

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  08/16/2013
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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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F000000	<p>This visit was for the Investigation of Complaints IN00134116 and IN00133311.</p> <p>Complaint IN00133311 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Complaint IN00134116 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: August 15 and 16, 2013</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Survey team: Cheryl Mabry, RN-TC Diana McDonald, RN Melissa Gillis, RN</p> <p>Census bed type: SNF/NF: 133 Total: 133</p>	F000000		

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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	<p>Census Payor type:</p> <p>Medicare: 9 Medicaid: 101 Other: 23 Total: 133</p> <p>Sample: 8</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 26, 2013; by Kimberly Perigo, RN.</p>			
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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to monitor a resident's physical status after an identified change in condition for 1 of 3 residents review for change in condition. (Resident #E)</p> <p>Findings included:</p> <p>Resident #E's closed clinical record was reviewed on 8/15/16 at 11:53 a.m.</p> <p>Resident #E's diagnosis include but not limited to non healing surgical wound, type 2 diabetes, hypertension, necrotizing fasciitis (a rapidly spreading bacterial infection that dissects through the body along superficial or deep fascial planes), and hypothyroidism.</p> <p>Resident #E was admitted from a local acute hospital on 4/23/13, with full code status. The full code status remained current.</p>	F000309	The submission of this Plan of Correction does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true representation of the quality of care and services provided to the residents of Golden Living of Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities (for Title 16/17 programs). To this end, this plan of correction shall service as the credible allegation of compliance with all state and federal requirement governing the management of this Facility. It is thus submitted as a matter of statute only. F 309 It shall be the policy of Golden Living of Bloomington to provide the necessary care and services so that each patient is able to attain	09/15/2013	

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	<p>Review of progress notes dated 8/3/13 at 04:13, indicated "...Resident has had a moderate amount of dark red vaginal bleeding with small clots noted. ...Resident has Foley catheter placed that is patent and draining dark yellow urine at this time."</p> <p>Review of physicians progress notes dated 8/3/13 (time not documented) indicated, "vs [vital signs] 132.4 wt. [weight], 18 R [respiration], 128/64 [blood pressure], 96.8 T [temperature], P-76 [pulse] plan phys [physician] ordered _____ [non legible] ...res [resident] seen by gyn [gynecologist]-unless gyn +PA [patient] do not desire."</p> <p>Continual review of progress notes indicated, "8/4/13 at 02:19 ...Resident has a Foley catheter placed that is patent and draining dark yellow urine at this time; ...continues to be turned/repositioned every 2 hours as tolerates. ...8/4/13 at 02:22 Addendum to most recent progress note: small amount of dark red vaginal bleeding noted this shift with one small clot noted. Will continue to monitor. ...8/4/13 at 10:51 Resident T &amp; R [turned and repositioned] q [every] 2 hours per facility. ...8/5/13 01:32 [Change of Condition] ... VS as follows: BP 160/43, P 92, R 18, T</p>		<p>or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. I-II) The identified patient was discharged from the Facility 8/05/13. All other residents have the "potential" to be effected by the deficient practice. III) Staff education will be provided (to all licensed nursing staff). The curriculum will include record documentation standards as they pertain to vital sign and change of condition monitoring and recording.</p> <p>IV) The Director of Nursing Services (or designee) will review the documentation in Clinical Start-Up Meeting 5x/week for 30 days, 3x/week for 60 days, and then 2x/week for 90 days. Results of monitoring will be presented to QAPI for further monitoring and recommendations. If no issues identified then will review PRN.</p> <p style="text-align: right;">R</p> <p>esponsibleStaff:</p> <p>Director of Nursing Services</p> <p>Assistant Director of Nursing Services</p> <p style="text-align: right;">Di</p> <p>rector of Clinical Education</p> <p style="text-align: right;">Q</p> <p>API</p>				

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	<p>98.8 axillary, [underarm], O2 sats [oxygen saturation] is 93% at room air. Decreased urine output with sediment noted that is tea-colored. ... 8/5/13 at 01:59 ...draining dark tea-colored urine at this time... continues to be turned/repositioned every 2 hours as tolerates. ..."</p> <p>There is no document or assessment noted of continued monitoring of change of condition from 8/5/13 at 1:32 a.m. to 8/5/13 at 8:20 a.m. (approximately 7 hours).</p> <p>Next note entry indicated "8/5/13 at 08:20 [change of condition] Resident continues to decline this AM et [and] is diaphoretic [sweaty], unable to swallow even drops of liquid, urine remains tea-colored and [gender] minimally responsive to staff. ...VS 99.6 A [axillary temperature] -102 [pulse] -24 [respirations] -148/74 [blood pressure]. O2 sats at 93% on RA [room air]. ...New order received to send to _ [local hospital name] for treatment and evaluation."</p> <p>Review of local hospital history and physical dated 8/5/13 (no time documented) indicated " ... is unresponsive. ...Vital Signs: Temperature is 99 axillary, heart rate 114, respirations 40, blood pressure</p>				

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	<p>58 by Doppler over 0. ...Primary diagnosis:</p> <ol style="list-style-type: none"> <li>1. Septic shock [inadequate blood flow to organs]</li> <li>2. Acute urinary tract infection</li> <li>3. Hypoxia [oxygen deficiency]"</li> </ol> <p>Interview on 8/16/13 at 12:45 p.m., the DON (director of nursing) indicated, when asked what the expectation was for nursing staff to follow when a resident has a change in condition, "Do an assessment of the resident right away and notify physician. No assessment was done on 8/4."</p> <p>There was no document presented which indicated vital signs (blood pressure, pulse, respirations, temperature) had been obtained and change in condition monitored.</p> <p>This Federal tag relates to Complaint IN00134116.</p> <p>3.1-37(a)</p>				