

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203
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F0000	<p>This visit was for the Investigation of Complaint IN00113371 and Complaint IN00114549.</p> <p>Complaint IN00113371- Substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint IN00114549- Substantiated, Federal/state deficiencies related to the allegations are cited at F312.</p> <p>Survey dates: August 27 & 28, 2012</p> <p>Facility number: 000063 Provider number: 155138 AIM number: 100266210</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 92 Total: 92</p> <p>Census payor type: Medicare: 16 Medicaid: 63 Other: 13 Total: 92</p> <p>Sample: 6</p>	F0000		
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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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	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 31, 2012 by Bev Faulkner, RN</p>			

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F0312 SS=D	<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 observation, interview, and record review, the facility failed to perform mouth care to 1 of 3 residents observed for oral hygiene in a sample of 6. [Resident #D]</p> <p>Findings include:</p> <p>Observation was made on 08/28/12 at 10:20 a.m., of perineal care being provided to Resident #D. Resident #D was observed to have caked on debris on her teeth during this care. CNA #1 was asked to perform the oral care after finishing the perineal care. CNA #1 was observed to use mouth wash diluted with a small amount of water in a plastic cup and large blue swabs. CNA #1 used 4 swabs to clean Resident #D's oral cavity. Each swab was observed after use and had debris on the swabs.</p> <p>Interview with Resident #D on 08/28/12 at 10:30 a.m., indicated the facility did not provide oral care very often to this resident.</p>	F0312	<p>Preparation, submission, and implementation of the Plan of Correction does not constitute an admission of our agreement with the facts and conclusions set forth on 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. F312I) The facility did provide perform oral care to Resident D. II) All residents have the potential to be affected by poor mouth care. III) During the complaint survey the nursing staff were asked to provide return demonstration regarding oral care. Nursing staff were re-educated regarding oral care including return demonstration. The facility will communicate with the direct care nursing staff when resident(s) identified need assistance with oral care via the CNA assignment sheets. Oral care will be provided during morning & evening care and PRN as needed to the identified resident(s). IV)</p>	09/17/2012			

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	<p>Review of Resident #D's most recent significant change Minimum Data Set [MDS] assessment, dated 07/03/12, indicated Resident #D needed extensive assist of 1 person for hygiene.</p> <p>This Federal tag is related to Complaint IN00114549.</p> <p>3.1-38(a)(3)(C)</p>		<p>Nursing management will complete a mouth care audit 5 x week for 4-wks, monthly for 3-months and then quarterly for 2 quarters. QA&A to monitor trends monthly until 100% compliant. V) 9/17/12</p>		