STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER- BROOKVIEW	7145 E 21ST ST INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the investigation of Complaint IN00148692. Complaint IN00148692-Substantiated. Federal deficiencies related to the allegations are cited at F203. Survey date: May 22, 2014 Facility number: 000031 Provider number: 155076 AIM number: 100266150 Survey team: Karina Gates, Generalist TC Courtney Mujic RN Beth Walsh RN Census bed type: SNF/NF: 119 Total: 119 Census payor type: Medicare: 6 Medicaid: 90 Other: 23 Total: 119 Sample: 3 These deficiencies also reflects state findings cited in accordance with 410	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	IAC 16.2. Quality review completed on May 30, 2014 by Cheryl Fielden, RN.			
F000203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge			

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	is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.			
	Based on record review and interview, the facility failed to ensure proper documentation of a notice of transfer/discharge from the facility for 1 resident out of a total of 3 residents reviewed. (Resident #B) Findings include: Resident #B's clinical record was reviewed on 5/22/2014 at 12:20 p.m.	F000203	**F203** **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows**: Resident #B no longer resides at facility. **How other residents having the potential to be affected by the same deficient practice identified and the corrective**	06/11/2014

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	Resident #B's diagnoses included but were not limited to; anxiety, depression, insomnia, and failure to thrive. A MD order, dated 5/6/2014 at 1:04 p.m., indicated, "May DC (discharge) to (name of skilled nursing facility)". A progress note, labelled "Late Entry" and dated 5/6/2014 at 12:19 p.m., indicated, "Res (resident) d/c (discharged) to (name of skilled nursing facility)..." No documented notice of transfer/discharge was found in Resident #B's clinical record. An interview with the Director of Nursing, on 5/22/2014 at 2:14 p.m. indicated the facility could not find the transfer/discharge notice which should have been in Resident #B's clinical record. A document, labelled "Social Services Policies and Procedures Manual: Section 7: Resident's Rights. Subject: Transfers and Discharges", was provided by the Director of Nursing, on 5/22/2014 at 1: 50 p.m. The document indicated, "Notification of Transfer: The social services director will ensure systems are implements (sic) to provide written		**actions will be taken are as follows**: All residents who transfer/discharge have the potential to be affected by the deficient practice. There were no adverse outcomes related to the deficient practice. **What measures will be put into place and the systemic changes will be made to ensure deficient practice does not recur are as follows:** The Social Services staff in-serviced on the Transfer/Discharge Policy by 6-11-14. All nursing staff educated on the Transfer/Discharge Policy by 6-11-14. The Social Services Department will provide transfer/discharge written notice to all residents that transfer/discharge. Nursing will place a copy of documented notice in the clinical record and document in PCC (electronic documentation system) that notice was given. **How the corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:** The Social Services Director and the Director of Nursing will audit all transfer/discharge records on the first business day after departure to ensure notice	

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	notification to the resident and family prior to transfer...This notification will include: Reason for and effective date of transfer, location of transfer, explanation of right to appea, name, address, and telephone number of ombudsman and other parties/agencies required by the state." 3.1-12(a)(6)(A)		document was provided to resident, copied, and placed in the closed record as well as documented in PCC (nursing documentation system) x 6 months, and then 2 per month ongoing to identify procedure compliance. Findings will be presented to the monthly Quality Assurance/ Performance Improvement committee for further review and recommendations x 6 months, and then monthly if there are issues with procedure compliance. **By what date the systemic changes will be completed is as follows:** 6/11/14	