

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 08/05/2015
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00178603 and 179011</p> <p>Complaint IN00178603 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00179011 - Substantiated. Federal/State deficiencies related to the allegations are cited F282, F312, F353 and F431.</p> <p>Survey date: August 5, 2015.</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Census bed type: SNF/NF: 105 Total: 105</p> <p>Census payor type: Medicare: 2 Medicaid: 92 Other: 11 Total: 105</p> <p>Sample: 6</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3-1.</p>	F 0000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, the plan of correction is not an admission that a deficiency existed or that one was cited correctly. The plan of correction is being submitted to meet state and federal law.</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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F 0282 SS=D Bldg. 00	<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 observation, interview and record review, the facility failed to ensure medications were given in a timely manner following physician orders for 2 of 2 residents reviewed for medication administration. (Resident E and G)</p> <p>Findings include:</p> <p>1. During a general observation and interview on 8/5/15 at 9:50 a.m., LPN #2 was in Hall 2 on the C Unit finishing medication administration for a resident. She indicated she was getting a resident ready for dialysis, but was charting a behavior on him. She indicated she just finished her 7 a.m. and 8 a.m. medication administration. She continued to work and indicated she did have a few more residents to finish. She indicated medication administration usually ran over the time due. The observation continued as she was preparing medication for Resident E. The</p>	F 0282	<p>F-282</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>It is the policy of this facility that medications are administered as prescribed. Medications are administered within 60 minutes of the scheduled time, except before, with or after a meal orders, which are administered in proper relation to mealtimes. Staff will be re-educated on the medication administration policy by 8/28/15. Medication administration times will be adjusted based on residents needs and physician order by 8/28/15.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p>	08/28/2015

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	<p>medications included the following:</p> <p>Depakote (anti-convulsant) 250 mg daily at 7:00 a.m.</p> <p>metformin (oral diabetic) 250 mg daily at 7:00 a.m.</p> <p>Systane (ocular lubricant) 0.4-0.3 % 1 drop left eye 7:00 a.m. Given twice daily.</p> <p>The clinical record for Resident E was reviewed on 8/5/15 at 11:30 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, Alzheimer's disease, glaucoma, pain, anxiety, congestive heart failure, dementia with behaviors and hypertension. Resident E was cognitively impaired.</p> <p>Review of a current care plan dated 1/8/14 and revised on 10/9/14, indicated Resident E had a problem with impaired vision related to inflammation of left eye. Another problem dated 11/1/12 and revised on 10/9/14, included alteration in blood glucose. Interventions included, but were not limited to; administer medications as ordered.</p> <p>2. During observation, the following medications were given to Resident G at 10:27 a.m:</p> <p>amiodarone (to treat tachycardia) 200 mg</p>		<p>All residents have the potential for medications to be given outside of the time frame. Unit manager to audit medication administration sheets weekly and PRN to ensure medication times are within facility policy 5 times weekly for two weeks, then three times weekly for two weeks.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>All nurses will be educated on the policy for proper medication administration. Unit manager will audit medication administration sheets weekly and report findings to DNS.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The audit results will be reviewed in QAPI each month for the next 6 months and quarterly.</p> <p>By What date the systemic changes will be completed?</p> <p>Changes to occur by 8/28/15</p>		

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	<p>daily ordered at 7:00 a.m. furosemide (diuretic) 40 mg daily ordered at 7:00 a.m. Lexapro (anti-depressant) 10 mg ordered daily at 7:00 a.m. pantoprazole (anti-acid) 40 mg ordered daily at 7:00 a.m. To be given before a meal. polyethylene glycol 3350 (stool softener) 17 grams daily at 7:00 a.m. potassium chloride (supplement) 20 mEq daily at 7:00 a.m. carvedilol (anti-hypertensive) 3.125 mg at 7:00 a.m. Given twice daily. Colace (stool softener) 100 mg daily at 7:00 a.m. levetiracetam (anti-convulsant) 500 mg at 7:00 a.m. Given twice daily. Mucinex (expectorant) 600 mg at 7:00 a.m. Given twice daily. Xanax (anti-anxiety) 0.5 mg at 8:00 a.m. Given twice daily.</p> <p>The clinical record for Resident G was reviewed on 8/5/15 at 11:00 a.m. Diagnoses for the resident included, but were not limited to, anxiety, congestive heart failure, depressive disorder, hypertension, chronic kidney disease, ventricular tachycardia and athersclerosis. Resident G was cognitively impaired.</p> <p>Review of a current care plan dated 11/3/14 and revised 7/31/15, Resident G</p>				

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	<p>had a problem with gastrointestinal distress. Another problem dated 11/3/14 and revised 7/31/15 included alteration in blood glucose. Another problem dated 11/3/14 and revised 7/31/15 indicated Resident G also had a problem related to respiratory failure, hypertension and congestive heart failure. A care plan dated 11/3/14 and revised on 7/31/15, indicated Resident G had a problem with deep vein thrombosis.</p> <p>3. Review of a current facility policy dated 05/12, titled "Medication Administration -General Guidelines", which was provided by the Director of Nursing (DON) on 8/5/15 at 2:10 p.m., indicated the following:</p> <p>"Policy Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the medication management system in the facility. The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.</p> <p>Procedures</p>			

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F 0312 SS=D Bldg. 00	<p>A. Preparation 1) Medications...</p> <p>B. Administration 1) Medications are administered...</p> <p>...10. Medications are administered within 60 minutes of scheduled time, except before, with or after a meal orders, which are administered in proper relation to mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility..."</p> <p>This Federal tag is related to Complaint IN00179011.</p> <p>3.1-35(g)(2)</p> <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. Based on interview and record review, the facility failed to ensure a resident who was dependent on staff for grooming and personal hygiene, received those services for 1 of 3 residents reviewed for personal</p>	F 0312	<p>F-312</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the</p>	08/28/2015	

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	<p>hygiene. (Resident F)</p> <p>Findings Include:</p> <p>The clinical record of Resident F was reviewed on 8/5/15 at 1:50.p.m. The record indicated the resident's diagnoses included, but were not limited to, infantile cerebral palsy, psychosis, anxiety, depressive disorder and unspecified intellectual disability. Resident F was wheelchair bound. Resident F was admitted to the facility on 7/17/15. Resident F was cognitively intact.</p> <p>During an interview on 8/5/15 at 1:40 p.m., Resident F indicated she had not received two showers per week since she was admitted. She indicated she was scheduled for showers on the day shift.</p> <p>Review of a current care plan dated 7/17/15, indicated a problem physical functioning deficit related to self care impairment. Interventions included, but were not limited to, inspect skin with care, report reddened areas, rashes, bruising or open areas to the charge nurse.</p> <p>Review of the shower schedule, indicated Resident F was scheduled on the day shift for Tuesday and Friday showers.</p>		<p>deficient practice?</p> <p>The facility will ensure that residents who are not able to complete ADL's without assistance receive those services and are given showers based on facility protocol. Ice water to be passed during Guardian Angel rounds. Currently in the process of hiring new staff (CNA's and nurses).</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>All residents have the potential to be affected. Weekend supervisor to review shower sheets and report any deficiencies to the DNS. Guarding Angel round audits will be reviewed by the ED.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>All nursing staff will be educated on ADL's and bathing schedules for the facility per facility protocol. New staff will be hired based on facility needs. Gaurdian Angel round will be audited by the ED weekly for 5 weeks then three times a week for two weeks.</p> <p>How will the corrective actions be monitored to ensure the deficient</p>				

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	<p>Review of the shower sheets for Resident F, provided by the Director of Nursing (DON) on 8/5/15 at 3:10 p.m., indicated Resident F had one bed bath on 8/3/15.</p> <p>During an interview at 3:10 p.m., the DON indicated it was the only shower sheet she could find.</p> <p>During an interview on 8/5/15 at 5:07 a.m., CNA #3 indicated they [staff] would like to do more for the residents, but just did not have enough time or help.</p> <p>During an interview on 8/5/15 at 2:20 p.m., CNA #4 indicated she did not have time to get water passed to residents on the C Unit hall.</p> <p>During an interview on 8/5/15 at 2:25 p.m., the DON indicated two managers were providing CNA coverage on the C Unit hall from 4-7 p.m. on 8/5/15.</p> <p>Review of a current CNA job description sheet, provided by the DON on 8/5/15 at 3:30 p.m., included the following job duties, but not limited to: provide resident care as directed by care plan and/or nursing staff and ensure resident's comfort while assisting them in achieving their highest practicable level of functioning.</p>		<p>practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Shower sheet and Guardian Angel round audits will be completed and monitored in QAPI each month for 6 months and then quarterly thereafter.</p> <p>By What date the systemic changes will be completed?</p> <p>Changes to occur by 8/28/15</p>		

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F 0353 SS=E Bldg. 00	<p>This Federal tag relates to Complaint IN00179011.</p> <p>3.1-38(a)(2)(A)</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an adequate amount of nursing staff was available to meet the needs of residents</p>	F 0353	<p>F-353</p> <p>What corrective actions will be accomplished for those residents</p>	08/28/2015
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	<p>for 1 of 2 units.</p> <p>Findings include:</p> <p>Review of the Nursing Staff Directly Responsible for Resident Care sheet for July, provided by the Assistant Director of Nursing on 8/5/15 at 11:31 a.m., indicated on 7/5/15, 3 CNA's were assigned to care for 103 residents over 2 units. 1 CNA was assigned to work the C Unit and 2 were assigned to work in the Alzheimer's Care Unit (ACU). On 7/12/15, 2 CNA's were assigned to work on the C Unit and 1 was assigned to work on ACU with a total census of 105 residents. On 7/22/15, 1 CNA was assigned to work on C Unit and 2 CNA's were assigned to work on the ACU with a total census of 110 residents.</p> <p>On 7/24/15, the facility had a census of 108 residents. 1 CNA was scheduled to work on the ACU and 2 CNA's were assigned to C Unit. On 7/25/15, the facility had a census of 108 residents. 1 CNA was assigned to C Unit and 1.5 CNA's were assigned to work on ACU.</p> <p>During an interview on 8/5/15 at 11:40 a.m. the Assistant Director of Nursing (ADON), indicated the staff amount varies. She indicated 3 CNA's were not enough coverage, but it depended on the</p>				<p>found to have been affected by the deficient practice?</p> <p>The facility will ensure that there is sufficient staff on duty to provide adequate nursing services to meet the physical, mental, and psychosocial well-being of the residents in the facility based on the plan of care. Staffing will be reviewed daily and management staff will assist and fill in when call ins cannot be covered. Medication administration times will be adjusted based on resident need and physician order. Ice water will be passed upon Gaurdian Angel rounds. The facility is in process of hiring new staff to cover the staffing needs.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All residents have the potential to be affected. The facility is currently in the process of hiring several new CNA's. Medication administration times will be adjusted based on resident need and physician order to ensure the resident gets medications in a timely manner based on facility policy. Managers will help fill in staffing deficiencies when needed and unable to fill holes in schedule. Ice water will be passed on Guardian Angel rounds.</p>		

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	<p>nurse working and how helpful they were.</p> <p>During an interview on 8/5/15 at 5:07 a.m., CNA #3 indicated they [staff] would like to do more for the residents, but just did not have enough time or help.</p> <p>During an interview on 8/5/15 at 9:50 a.m., LPN #2 indicated medication administration usually ran over the time due.</p> <p>During an interview on 8/5/15 at 2:20 p.m., CNA #4 indicated she did not have time to get water passed to residents on the C Unit hall.</p> <p>During an interview on 8/5/15 at 2:25 p.m., the DON indicated two managers were providing CNA coverage on the C Unit hall from 4-7 p.m.</p> <p>During an interview on 8/5/15 at 3:15 p.m., the Administrator indicated lack of staffing was an ongoing problem.</p> <p>This Federal tag relates to Complaint IN00179011.</p> <p>3.1-17(a)</p>		<p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The facility will continue to hire new staff based on the need. Management will continue to assist with covering the staffing needs of the facility. The facility is working on recruitment of new CNA's and nurses through local colleges and community programs. HRG is assisting the facility with staff recruitment. The facility has advertised and has not been able to recruit sufficient and hireable staff.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Staffing recruitment and retention will be reviewed in QAPI monthly for 6 months and then quarterly.</p> <p>By What date the systemic changes will be completed?</p> <p>Changes to occur by 8/28/15</p>	

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F 0431 SS=D Bldg. 00	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were stored in a secure manner to prevent potential access at all</p>	F 0431	F-431 What corrective actions will be accomplished for those residents	08/28/2015	

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	<p>times by unauthorized users for 2 of 3 halls observed on the C unit (Hall 3, LPN #1, Hall 2, LPN #2, Resident G).</p> <p>Findings include:</p> <p>1. During the initial tour on 8/5/15 at 4:55 a.m., a medication cart was observed unlocked. Two residents were asleep in their wheelchairs close to the nurses' station. LPN #1 was behind the nurses' station in the storage room.</p> <p>During an interview at 4:57 a.m., LPN #1 indicated she always kept her medication cart locked, but acknowledged it was not locked.</p> <p>2. During medication observation on 8/5/15 at 10:24 a.m., LPN #2 prepared to dispense medication to Resident G. As she was preparing the medication, she placed carvedilol (anti-hypertensive) 3.125 mg, into a separate medication cup. LPN #2 completed her medication preparation into another medication cup. She then took the full cup of medications into Resident G's room, leaving the carvedilol on top of the medication cart at the end of the hall. She administered the medications to Resident G, left, and returned with her stethoscope and the other medication cup containing carvedilol. She took Resident G's blood</p>		<p>found to have been affected by the deficient practice?</p> <p>The facility will ensure that medication and treatment carts will be kept secure to prevent access by unauthorized individuals. All nurses will be re-educated on the medication administration policy and proper storage of medications.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All residents have the potential to be affected. Nurses will be inserviced on the proper storage of medications and re-educated on the medication administration policy.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Nurses will be inserviced on secured storage of medications and treatments. A random medication storage audit will be completed by the unit managers weekly for compliance and then monthly.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p>				

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 08/05/2015	
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	<p>pressure and continued to give the carvedilol.</p> <p>During an interview on 8/5/15 at 10:27 a.m., LPN #2 indicated when she went to get her stethoscope, she picked up the second medication cup off the top of the cart. She indicated she should have not left the medication on top of the cart.</p> <p>3. Review of a current facility policy dated 05/12, titled "Medication Administration -General Guidelines", which was provided by the Director of Nursing (DON) on 8/5/15 at 2:10 p.m., indicated the following:</p> <p>"Policy Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the medication management system in the facility. The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.</p> <p>Procedures A. Preparation 1) Medications...</p>		<p>Medication storage audits will be reviewed in clinical startup each week and also review at QAPI monthly for 6 months and every quarter thereafter.</p> <p>By What date the systemic changes will be completed?</p> <p>Changes to occur by 8/28/15</p>				

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	<p>B. Administration</p> <p>1) Medications are administered...</p> <p>...15) During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering, and all outward sides must be inaccessible to residents or others passing..."</p> <p>This Federal tag relates to Complaint IN00179011.</p> <p>3.1-25(m)</p>			