

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/05/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Compliant IN00197381.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00198733.</p> <p>Complaint IN00197381- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: April 27, 28, 29, May 2, 4, 5, 2016.</p> <p>Facility number: 000177 Provided number: 155278 AIM number: 100289860</p> <p>Census bed type: SNF/NF: 120 Total: 120</p> <p>Census Payor type: Medicare: 5 Medicaid: 107 Other: 8 Total: 120</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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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F 0225 SS=D Bldg. 00	<p>Q.R. completed by 14466 on May 13, 2016.</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</p>			

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	<p>designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to report an allegation of neglect immediately to State survey and certification agency in accordance with state law and the facility's policy and procedure for 1 of 1 resident reviewed for an allegation of neglect. (Resident #151)</p> <p>Findings include:</p> <p>On 5/02/2016 at 10:00 a.m., an interview with Resident #151 indicated on 4/16/2016, the resident was left on the toilet for 1 and 1/2 hours by CNA #2. Resident #151 indicated this episode was not the first time this had happened with CNA #2. Resident #151 indicated having reported this concern to the Director of Nursing.</p> <p>Review on May 02, 2016 at 10:30 a.m., of the facility's incident reporting to the State Survey and Certification Agency indicated Resident #151's neglect allegation had not been reported.</p> <p>Interview with the DON (Director of Nursing) on 5/02//2016 at 11:15 a.m., the</p>	F 0225	<p>It shall be the practice of Golden Living (of Bloomington) to report <i>each</i> allegation of mistreatment to the state Survey and Certification Agency. Staff Education will be provided to the Executive Director and all Nurse Administrators. The curriculum will include a review of the state mandated policy regarding "Reportable Incidents". The same will include the criteria and threshold parameters necessary to trigger a report. All allegations of mistreatment, neglect, abuse, and injuries of unknown sources will be reported to the required Supervisory Agency per the above guidelines. No other residents were affected by this insufficient practice. Investigation updates will be reviewed daily in Clinical Start-up and/or Administrative Stand-up. All findings will be reported to the QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted therein will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring (100% compliance for 30 days) will be required after the three (3)month period. Completion Date:</p>	06/04/2016

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	<p>DON indicated the facility did not report Resident #151's allegation of neglect to the State Department of Health, because the facility had completed their investigation and did not have any findings.</p> <p>On 5/2//2016 at 10:07 a.m., the DON provided the facility's current policy "Verification of Investigation of Alleged Mistreatment, Abuse, Neglect, Injuries of Unknown Source and Misappropriation of Resident Property Guideline" revised date of 2013. Review of the policy indicated, The facility must ensure all alleged violations of resident neglect are reported immediately to the administrator of the facility and other officials in accordance with state law through established procedures, including the state survey and certification agency.</p> <p>3.1-28(c)</p>		06/04/16	

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F 0226 SS=D Bldg. 00	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure implementation of their policy to report an allegation of neglect immediately to State survey and certification agency in accordance to state law and the facility's policy and procedure for 1 of 1 resident reviewed for allegation of neglect. (Resident #55)</p> <p>Findings include:</p> <p>On 5/02/2016 at 10:00 a.m., an interview with Resident #151 indicated on 4/16/2016, the resident was left on the toilet for 1 and 1/2 hours by CNA #2. Resident #151 indicated this episode was not the first time this had happened with CNA #2. Resident #151 indicated having reported this concern to the Director of Nursing.</p> <p>Review on May 02, 2016 at 10:30 a.m., of the facility's incident reporting to the State Survey and Certification Agency indicated Resident #151's neglect</p>	F 0226	<p>It shall be the practice of Golden Living (of Bloomington) to insure that all internal policies are implemented as written. These include those related to mistreatment, neglect, abuse and misappropriation of resident property. Staff Education will be provided to the Executive Director and all Nurse Administrators. The curriculum will include a review of company policy "Reporting Alleged Abuse Violations - CLIN 290". The same will include the criteria and threshold parameters necessary to trigger a report. All allegations of mistreatment, neglect, abuse, and injuries of unknown sources will be reported to the required Supervisory Agency consistent with the policy referenced above. No other residents were affected by this insufficient practice. <i>For the record, there were "findings and internal consequences" for the referenced investigation.</i> Investigation updates will be reviewed daily in Clinical Start-up and/or Administrative Stand-up. All findings will be reported to the QAPI Committee monthly for</p>	06/04/2016

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	<p>allegation had not been reported.</p> <p>Interview with the DON (Director of Nursing) on 5/02//2016 at 11:15 a.m., the DON indicated the facility did not report Resident #151's allegation of neglect to the State Department of Health, because the facility had completed their investigation and did not have any findings.</p> <p>On 5/2//2016 at 10:07 a.m., the DON provided the facility's current policy "Verification of Investigation of Alleged Mistreatment, Abuse, Neglect, Injuries of Unknown Source and Misappropriation of Resident Property Guideline" revised date of 2013. Review of the policy indicated, The facility must ensure all alleged violations of resident neglect are reported immediately to the administrator of the facility and other officials in accordance with state law through established procedures, including the state survey and certification agency.</p> <p>3.1-28(a)</p>		<p>three (3) consecutive months. Any trend or pattern noted will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring (100% compliance for 30 days) will be required after the three (3) month period. Completion Date: 06/04/16</p>	

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F 0242 SS=D Bldg. 00	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility			

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	<p>that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to ensure residents' shower time preferences were honored for 1 of 3 residents reviewed for choices. (Resident #151)</p> <p>Findings include:</p> <p>On 4/28/26 at 10:32 a.m., Resident #151 indicated he would like a shower every other day and was receiving only 1-2 a week.</p> <p>On 5/5/16 9:47 a.m., CNA (Certified Nursing Assistant) #2 indicated Resident #151 is scheduled to receive two showers a week.</p> <p>On 5/4/16 at 2:00 p.m., the DON (Director of Nursing) provided Resident #151's CNA Assignment Sheet. The assignment sheet indicated for the resident, "... Shower: Wednesday & Saturday Day ..."</p> <p>On 5/5/16 at 10:55 a.m., Social Services provided Resident #151's Resident Preference Questionnaire, dated 8/31/15, and indicated the resident's preferences are reviewed annually. The preference questionnaire indicated, "... Bath Preferences: ... Do you prefer more than 2 showers per week? Yes, every other day</p>	F 0242	<p>It shall be the practice of Golden Living (of Bloomington) to insure resident choices and preferences are honored as they pertain to activities, schedules, and health care. Resident #151 shower time (of choice) will be implemented. All "Resident Preference" Questionnaires will be provided to the appropriate caregiving staff. Any deficient "choice" practices will be eliminated thus insuring self-determination in activities, schedules, and health care delivery. All findings will be reported to the QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted therein will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring (100% compliance for 30 days) will be required after the three (3) month period. Completion Date: 06/04/16</p>	06/04/2016			

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F 0258 SS=E Bldg. 00	<p>... "</p> <p>On 5/5/16 at 2:16 p.m., the DON indicated the activities staff was responsible for completion of the resident preference sheets and then they were to give them to social services. She indicated the nursing staff was never getting the information, however, they are working to correct the problem.</p> <p>On 5/5/16 at 1:15 p.m., the DON provided the facility policy, "Resident Rights," undated, and indicated it was the policy currently being used. The policy did not address the residents' right to choose bathing time preferences.</p> <p>3.1-3(u)(1)</p> <p>483.15(h)(7) MAINTENANCE OF COMFORTABLE SOUND LEVELS The facility must provide for the maintenance of comfortable sound levels. Based on interview and observation, the facility failed to ensure comfortable sound levels were maintained for 25 of 25 residents who reside on Wing A, in that a drivable floor scrubber was being operated in the early morning hours during the time when many residents were still asleep for 1 of 1 random observations. (Resident #18, Resident</p>	F 0258	<p>It shall be the practice of Golden Living (of Bloomington) to insure comfortable sound levels throughout. The Floor Scrubber will be in operation no earlier than 6:30 a.m. - daily. This same practice will be insured throughout the Facility. All findings will be reported to the QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted will</p>	06/04/2016

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	<p>#3, Resident #36 and Resident #111)</p> <p>Findings include:</p> <p>On 5/5/2016 at 5:56 a.m., observed a floor scrubber being driven by Housekeeper #1, cleaning the floors on the A wing. The floor scrubber was observed to be making a loud noise as it was being driven up and down the hall.</p> <p>On 5/5/2016 at 9:19 a.m., Resident #18 indicated she always hears the floor cleaner in the early morning and it always wakes her up. The Minimum Data Set (MDS) assessment completed on 3/5/2016, indicated Resident #18 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was interviewable and cognitively intact.</p> <p>On 5/5/2016 at 9:23 a.m., Resident #3 indicated she has heard the floor cleaner many times and it has often woke her up. The MDS assessment completed on 4/14/2016, indicated Resident #3 had a BIMS score of 13, indicating the resident was interviewable and cognitively intact.</p> <p>On 5/5/2016 at 12:03 p.m., Resident #36 indicated she was awakened by the floor machine this morning. She hears the machine frequently and it wakes her up each time. The MDS assessment</p>		<p>have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring will be required after the three (3) month period. Completion Date: 06/04/16</p>	

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	<p>completed on 12/24/2015, indicated Resident #36 had a BIMS score of 15, indicating the resident was interviewable and cognitively intact.</p> <p>On 5/5/2016 at 1:30 p.m., Resident #111 indicated the floor scrubber is always noisy and she was awakened by the noise this morning. The MDS assessment completed on 2/10/2016, indicated Resident #111 had a BIMS score of 14, indicating the resident was interviewable and cognitively intact.</p> <p>The A wings occupancy rate on 5/5/2016 at 10:16 a.m. was 25 residents. Many residents on the A wing have a Brief Interview for Mental Status (BIMS) score below 8 which indicated they were severely cognitively impaired, and unable to be interviewed.</p> <p>During an interview with the District Manager of Housekeeping on 5/5/2016 at 3:30 p.m., he indicated, Housekeeper #1 comes in at 5:00 a.m., each morning. He dry mops the floors first then begins using the drivable floor scrubber around 6:00 a.m. The floors are cleaned in this manner everyday.</p> <p>On 5/5/2016 at 1:15 p.m., the DON provided the facility policy, "Resident Rights" undated, and indicated it was the</p>			

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F 0465 SS=E Bldg. 00	<p>policy currently being used in the facility. The policy did not address the residents right to comfortable sound levels in the facility.</p> <p>On 5/5/2016 at 2:00 p.m., The DON provided the booklet, "The [facility name] Welcome Guideline, printed 2012, and indicated it was given to all residents on admission. The booklet did not address the residents right to comfortable sound levels in the facility.</p> <p>On 5/5/2016 at 1:39 p.m., the Director of Nursing (DON) indicated the facility does not have a policy related to noise levels or cleaning times in the building.</p> <p>3.1-19(f)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional,</p>			

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	<p>sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure a comfortable home like environment in that privacy curtains were torn or puckered, walls were scuffed and paint mismatched, wallpaper was peeling from the walls, bathroom floors were stained and missing pieces of tile, ceramic tiles were missing from around the bathtub, wall trim was off and insulation coming out under the window seal for 12 of 40 rooms observed during Stage 1.</p> <p>Findings include:</p> <p>a. On 4/28/2016 at 10:01 a.m., an observation of Resident 159's room indicated wallpaper peeling from the wall directly behind the head of the bed.</p> <p>b. On 4/28/2016 at 10:17 a.m., an observation of Resident #68's room indicated a tear in the mess portion of the privacy curtain.</p> <p>c. On 4/28/2016 at 10:57 a.m., an observation of Resident 74's room indicated scuff marks on the walls and in the room and the bathroom, and ceramic tiles missing from around the bathtub.</p> <p>d. On 4/29/2016 at 9:37 a.m., an</p>	F 0465	<p>It shall be the policy of Golden Living (of Bloomington) to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. All referenced rooms/walls/flooring/bathrooms/other areas will be cleaned. Other identified items (walls/wallpaper/doorframes/privacy curtains, etc....) will be replaced or repaired as indicated. All Environmental Services Staff will be inserviced by the Account Manager (or Designee) on proper housekeeping policies, procedures, and techniques. This will include the reporting of actionable items that need repaired and/or replaced. The Environmental Services Account Manager will observe/audit housekeeping practices and outcomes 4x's/week for 4 weeks, then 3x's/week for 4weeks, then 2x's/week for 4 weeks. All findings will be reported to the QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring will be required after the three (3) month period. Completion Date: 06/04/16</p>	06/04/2016
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	<p>observation of Resident #9's room indicated brown stains on the tiles in the bathroom, rust around the door frames, and scuff marks on the bathroom walls.</p> <p>e. On 4/29/2016 at 9:47 a.m., an observation of Resident #23's room indicated the bathroom walls had peeling paint and scuff marks, and a paint color mismatch behind the resident's bed.</p> <p>f. On 4/29/2016 at 10:05 a.m., an observation of Resident's 27's room indicated scuff marks on the walls and thin, puckered areas in the privacy curtain.</p> <p>g. On 4/29/2016 at 10:49 a.m., an observation of Resident 91's room indicated the bathroom floor tile had missing pieces, and scuff marks around the door and on the walls.</p> <p>h. On 4/29/2016 at 11:16 a.m., an observation of Resident 121's room indicated scuff marks on the walls, holes and plaster mismatch behind the head of the bed, a corner missing from window seal, old tape residue on the corner of the bedside table, trim off under the window, rust around the toilet and a black substance in the caulking around the toilet.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/05/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401
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	<p>i. On 4/29/2016 at 11:46 a.m., an observation of Resident #28's room indicated privacy curtains were puckered, toilet and base boards around the bathroom was dirty with a brown substance.</p> <p>j. On 4/29/2016 at 3:43 p.m., an observation of Resident #60's room indicated bathroom walls were scuffed and privacy curtains were thin and puckered in spots.</p> <p>k. On 5/2/2016 at 9:29 a.m., an observation of Resident #41's room indicated the wall by the bed had a piece of the wallpaper missing.</p> <p>l. On 5/2/2016 at 9:53 a.m., an observation of Resident 129's room indicated wallpaper torn under the wall light, insulation out under the window seal and the bathroom tile to be dirty with a black substance.</p> <p>On 5/5/2016 at 3:30 p.m., a tour with the Maintenance Director indicated an acknowledgement of the issues in the residents' rooms and indicated he would have them fixed right away.</p> <p>On 5/5/2016 at 4:00 p.m., an interview with the Administrator indicated no policies or procedures related to</p>			

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	<p>maintenance in the residents' rooms. He indicated it would be no problem to have them fixed right away. He further indicated, the facility is planning to remodeling the residents rooms, but there currently is no time frame in place from the corporation.</p> <p>3.1-19(f)</p>			