169091 - Substantiated. Federal/Sate deficiency related to the allegation is cited at F312.</p> <p>Survey dates: March 31, 2015 and April 1, 2015.</p> <p>Facility number: 000062 Provider number: 155137 AIM number: 100271400</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census Payor type: Medicare: 10 Medicaid: 69 Other: 01 Total: 80</p> <p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	F000 - 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.	

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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F 312 SS=E Bldg. 00	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, record review, and interview, the facility failed to provide the necessary assistance with bathing/showering for 4 of 5 residents in a total sample of 4. (Resident #B, #C, #D, and #F)</p> <p>Findings include:</p> <p>1. During an interview on 04/01/15 at 9:20 a.m., CNA #1 indicated sometimes showers were not given due to running behind in their work.</p> <p>During an interview on 04/01/15 at 9:35 a.m., CNA #2 indicated sometimes showers were not completed as scheduled but the residents received a bed bath.</p> <p>During an interview on 04/01/15, Resident #F indicated he did not always</p>	F 312	<p>F312 - 1) Residents #F, #B, #C, and #D shower preferences were reviewed and shower schedules were revised as needed. Showers will be offered per their preferences. 2) All residents have the potential to be affected by the alleged deficient practice. All resident preferences will be reviewed, and showers will be offered per their preferences. 3) Nursing staff was in-serviced on providing showers to residents based on their preferences. 4) A shower audit tool will be completed by the DNS/designee 5 times per week for 4 weeks, then weekly for 8 weeks, and then monthly for 12 weeks. Audit tool will be reviewed monthly for 6 months in facility QAPI meeting. 5) April 21, 2015 We respectfully request that you consider paper compliance. Thank you.</p>	04/21/2015

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	<p>receive his shower as scheduled.</p> <p>Resident #F's record was reviewed on 04/01/15 at 12:30 p.m. The resident's diagnoses included, but were not limited to diabetes mellitus and hypertension.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 01/31/15, indicated the resident's cognition was intact, and required extensive assistance for bathing.</p> <p>The care plan, dated 01/02/14, indicated the resident had voiced his shower preference and the interventions included, offer showers as scheduled.</p> <p>A Preference Worksheet, dated 01/21/15, indicated the resident preferred two showers a week in the evening.</p> <p>The Shower Schedule, indicated the resident's showers were scheduled on Monday and Friday evenings.</p> <p>The Shower Sheets and Bathing Report, indicated the resident received a shower on February 6 and 20, 2015 and March 13, 20, and 27, 2015.</p> <p>The resident had not received the shower as scheduled on February 2, 9, 13, 16, 23, and 27, 2015 and March 2, 6, 9, 16, 23, and 30, 2015.</p>			

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	<p>There was no documentation in the Nurses' Progress Notes to indicate the resident had refused the showers February 2, 9, 13, 16, 23, and 27, 2015 and March 2, 6, 9, 16, 23, and 30, 2015.</p> <p>2. During the initial tour on 03/31/15 at 2 p.m., the Director of Nursing (DoN) indicated Resident #B received total bed baths only due to an injury, which had occurred on 02/17/15.</p> <p>Resident #B's record was reviewed on 04/01/15. The resident's diagnoses included, but were not limited to Parkinson's disease and fractured hip.</p> <p>The Admission/5-Day MDS assessment, dated 01/07/15, indicated the resident's cognition was intact and was dependent on two or more staff for bathing.</p> <p>The shower schedule indicated the resident was scheduled for a complete bed bath every day on the night shift (10 p.m.-6 a.m.)</p> <p>The Shower Sheets and Bathing Report, indicated the resident had only received the total bed bath on March 5, 8, 10, 12, 15, 19, 22, 23, and 31.</p> <p>There was a lack of documentation in the</p>			

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	<p>Nurses' Progress Notes on March 1-4, 6, 7, 9, 11, 13,14, 16, 17, 18, 20, 21, 24-30, 2015 to indicate the resident refused the bed bath.</p> <p>3. Resident #C's record was reviewed on 04/01/15 at 12:20 p.m. The resident's diagnoses included, but were not limited to dementia and fractured ankle.</p> <p>The Quarterly MDS assessment, dated 02/10/15, indicated the resident's cognition was impaired and required extensive assistance with bathing.</p> <p>The resident's care plan, dated 01/01/14, indicated the resident had voiced a shower preference and the staff were to offer the shower as scheduled.</p> <p>The Preference Worksheet, dated 03/21/14, indicated the preference was one shower a week and to offer two. The resident had no preference for the time of day the shower was given.</p> <p>The shower schedule indicated the showers were scheduled for Tuesday and Fridays in the evening.</p> <p>The Shower Sheets and Bathing Report indicated the resident received a shower on February 17, 2015 and March 10, 27, and 28, 2015.</p>			

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	<p>The resident had not received a shower the week of February 2-6, 9-13, and 23-27, 2015.</p> <p>The resident had not received a shower the week of March 3-6 and 16-20, 2015.</p> <p>The Nurses' Progress Notes lacked documentation to indicate the resident refused a shower on the weeks of February 2-6, 9-13, and 23-27, 2015 and March 3-6 and 16-20, 2015.</p> <p>4. Resident #D's record was reviewed on 04/01/15 at 12:30 p.m. The resident's diagnoses included, but were not limited to, chronic kidney disease and convulsions.</p> <p>The Quarterly MDS assessment, dated 2/20/15, indicated the resident's cognition was intact and required extensive assistance with bathing.</p> <p>The Preference Worksheet, dated 03/21/14, indicated the resident preferred a shower two times a week in the early morning.</p> <p>The Shower Schedule indicated the showers were scheduled for Tuesday and Friday on day shift.</p>			

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	<p>The Shower Sheets and Bathing Report indicated the resident received a shower on February 6, 10, 17, and 24, 2015 and March 10, 20, 24, and 31, 2015.</p> <p>The resident had not received a shower on February 3, 13, 20, and 27, 2015 and March 3, 6, 13, 17, and 27, 2015.</p> <p>There was a lack of documentation in the Nurses' Progress Notes and Behavior Flow Records to indicate the resident had refused the showers on February 3, 13, 20, and 27, 2015 and March 3, 6, 13, 17, and 27, 2015.</p> <p>During an interview on 04/01/15 at 11:30 a.m., the DoN indicated she had been aware of concerns about showers not getting completed and she had inserviced the staff on the importance of bathing the residents on 03/19/15. She indicated there had been no follow up on the inservice to ensure the showers were getting completed as scheduled and had another inservice scheduled for next week. The DoN acknowledged some showers still had not been getting completed after the inservice on 03/19/15.</p> <p>This Federal Tag relates to Complaint IN00169091.</p>			

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	3.1-38(a)				