

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/25/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN 47304
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00200061.</p> <p>Complaint IN00200061 - Substantiated. Federal/State deficiency related to the allegations is cited at F226 and F9999.</p> <p>Survey dates: May 23, 24 and 25, 2016</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Census bed type: SNF/NF: 99 Total: 99</p> <p>Census payor type: Medicare: 9 Medicaid: 83 Other: 7 Total: 99</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on May 26, 2016.</p>	F 0000	<p>This plan of correction constitutes the facility's written allegation of compliance; however, the plan is not an admission that a deficiency existed or that one was cited correctly. The plan of correction is being submitted to meet the requirements of state and federal law.</p>	
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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 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 implement written policies which indicated a complete criminal background check would be completed at the time of hire for 1 of 6 new employees reviewed for criminal background checks. (RN #6)</p> <p>Findings include:</p> <p>Review of the employee records on 5/23/16 at 1:00 p.m. indicated the following: RN #6 was hired on 4/28/16. The employee record lacked any documentation of a criminal background check having been completed. RN #6 had worked a total of 49.61 hours between 5/2/16 and 5/10/16.</p> <p>During an interview on 5/23/16 at 1:30 p.m., the DCE (Director of Clinical Education) indicated the corporate office would be contacted to see if the missing</p>	F 0226	<p>It is the policy of the facility to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents had the potential to be affected. The Background Screen for this nurse has been received and indicates that there were no findings on her background. 3 What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? A 100% audit of all current employee files was performed using the Employee Record Audit Tool</p>	06/25/2016

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	<p>background investigation could be located. No Background investigation could be located by the end of the survey on 5/25/16.</p> <p>During an interview on 5/25/16 at 12:16 p.m., the Administrator confirmed no background investigation for RN #6 could be provided.</p> <p>Review of a current policy, dated 3/22/15, titled "References for Potential Hires" indicated the following: "Policy The Company desires to hire the best-qualified candidates for job openings. To assist in that process, the Company's policy is that all candidates must undergo a screening of their former employment, their qualifications and their suitability for the job... Recruiter/Hiring Manager Role The Recruiter or Hiring Manager will ensure that all applications for employment are properly interviewed and employment references are completed prior to the new hire starting work. Type of References Appropriate employee's reference checks consist of: Former employer references License/certification verification Criminal records Social Security number screening Drug or alcohol screening (refer to HR-707, Substance and Alcohol Abuse</p>		<p>provided by the ISDH to identify any items missing from the employee records. The identified items have been placed in the employees files. 4 How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Business Office Assistant will complete an audit of all new hires files each Friday. Audit results will be reported to the Executive Director and QA Committee for review each month 5. By what date the systemic changes will be completed? Compliance will be completed by June 25, 2016</p>		

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	<p>in the Workplace) OIG and ARN databases for Exclusion and Debarment (HR-711) A criminal history check will be completed in accordance with HR-708 Background Investigations or state specific policy. Where criminal history checks are required by the state regulations, they must be properly completed according to state statues. Applicants who have a criminal record, but fail to disclose it, will be subject to discharge if the record becomes known after hire and if adverse employment action is consistent wit State Law. Completed reference/background checks must be documented and retained in the electronic employee file [sic]...." This policy was provided by the Assistant Director of Nursing on 5/25/16 at 11:31 a.m.</p> <p>Review of a current policy, dated 3/22/15, titled "Employment" indicated the following: "...Pre Employment Forms Post offer, pre-employment forms for drug testing and criminal background check will be completed during on-boarding...." This policy was provided by the Assistant Director of Nursing on 5/25/16 at 11:31 a.m.</p>			

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F 9999 Bldg. 00	<p>This federal tag relates to Complaint IN0020061.</p> <p>3.1-28(a)</p> <p>STATE RULES:</p> <p>3.1-14 PERSONNEL</p> <p>(f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test</p>	F 9999	<p>It is the practice of this facility to perform a health screening of each new employee prior to resident contact. 1) What corrective actions will be accomplished for those residents to have been affected by the deficient practice? A 100% audit of all current employee records was performed using the Employee Record Audit Tool provided by the ISDH to identify any missing items. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents had the potential to be affected but no residents were affected by this 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The identified items have been placed in the employee files 4) How the corrective actions will be monitored to ensure the deficient</p>	06/25/2016

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	<p>during the preceding twelve (12) months, the baseline tuberculin skin test should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>This state rule was not met as evidence by:</p> <p>Based on interview and record review, the facility failed to ensure employees received PPD testing within the required time limit for 3 of 6 employee records reviewed. (CNA #1, RN #2, CNA #4)</p> <p>Findings include:</p> <p>The employee record review was completed on 5/23/16 at 1:00 p.m.</p> <p>Review of CNA #1's employee record indicated a first step PPD was given on 5/13/16 and read 5/15/16 with a negative result. The employee record lacked any documentation of a second step PPD being given. CNA #1's hire date was 4/6/16 and had worked a total of 92.72 hours from 4/11/16 through 4/27/16.</p> <p>Review of RN #2's employee record indicated the record lacked any documentation of a new hire PPD being</p>		<p>practice will not recur, ie, what quality assurance program will be put into place?</p> <p>The Business Office Assistant will complete an audit of all new hire files each Friday. Audit results will be reported to the Executive Director and QA Committee for review each month.</p> <p>5) What date will the systemic changes be completed? June 25, 2016</p>				

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	<p>given or a chest X-ray. RN #2's hire dated was 4/8/16 and had worked 50.32 hours from 4/8/16 through 5/8/16.</p> <p>Review of CNA #4's employee record indicated the record lacked any documentation of a new hire PPD being given or chest X-ray. CNA #4's hire date was 3/22/16 and had worked a total of 255.08 hours from 3/22/16 through 5/11/16.</p> <p>During an interview on 5/25/16 at 12:16 p.m., the Administrator indicated the employee records were incomplete.</p> <p>During an interview on 5/25/16 at 5:55 p.m., the Director of Clinical Education indicated the employee records were incomplete. The Director of Clinical Education was unable to provide any further information regarding the missing documentation.</p>			