

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 06/01/2015
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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 the Investigation of Complaint IN00174059.</p> <p>Complaint #IN00174059 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: June 1, 2015</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Census bed type: SNF/NF: 133 Total: 133</p> <p>Census payor type: Medicare: 9 Medicaid: 115 Other: 9 Total: 133</p> <p>Sample: 03</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>The submission of this <i>Plan of Correction</i> does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the patients of Golden Living of Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its patients 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 <i>Plan of Correction</i> 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 <i>only</i>.</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>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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 interview and record review, the facility failed to immediately inform the State survey and certification agency and others of an allegation of mistreatment and failed to inform the State survey and certification agency the results of an investigation for an allegation of mistreatment for 1 of 1 resident reviewed for an alleged violation of mistreatment. (Resident#A)</p> <p>Findings include:</p> <p>Review of a facility complaint related to alleged mistreatment of a resident on 06/01/2015 at 8:00 am., indicated on February 5, 2015; Resident #A requested incontinence care and a clean brief. Resident #A indicated CNA #1 was very rough with her and held her over in an uncomfortable position during the care. Resident #A had advised CNA #1 to stop and CNA #1 did not stop. Resident #A indicated she reported the "abuse" to the Activities Director who according to Resident #A, informed Resident #A the allegation would be taken care of. Resident #A indicated she was informed CNA #1 would not be taking care of her anymore. At the time of the alleged mistreatment Resident #A indicated she</p>	F 0225	<p>The Facility is respectfully requesting a "Desk Review" for the following Plan of Correction: F 225: It shall be the policy 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". 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 effected 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 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. Responsible: Executive Director Director of Nursing Services Director of Clinical</p>	07/01/2015

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	<p>was fearful and no longer felt safe in the facility.</p> <p>Interview with Resident #A on 6/1/15 at 1:45 p.m., indicated an allegation of mistreatment as stated above. However, Resident #A did indicate feeling safe in the facility.</p> <p>Resident #A's clinical records were reviewed on 6/1/15 at 2:00 p.m. Resident #A's diagnoses included, but are not limited to: rheumatoid arthritis.</p> <p>Review of the DON's (Director of Nursing) investigation dated 5/18/15, on 6/1/15 at 3:30 p.m., indicated the DON's interview with Resident #A indicated no change in the statement as told in the interview with the surveyor and the allegation of mistreatment reported on February 05, 2015.</p> <p>Interview with the DON on 6/1/15 at 4:00 p.m., related to the facility's investigation of the alleged mistreatment of Resident #A indicated the facility felt there was no abuse or mistreatment. Therefore, the facility did not report the allegation of mistreatment to the State.</p> <p>On 6/1/15 at 10:00 a.m., the DON provided a copy of the facility's Reporting Alleged Violations policy</p>		Education Unit Managers	

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F 0226 SS=D Bldg. 00	<p>revised 2013, and indicated it was the policy currently used. Review of the policy indicated, "It is also the policy of this center to take appropriate steps to ensure that all alleged violations of federal or state laws which involve mistreatment, neglect, abuse, injuries of unknown source ..., such violations are also reported to state agencies in accordance with existing state law. The center investigates each such alleged violations thoroughly and reports the results of all investigations to the executive director or his or her designee, as well as to state agencies as required by state and federal law."</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 interview and record review, the facility failed to ensure implementation of their policy to immediately inform the State survey and certification agency and others of an allegation of mistreatment and failed to</p>	F 0226	<p>The Facility is respectfully requesting a "Desk Review" for the following Plan of Correction: F226: It shall be the policy of Golden Living (of Bloomington) to insure that all internal policies are implemented as written. This include those</p>	07/01/2015

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	<p>inform the State survey and certification agency the results of an investigation for an allegation of mistreatment for 1 of 1 resident reviewed for an alleged violation of mistreatment. (Resident#A)</p> <p>Findings include:</p> <p>Review of a facility complaint related to alleged mistreatment of a resident on 06/01/2015 at 8:00 am., indicated on February 5, 2015; Resident #A requested incontinence care and a clean brief. Resident #A indicated CNA #1 was very rough with her and held her over in an uncomfortable position during the care. Resident #A had advised CNA #1 to stop and CNA #1 did not stop. Resident #A indicated she reported the "abuse" to the Activities Director who according to Resident #A, informed Resident #A the allegation would be taken care of. Resident #A indicated she was informed CNA #1 would not be taking care of her anymore. At the time of the alleged mistreatment Resident #A indicated she was fearful and no longer felt safe in the facility.</p> <p>Interview with Resident #A on 6/1/15 at 1:45 p.m., indicated an allegation of mistreatment as stated above. However, Resident #A did indicate feeling safe in the facility.</p>		<p>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)". 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 effected 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 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.</p> <p>Responsible:Executive Director Director of Nursing Services Director of Clinical Education Unit Managers</p>		

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	<p>Resident #A's clinical records were reviewed on 6/1/15 at 2:00 p.m. Resident #A's diagnoses included, but are not limited to: rheumatoid arthritis.</p> <p>Review of the DON's (Director of Nursing) investigation dated 5/18/15, on 6/1/15 at 3:30 p.m., indicated the DON's interview with Resident #A indicated no change in the statement as told in the interview with the surveyor and the allegation of mistreatment reported on February 05, 2015.</p> <p>Interview with the DON on 6/1/15 at 4:00 p.m., related to the facility's investigation of the alleged mistreatment of Resident #A indicated the facility felt there was no abuse or mistreatment. Therefore, the facility did not report the allegation of mistreatment to the State.</p> <p>On 6/1/15 at 10:00 a.m., the DON provided a copy of the facility's Reporting Alleged Violations policy revised 2013, and indicated it was the policy currently used. Review of the policy indicated, "It is also the policy of this center to take appropriate steps to ensure that all alleged violations of federal or state laws which involve mistreatment, neglect, abuse, injuries of unknown source ..., such violations are</p>			

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F 9999 Bldg. 00	<p>also reported to state agencies in accordance with existing state law. The center investigates each such alleged violations thoroughly and reports the results of all investigations to the executive director or his or her designee, as well as to state agencies as required by state and federal law."</p> <p>3.1-28(a)</p> <p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to,</p>	F 9999	<p>The Facility is respectfully requesting a "Desk Review" for the following Plan of Correction: F9999: It shall be the policy of Golden Living (of Bloomington) to inform the division by telephone - or other approved methods - followed by a twenty-four (24) hour written notice of any unusual occurrence that directly threatens the welfare, safety or health of a resident. 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 "Reporting Unusual Occurrences". This includes those that pertain to reporting "major accidents". All allegations of mistreatment, neglect, abuse, and injuries of</p>	07/01/2015

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	<p>any:</p> <p>(D) major accidents.</p> <p>The state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report a serious unusual and/or life threatening injury to the State Department of Health Division of Long Term Care for 1 of 3 Residents reviewed for accidents (Resident#C).</p> <p>Findings include:</p> <p>Review of Resident #C's clinical records on 6/1/15 at 10:00 a.m., indicated diagnoses which included, but were not limited to: history of fall and senile dementia.</p> <p>Nurses Notes dated 5/8/15 (time not stated), indicated Resident #C fell forward out of a wheelchair while trying to grab a stuffed animal. Resident #C was noted to have a laceration to the forehead. Pressure was applied to the forehead with a towel to stop the bleeding. No change to LOC (loss of consciousness).</p> <p>Resident #C's physician was notified and an order to send Resident #C to the ER (emergency room) was given. Resident</p>		<p>unknown sources will be reported to the required Supervisory Agency per the above guidelines, No other residents were effected 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 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. Responsible:Executive Director Director of Nursing Services Director of Clinical Education Unit Managers</p>	

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	<p>#C was sent to IU Health Bloomington via ambulance. Resident #C responded to EMT's (Emergency Medical Technicians) questions appropriately prior to leaving the facility. Resident #C's POA (power of attorney) was notified.</p> <p>Review of the hospital report; from nursing notes; dated 5/9/2015, indicated Resident #C had two cervical (neck) fractures with Aspen collar applied to neck with orders to not remove the collar at any time. Resident also had 10 stitches to the forehead with orders to be removed in 7-10 days (done per nursing notes).</p> <p>Interview with the DON (Director of Nursing) on 6/1/2015 at 3:30 p.m., the DON indicated the fall with injury was not reported, because the resident was not a dependent person.</p> <p>Review of hospital CT (cat scan) of the cervical (neck) spine dated 05/08/2015, indicated overall findings are consistent with a type II dens fracture and a Jefferson's fracture with immediate placement of a cervical collar (done in the emergency room).</p>			