

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155685	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/01/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-ELKHART	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 W HIVELY AVE ELKHART, IN 46517
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00187627.</p> <p>Complaint IN00187627- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: December 1, 2015.</p> <p>Facility number: 000039 Provider number: 155685 AIM number: 100275130</p> <p>Census bed type: SNF/NF: 148 Total: 148</p> <p>Census payor type: Medicare: 3 Medicaid: 126 Other: 19 Total: 148</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on</p>	F 0000	<p>It is the policy of this facility to report all alleged violations involving mistreatment, neglect or abuse in accordance with state law. The facility provides staff training during orientation and several times throughout the year to keep staff aware of the importance of reporting timely. The facility also takes necessary steps to post agency numbers in visuable places throughout the building for easy access to the information. In addition each staff member is given a copy of the reporting guidelines as well as a post card that attaches to their name badge so that they have the basics or what to look for and steps that they need to take to report any allegations. The administrator's numbers as well as the corporate compliance line number is also posted throughout the building and staff are informed that they can call at any time. By review of SDOH records will confirm that the facility does report allegations of abuse within the reporting time lines that are communicated.</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 0225 SS=D Bldg. 00	<p>December 4, 2015.</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 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</p>			

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	<p>the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review, interview and observation, the facility failed to ensure their abuse policy was followed regarding facility employees timely reporting and investigation of an allegation of abuse. This deficient practice affected 1 of 3 investigations reviewed. (Resident B)</p> <p>Finding includes:</p> <p>On 12/1/15 at 1:13 P.M., an interview was conducted with Employee #1. Employee #1 indicated that other employees, who were not named, had come to her with concerns regarding allegations of an inappropriate nature against the Administrator of the facility. Employee #1 indicated that the Administrator routinely showers Resident B even though he can shower himself and that since then Resident B had told other residents at smoking time that the Administrator likes rubbing all over his body during his showers. Employee #1 indicated she did not report the allegation because she could not tell the Administrator and the Director of Nurses had been pretty stressed lately and she did not want to add to her stress.</p> <p>On 12/1/15 at 12:20 P.M., a review of</p>	F 0225	<p>Corrective action for alleged deficient practice: Facility staff was inserviced regarding the state reportable guidelines as it relates to reporting and time frames in accordance with state law. (Attachment A: Inservice Record) How other residents with potential to be affected were identified: Interviews were conducted by social service throughout the building. Results of those interviews found no voiced allegations of abuse or neglect. Systematic changes implemented to ensure alleged deficient practice does not recur: Each employee has a pocket-size index card that attaches to their name badges that outlines steps to take to report allegations and what to look for in accordance with the policy. The employees are required to have on hand for reference during all times of their shifts. Facility has also posted in employee gathering areas posters with contact numbers of who to contact in case they have a allegation that requires reporting. How corrective action is monitored: Unit supervisors will question 10 employees per week regarding the reporting guidelines and will record on a audit form, which will be turned into the ED for review. This system will be conducted for</p>	12/17/2015

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	<p>Resident B's record was conducted. The quarterly MDS (Minimum Data Set) assessment, dated 9/29/15, indicated the resident diagnoses, included but were not limited to, hypertension, diabetes mellitus, CVA (cerebrovascular accident), dementia anxiety and depression. The resident's BIMS (Brief interview for Mental Status) score was 15, cognitively intact. The MDS assessment indicated the resident needed physical help in part of the bathing activity.</p> <p>On 12/1/15 at 1:30 P.M., an interview was conducted with Resident B. Resident B indicated that the Administrator had assisted him after his shower but that she did not perform his shower he did that himself. Resident B indicated the Administrator was nothing but professional and there was no inappropriateness of any kind, "...She didn't even look at me...." Resident B further indicated he had suffered a stoke and had a hard time with getting his clothes onto his left foot, he indicated he works at it independently until he get his clothing on but that is what happens his things are handed to him.</p> <p>On 12/1/15 at 1:45 P.M., shower sheets for the months of October and November 2015 were provided by the Assistant</p>		<p>3 months, which at that time, the QAPI team will make recommendations to either continue with monitoring or discontinue. AUDIT RESULTS WILL BE REVIEWED BY THE QAPI TEAM. 100% OF STAFF RESPONSE OF COMPLIANCE WILL BE CRITERIA THAT WILL BE USED TO DETERMINE IF MONITORING CAN BE DISCONTINUED. As employee education needs are identified, they will be directed to the Staff Education Department for individual 1-1 training. Employees who fail to follow the procedure will receive disciplinary action and/or termination. T</p>		

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	<p>Director of Nurses and reviewed. The shower sheets indicated on October 5 and 21, 2015 the Administrator signed that she had assisted with Resident B's shower. There was no documentation that indicated the Administrator had assisted Resident B with a shower in the month of November.</p> <p>On 12/1/15 at 2:30 P. M., an interview was conducted with the Director of Nurses. The Director of Nurses indicated that on 11/18/15, she was walking about the facility when she overheard Resident B laughing with another resident on the East unit. She inquired as to who the residents were talking about and was told Resident B was talking about liking that the Administrator had given him a shower. The Director of Nurses immediately began an investigation but was unable to verify that any allegation of abuse had been made. Director of Nurses further indicated she did not report the incident because she could not verify an allegation of abuse had occurred and that none of her staff had reported to her any allegations had been made.</p> <p>On 12/1/15 at 2:40 P. M., a Verification of Investigation Form, dated 11/18/15 at 2:00 P.M., provided by the Director of Nurses, was reviewed. The Verification form indicated, "...I asked the resident,</p>			

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	<p>(Resident B), to come and talk with me. He just stated I was just joking around with my friend trying to make him jealous that [name of Administrator] helped me the other day. I inquired as to why he would discuss his personal care with others. He said we are guys and we brag that is what we do. I inquired as to if he thought anything inappropriate had occurred he stated absolutely not... Spoke with Administrator and she was just assisting him as he was giving staff a hard time in regards to personal hygiene...."</p> <p>On 12/1/15 at 2:45 P. M., the Administrator was interviewed. The Administrator indicated that she did help Resident B after his shower on 2 occasions, she assisted him by standing behind the privacy curtain and handing him items that he needed to dress himself. The Administrator indicated she never placed a hand on Resident B and that she never came from behind the privacy curtain. Resident B provided his own shower, he was giving staff a hard time and she was only helping by handing him the appropriate items he requested. In regard to reporting an allegation against the administrator, the administrator explained staff, residents or family can call the Corporate Compliance Hotline.</p>			

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F 0226 SS=D Bldg. 00	<p>On 12/1/15 at 2:50 P.M., the Corporate Compliance Hotline was observed posted in the Main Lobby.</p> <p>On 12/1/15 at 2:55 P.M., the Reporting Alleged Abuse Violation policy, effective 1/15/15, and provided by the Director of Nurses on 12/1/15 at 12:00 P.M., was reviewed. The Policy indicated, "...Policy Statement: It is the responsibility of all employees to immediately report any alleged violation of abuse...."</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, interview and observation, the facility failed to ensure</p>	F 0226	Corrective action taken for alleged deficient practice: Employees received inservice	12/17/2015

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	<p>their abuse policy was followed regarding facility employees timely reporting of an allegation of abuse. This deficient practice affected 1 of 3 investigations. (Resident B)</p> <p>Finding includes:</p> <p>On 12/1/15 at 1:13 P.M., an interview was conducted with Employee #1. Employee #1 indicated that other employees, who were not named, had come to her with concerns regarding allegations of an inappropriate nature against the Administrator of the facility. Employee #1 indicated that the Administrator routinely showers Resident B even though he can shower himself and that since then Resident B had told other Residents at smoking time that the Administrator likes rubbing all over his body during his showers. Employee #1 indicated she did not report the allegation because she could not tell the Administrator and the Director of Nurses had been pretty stressed lately and she did not want to add to her stress.</p> <p>On 12/1/15 at 12:20 P.M., a review of Resident B's record was conducted. The quarterly MDS (Minimum Data Set) assessment, dated 9/29/15, indicated the resident diagnoses, included but were not limited to, hypertension, diabetes</p>		<p>training regarding timely reporting of allegations of abuse. Attachment A (Inservice Record) How others were identified with potential to be affected by alleged deficient practice: Employees were questioned regarding the reporting guidelines to establish who lacked knowlege of the protocol. Results of those questioned validated that they were aware of the reporting guidelines. Systematic Change: All employees receive a index card that attaches to their name badge that bullet points the steps to take when there is a allegation of abuse, including telephone numbers of the ED and DON. Information has also been posted in employee areas to establish easy access to the policy and protocol. How system will be monitored: The Education Director will review all new hire orientation records to ensure that they have received abuse protocol training at the time of hire. The unit managers will conduct individual interviews with 10 employees a week and will record the results which will be turned into the ED for REVIEW AND TRAINING. AUDITS WILL BE CONDUCTED WEEKLY FOR 90 DAYS, THEN 1 TIME A MONTH FOR 3 MONTHS, AND WILL BE TURNED INTO THE ED FOR REVIEW. ED WILL REVIEW AUDIT RESULTS MONTHLY AS PART OF FACILITY QAPI FOR</p>	

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	<p>mellitus, CVA (cerebrovascular accident), dementia anxiety and depression. The resident's BIMS (Brief interview for Mental Status) score was 15, cognitively intact. The MDS assessment indicated the resident needed physical help in part of the bathing activity.</p> <p>On 12/1/15 at 1:30 P.M., an interview was conducted with Resident B. Resident B indicated that the Administrator had assisted him after his shower but that she did not perform his shower he did that himself. Resident B indicated the Administrator was nothing but professional and there was no inappropriateness of any kind, "...She didn't even look at me..." Resident B further indicated he had suffered a stoke and had a hard time with getting his clothes onto his left foot, he indicated he works at it independently until he get his clothing on but that is what happens his things are handed to him.</p> <p>On 12/1/15 at 1:45 P.M., shower sheets for the months of October and November 2015 were provided by the Assistant Director of Nurses and reviewed. The shower sheets indicated that on October 5 and 21, 2015, the Administrator signed that she had assisted with Resident B's shower. There was no documentation that</p>		<p>ADDITIONAL RECOMMENDATIONS. 100% EMPLOYEE RESPONSE TO THE CORRECT PROCEDURE WILL SERVE AS CRITERIA FOR QAPI RECOMMENDATION TO DISCONTINUE ADDITIONAL MONITORING.</p>				

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	<p>indicated the Administrator had assisted Resident B with a shower in the month of November.</p> <p>On 12/1/15 at 2:30 P. M., an interview was conducted with the Director of Nurses. The Director of Nurses indicated on 11/18/15, she was walking about the facility when she overheard Resident B laughing with another resident on the East unit. She inquired as to who the residents were talking about and was told Resident B was talking about liking that the Administrator had given him a shower. The Director of Nurses immediately began an investigation but was unable to verify that any allegation of abuse had been made. Director of Nurses further indicated she did not report the incident because she could not verify an allegation of abuse had occurred and that none of her staff had reported to her any allegations had been made.</p> <p>On 12/1/15 at 2:40 P. M., a Verification of Investigation Form provided by the Director of Nurses was reviewed. The Verification form indicated, "...I asked the resident, (Resident B), to come and talk with me. He just stated I was just joking around with my friend trying to make him jealous that [name of Administrator] helped me the other day. I inquired as to why he would discuss his</p>			

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	<p>personal care with others. He said we are guys and we brag that is what we do. I inquired as to if he thought anything inappropriate had occurred he stated absolutely not... Spoke with Administrator and she was just assisting him as he was giving staff a hard time in regards to personal hygiene...."</p> <p>On 12/1/15 at 2:45 P. M., the Administrator was interviewed. The Administrator indicated that she did help Resident B after his shower on 2 occasions, she assisted him by standing behind the privacy curtain and handing him items that he needed to dress himself. The Administrator indicated she never placed a hand on Resident B and that she never came from behind the privacy curtain. Resident B provided his own shower, he was giving staff a hard time and she was only helping by handing him the appropriate items he requested. In regard to reporting an allegation against the administrator, the administrator explained staff, residents or family can call the Corporate Compliance Hotline.</p> <p>On 12/1/15 at 2:50 P.M., the Corporate Compliance Hotline was observed posted in the Main Lobby.</p> <p>On 12/1/15 at 2:55 P.M., the Reporting</p>			

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	<p>Alleged Abuse Violation policy, effective 1/15/15, and provided by the Director of Nurses on 12/1/15 at 12:00 P.M., was reviewed. The Policy indicated, "...Policy Statement: It is the responsibility of all employees to immediately report any alleged violation of abuse...."</p> <p>3.1-28(a)</p>			