

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155390	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-WOODBRIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 816 N FIRST AVE EVANSVILLE, IN 47710
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F000000	<p>This visit was for the Investigation of Complaint IN00128779.</p> <p>Complaint IN00128779 - Substantiated, Federal/State deficiencies related to the allegations are cited at F282 and F514.</p> <p>Survey dates: June 3 and 4, 2013</p> <p>Facility number: 000438 Provider number: 155390 AIM number: 100274170</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 54 Total: 54</p> <p>Census payor type: Medicare: 4 Medicaid: 47 Other: 3 Total: 54</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.</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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/12/2013
FORM APPROVED
OMB NO. 0938-0391

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	Quality review completd on June 5, 2013, by Jodi Meyer, RN			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a multipodus boot and diabetic shoe were utilized to prevent pressure, as ordered by the physician, for 1 of 3 residents reviewed for wounds, in a sample of 6. Resident B</p> <p>Findings include:</p> <p>On 6/3/13 at 9:30 A.M., during the initial tour, the Director of Nursing (DON) indicated Resident B had diabetic ulcers on both of his feet.</p> <p>The clinical record of Resident B was reviewed on 6/3/13 at 12:10 P.M. Diagnoses included, but were not limited to, diabetes and ulcers of heel and mid-foot.</p> <p>A Minimum Data Set [MDS] assessment, dated 5/9/13, indicated the resident scored a 14 out of 15 for cognitive status, with 15 indicating no memory impairment. The MDS assessment indicated Resident B had diabetic foot ulcers.</p>	F000282	<p>F282 The corrective action for Resident B. MD notified of issues regarding multi-podus boot. New orders for multi-podus boot obtained from MD.</p> <p>All residents were assessed for orders for adaptive equipment for wound healing between 6/4/13 and 6/11/2013 by the DNS/designee.</p> <p>The equipment use will be documented on the TAR. Licensed staff educated on documentation of equipment on TAR between 6/10/2013 and 6/14/2013.</p> <p>An audit of TAR's will be completed bi-weekly by the DNS/designee for documentation of equipment use for 2 weeks. Then weekly for 1 month. Then bi-weekly for 1 month. Then monthly for 2 months.</p> <p>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</p>	06/24/2013			

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	<p>A Physician's order, initially dated 2/23/13 and on the current orders, indicated, "To wear multipodus boot to left foot at all times when up in wheelchair and in bed. It is to fit snugly but not tightly. Keep clean and dry at all times. Two times a day Everyday," and "To wear right wound care shoe system [diabetic shoe] at all times when up in wheelchair - Two times a day Everyday."</p> <p>A care plan, dated 8/1/11 and with a goal target date updated to 8/11/13, indicated, "Altered skin integrity non pressure related to: Diabetic Ulcers bilateral lower extremities." The Interventions included, "Keep multipodus boot clean and dry at all time [sic]. Keep boot fitting snug but not tight to left foot...Please make sure patient is wearing left multipodus boot when in wheelchair or whenever [sic] patient is out of bed. Need to wear at night as well to provide optimum and continuing pressure relief to left heel...Resident to continue wearing right wound care shoe system...."</p> <p>Progress Notes included the following notations:</p> <p>4/26/13 at 1:41 A.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in</p>		<p>DNS/Designee will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months.</p> <p>The QAA Committee will evaluate compliance with F-282</p>				

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	<p>bed...unavailable."</p> <p>4/26/13 at 1:42 A.M.: "To wear right wound care shoe system at all times when up in wheelchair, unavailable."</p> <p>4/26/13 at 2:55 A.M.: "...Wound to left heel with moderate amount of bloody drainage, dressing changed as ordered. Area on right lateral foot with dry, calloused area, no drainage...."</p> <p>4/27/13 at 12:53 A.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...Not available."</p> <p>4/27/13 at 12:53 A.M.: "To wear right wound care shoe system at all times when up in wheelchair. Not available."</p> <p>5/1/13 at 2:05 A.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...Unavailable."</p> <p>5/1/13 at 2:05 A.M.: "To wear right wound care shoe system at all times when up in wheelchair. Unavailable."</p> <p>5/2/13 at 3:18 A.M.: "To wear multipodus boot to left foot at all times when up in wheelchair and in bed...unable to locate."</p> <p>5/5/13 at 5:09 A.M.: "To wear multipodus</p>			

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	<p>boot to left foot at all times when up in a wheelchair and in bed...Unavailable."</p> <p>5/5/13 at 5:10 A.M.: "To wear right wound care shoe system at all times when up in wheelchair. Unavailable."</p> <p>5/6/13 at 2:27 A.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...Not available."</p> <p>5/6/13 at 2:28 A.M.: "To wear right wound care shoe system at all times when up in wheelchair. Unavailable."</p> <p>5/9/13 at 11:32 P.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...Unavailable."</p> <p>5/9/13 at 11:32 P.M.: "To wear right wound care shoe system at all times when up in wheelchair. Unavailable."</p> <p>5/15/13 at 2:16 A.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...Not available."</p> <p>5/15/13 at 2:16 A.M.: "To wear right wound care shoe system at all times when up in wheelchair. Not available."</p> <p>5/17/13 at 3:13 A.M.: "To wear</p>						

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	<p>multipodus boot to left foot at all times when up in a wheelchair and in bed...unavailable."</p> <p>5/17/13 at 3:14 A.M.: "To wear right wound care shoe system at all times when up in wheelchair. Unavailable."</p> <p>5/20/13 at 11:16 P.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...unable to locate; resident refuses."</p> <p>5/20/13 at 11:16 P.M.: "To wear right wound care shoe system at all times when up in wheelchair. unable to locate; resident refuses to wear."</p> <p>5/21/13 at 11:19 P.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...Not available."</p> <p>5/21/13 at 11:29 P.M.: "To wear right wound care shoe system at all times when up in wheelchair. Not available."</p> <p>5/26/13 at 12:23 A.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...Not available."</p> <p>5/26/13 at 12:24 A.M.: "To wear right wound care shoe system at all times when</p>			

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	<p>up in wheelchair. Not available."</p> <p>5/28/13 at 11:00 P.M.: "To wear multipodus boot to left foot at all times when up in a wheelchair and in bed...Not available."</p> <p>5/28/13 at 11:00 P.M.: "To wear right wound care shoe system at all times when up in wheelchair. Not available."</p> <p>5/30/13 at 4:00 A.M.: "Skin assess. [assessment] done, continued TX [treatment] to wound left hell [sic] and right medial foot, to wear right wound care shoe when up, and left multipodus boot at all times...."</p> <p>On 6/4/13 at 9:20 A.M., Resident B was observed sitting in his wheelchair in his room. He had socks on both of his feet. He was not wearing a diabetic shoe nor a multi-podus boot on either foot. Resident B indicated his "boot had been gone for a long time. It never came back from laundry."</p> <p>On 6/4/13 at 9:25 A.M., during interview with LPN # 1, she indicated Resident B "will only wear the diabetic shoe when he goes outside. He wears the boot occasionally. If he pees on it, we send it to laundry." When advised the boot was not on the resident, LPN # 1 indicated it</p>			

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	<p>must be in laundry, "and it takes a day or two to dry."</p> <p>On 6/4/13 at 10:00 A.M., the multi-podus boot nor the diabetic shoe were observed to be in Resident B's room, closet, or bathroom. Resident B indicated, "I don't know where it is. I didn't mind wearing it."</p> <p>On 6/4/13 at 10:45 A.M., during interview with Laundry staff # 1, she indicated she was unaware of any boot for Resident B. Laundry staff # 1 searched the laundry room, and indicated she did not have it.</p> <p>On 6/4/13 at 1:15 P.M., the DON indicated Resident B was now wearing his multi-podus boot, and staff were going to clarify the diabetic shoe order with the physician. The DON indicated the resident would now have multiple liners available for the multi-podus boot, and she would inservice nursing staff to follow-up if the boot or shoe was "unavailable."</p> <p>This federal tag relates to Complaint IN00128779.</p> <p>3.1-35(g)(2)</p>						

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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure documentation was complete regarding a resident with diabetic heel ulcers, for 1 of 3 residents reviewed with wounds, in a sample of 6. Resident B</p> <p>Findings include:</p> <p>1. On 6/3/13 at 9:30 A.M., during the initial tour, the Director of Nursing [DON] indicated Resident B had diabetic ulcers on both of his feet.</p> <p>The clinical record of Resident B was reviewed on 6/3/13 at 12:10 P.M.</p> <p>Progress notes included the following notations:</p>	F000514	<p>F514</p> <p>The corrective action for Resident B. Wound Evaluation flowsheets placed on chart. Wounds were measured and findings documented.</p> <p>An audit of weekly skin assessments of all residents will be completed by the DNS/designee between 6/7/2013 and 6/21/2013.</p> <p>All skin assessments will be documented on the TAR with findings in PCC weekly. All residents with any area of concern were documented on skin sheets.</p> <p>An audit of the skin assessment documentation and skin sheets will be</p>	06/24/2013			

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	<p>5/3/13 at 6:55 A.M.: ".....drsg [dressing] changed this shift per MD order will continue to monitor."</p> <p>5/9/13 at 3:36 A.M.: "...Dressing to left heel dry and intact, no new areas of skin impairment noted...."</p> <p>5/13/13 at 1:27 A.M.: "...Dressing to left heel changed as ordered, old dressing with moderate amount of bloody drainage. Dried callous right lateral foot...."</p> <p>5/21/13 at 7:30 A.M.: "...callous on right medial foot has come off et [and] resident now has an open area...."</p> <p>5/28/13 at 3:50 A.M.: "...bilat. [bilateral] dressings changed per MD order...left heel continues to improve 15% of area black at this time with 85% pale pink small amount of drainage noted...Rt [right] medial foot foul smell with mod [moderate] amount of green drainage noted culture collected...."</p> <p>On 6/4/13 at 9:35 A.M., LPN # 1 provided a "Wound Evaluation Flow Sheet" for Resident B. The sheet indicated: "5/21/13...[Right] medial foot...Measurements (cm), [Length] 2, [Width] 3, [Depth] .2...." The sheet indicated the wound was assessed</p>		<p>completed weekly for 1 month. Then bi-weekly for 2 months. Then monthly for 3 months. DNS/designee to monitor compliance with the program.</p> <p>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</p> <p>DNS/Designee will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months.</p> <p>The QAA Committee will evaluate compliance with F-514.</p>				

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	<p>additionally on 5/28/13 and 5/31/13. The "Measurements," "Wound Bed," and "Periwound" sections were left blank on both dates.</p> <p>LPN # 1 indicated at that time she was unable to find the wound sheet with the left heel wound assessment, and had a call out to the night shift nurse who does the measurements.</p> <p>On 6/4/13 at 11:20 A.M., during interview with the DON, she indicated she had left a message at the night shift nurse's house. The DON indicated she knew there was a wound assessment sheet for Resident B's left heel.</p> <p>On 6/4/13 at 3:00 P.M., the DON indicated she was unable to find the wound assessment sheet for the resident's left heel, and the nurse had not returned the call.</p> <p>2. On 6/4/13 at 1:35 P.M., the Director of Nursing provided the current facility policy on "Skin Integrity Guideline," revised 2013. The policy included: "...Documentation of Weekly Skin Evaluation/Observations: Licensed nurse will be responsible for performing this skin evaluation/observation...Licensed nurse to document weekly on all wounds using the 'Wound Evaluation Flow</p>			

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	<p>Sheet!...."</p> <p>This federal tag relates to Complaint IN00128779.</p> <p>3.1-50(a)(1) 3.1-50(a)(3)</p>			