

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/21/2015
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-GOLDEN RULE	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00180448.</p> <p>Complaint IN00180448-Substantiated. Federal/state deficiency related to the allegations is cited at F279.</p> <p>Survey dates: September 18 and 21, 2015</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Census bed type: SNF/NF: 115 Total: 115</p> <p>Census payor type: Medicare: 11 Medicaid: 87 Other: 17 Total: 115</p> <p>Sample: 3 Supplemental Sample: 1 Total Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	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 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.	

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 0279 SS=D Bldg. 00	<p>QR completed by 30576 on September 22, 2015.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>A. Based on interview and record review, the facility failed to develop a plan of care for discharge/discharge planning for 2 of 3 residents in a total sample of 4 reviewed for discharge and transfer which has the potential to adversely affect the resident's ability to successfully transition from the nursing</p>	F 0279	<p><b>F279</b></p> <p><b>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</b></p>	09/29/2015

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	<p>home setting to the community or residential level of care. (Resident #B and Resident #D)</p> <p>B. Based on interview and record review, the facility failed to develop a care plan for 1 of 3 residents in a total sample of 4 reviewed for following podiatrist's orders, addressing the use of a physician-ordered splint/brace for the resident's toe which has the potential to adversely affect the routine use of the splint and enhancement the resident's ambulation ability. (Resident #B)</p> <p>Findings include:</p> <p>A.1. The clinical record of Resident #B was reviewed on 9-18-15 at 1:40 p.m. It indicated her diagnoses included, but were not limited to, schizoaffective disorder, bipolar disorder, anxiety, difficulty walking and hallux varus (great toe deviates medially, or toward the midline of the body). Her Minimum Data Set (MDS) assessments, dated 4-23-15 and 7-24-15, indicated she was cognitively intact. Her most recent MDS assessment, dated 7-24-15, indicated she is able to ambulate independently with supervision and use of a walker. She is able to dress herself, to perform daily hygiene care, routine bathing and toileting with limited assistance of one</p>		<p><b>Management team met on Sept 22, 2015. MDS team, Social Service team, ED &amp; DNS. Care plans were immediately put in place for Resident B's discharge plans and her brace/splint.</b></p> <p><b>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</b></p> <p><b>Social Service team reviewed all residents and ensured they had care plans in place for discharge. MDS team reviewed all residents and ensured if they had brace/splint they were all care planned.</b></p>		

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	<p>person.</p> <p>Review of the Social Services progress notes indicated since the latter portion of April, 2015, the facility has been working closely with the resident, the resident's family and her community mental health services provider in order to assist her in discharging into a community setting that meets her needs. The progress notes indicated multiple referrals to various community services, such as residential facilities, group homes, community mental health centers, as well as coordination of services with her community mental health provider and the Area Agency on Aging.</p> <p>Review of the resident's written plan of care denoted an absence of a plan of care for discharge planning. In interview with the Social Services Director on 9-21-15 at 10:10 a.m., indicated, "We are supposed to begin discharge planning from admission forward." In an interview with the MDS Coordinator on 9-21-15 at 1:30 p.m., she indicated she would expect the Social Services staff to have developed a plan of care for discharge as that staff had been working on discharge plans for Resident #B for months. In an interview with the Social Services Director on 9-21-15 at 3:50 p.m., she indicated the Social Services</p>		<p><b>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</b></p> <p><b>During morning meeting with IDT members, any new orders for brace/splint will be discussed and care plans put in place immediately after meeting.</b></p> <p><b>All residents will have 72hr meeting after admission with resident and families, and discharge plans will be initiated at that time. Social Service team will be present at 72hr meeting and will initiate discharge care plans immediately after meeting.</b></p> <p><b>These corrective actions will be monitored and a quality assurance program implemented to ensure the</b></p>		

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	<p>staff did not have a plan of care for discharge planning for Resident #B. She indicated, "We have not written care plans for discharge planning before." An interview with the Director of Nursing on 9-21-15 at 3:50 p.m., indicated she was not aware of the facility writing plans for discharge previously.</p> <p>A.2. Resident #D's clinical record was reviewed on 9-21-15 at 11:15 a.m. It indicated her diagnoses included, but were not limited to, chronic ischemic heart disease, osteoarthritis, history of pulmonary emboli (blood clots) and deep vein thrombosis (blood clots) with anticoagulant therapy and history of falls. Her admission Minimum Data Set (MDS) assessment, dated 7-14-15, indicated she is cognitively intact, does not walk in her room, but does get about the facility in her wheelchair or walker with extensive assistance of one person. It indicated she expected to discharge to the community and indicated active discharge planning was taking place.</p> <p>In interview with the Social Services Director on 9-21-15 at 9:50 a.m., provided a list of four residents who the Social Services staff are working on possible discharges to the community in the next month or two. She indicated Resident #D is insistent on discharging to</p>				<p><b>deficient practice will not recur per the following:</b></p> <p><b>ED/DNS or designee will log all new admission and change in resident discharge plans daily during morning meeting to ensure all discharge care plans are noted and correct. Any new brace/splint orders to be care planned appropriately.</b></p> <p><b>ED/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.</b></p>		

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	<p>her home, despite the Therapy staff are unsure how safe she will be in her home setting.</p> <p>Review of Resident #D's written plan of care denoted an absence of a plan of care for discharge planning. In interview with the Social Services Director on 9-21-15 at 10:10 a.m., indicated, "We are supposed to begin discharge planning from admission forward." She indicated, "We have not written care plans for discharge planning before." An interview with the Director of Nursing on 9-21-15 at 3:50 p.m., indicated she was not aware of the facility writing plans for discharge previously.</p> <p>B. The clinical record of Resident #B was reviewed on 9-18-15 at 1:40 p.m. It indicated her diagnoses included, but were not limited to, schizoaffective disorder, bipolar disorder, anxiety, difficulty walking and hallux varus (great toe deviates medially, or toward the midline of the body). Her Minimum Data Set (MDS) assessments, dated 4-23-15 and 7-24-15, indicated she was cognitively intact. Her most recent MDS assessment, dated 7-24-15, indicated she is able to ambulate independently with supervision and use of a walker. She is able to dress herself, to perform daily hygiene care, routine bathing and</p>			

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	<p>toileting with limited assistance of one person.</p> <p>Review of progress notes from the consultant Podiatrist, dated 5-8-15, indicated an order for a specialized splint/brace to gradually correct the hallux varus. In an interview with the Executive Director on 9-18-15 at 4:15 p.m., he indicated due to Resident #B's insurance coverage through Medicaid, prior authorization had to be obtained for this device and had been requested. He indicated as of the date of the interview, the prior authorization had yet to be received from Medicaid. He indicated in order to meet the resident's needs, the facility opted to pay for the rental of the device until the prior authorization was received. Review of the podiatrist's progress note on 8-17-15, indicated he provided detailed instructions on the use of the device. The nursing progress notes indicated the device's use was initiated on 8-18-15, as ordered by the podiatrist.</p> <p>Review of the resident's written plan of care denoted an absence of a plan of care for the use of the splint/brace device. In an interview with LPN #1 on 9-21-15 at 10:35 a.m., she indicated Resident #B had the splint/brace for several weeks now. She indicated she was unable to locate a care plan for the device, but</p>			

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	would ensure a care plan was written for it.  This Federal tag relates to Complaint IN00180448.  3.1-35(a) 3.1-35(b)(1)			