

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/20/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901
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F0000	<p>This visit was for the Investigation of Complaint IN00120904.</p> <p>Complaint IN00120904 - Substantiated, Federal/State deficiencies related to the allegations are cited at F225, F226, F309 and F327.</p> <p>Survey dates: December 19 and 20, 2012</p> <p>Facility number : 000258 Provider number : 155367 AIM number : 100289160</p> <p>Survey team : Michelle Hosteter RN</p> <p>Census bed type: SNF/NF : 104 Total : 104</p> <p>Census payor type: Medicare : 12 Medicaid : 73 Other : 19 Total : 104</p> <p>Sample : 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	Preparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correctin is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	

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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	Quality review completed 12/28/12 Cathy Emswiller RN			

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F0225 SS=D	<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 the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and</p>	F0225	This Tag is being disputed.The	01/19/2013			

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	<p>interview, the facility failed to have a thorough investigation of an allegation of abuse for 1 of 2 investigations reviewed for abuse protocol. (Resident G)</p> <p>Findings include:</p> <p>A request was made to the Executive Director (ED) on 12/19/12 at 10:30 A.M. for allegations of abuse and the investigations from October through December.</p> <p>The allegations and investigations of abuse were reviewed at 10:35 A.M. on 12/19/12.</p> <p>An investigation of an allegation of abuse that occurred on 11/23/12 at 7:15 P.M. for Resident G indicated to LPN #2 that CNA #1 had "...put her hand over my mouth four times' when asked why the resident indicated, 'she wanted me to shut up'..." The ADNS (Assistant Director of Nursing Services) was notified on 11/23/12 at 7:40 P.M. and CNA #1 sent home pending investigation. The full name of the nurse who the resident reported to was not included, only the first initial and last name. There was no documentation of the investigation of the notification of the ED.</p>		<p>corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:All residents have the potential to be affected by deficient practice.Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:Nurse managers were inserviced by Corporate staff on ensuring an investigation is thorough and complete, including but not limited to full names of people being interviewed, person completing the interview and time and date interview completed.The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:Nurse managers were inserviced by Corporate staff on ensuring an investigation is thorough and complete, including but not limited to full names of people being interviewed, person completing the interview and time and date interview completed.ED/DNS/Designee will review all investigations to ensure that the inetigation is complete.These corrective actions will be monitored and a quality assurance program impleneted to ensure the deficient practice will not recur per the following:DNS/Designee will report findings of audits to monthly QA meetings for 6</p>		

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	<p>The interviews with staff were hand written notes on a piece of paper with first initials and last names, no date, no time and no title of staff and no name of the person interviewing staff.</p> <p>The interviews with residents had the date 11-24-12, but no time written on them and no name of staff doing the interviews.</p> <p>In an interview with the ADNS on 12/19/12 at 12:45 P.M., she indicated she performed the interviews and that the handwritten notes were hers. The ADNS indicated she notified the ED by phone the evening of 11/23/12, but did not document it any where on the investigation.</p> <p>This federal tag relates to complaint number IN00120904.</p> <p>3.1-28(d)</p>		months, any patterns or trends will have an action plan written and interventions implemented.				

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F0226 SS=D	<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 record review and interview, the facility failed to follow the policy regarding notification of Executive Director regarding an allegation of abuse for 1 of 2 investigations of abuse reviewed regarding abuse protocol. (Resident G)</p> <p>Findings include:</p> <p>A request was made to the Executive Director (ED) on 12/19/12 at 10:30 A.M. for allegations of abuse and the investigations from October through December.</p> <p>The allegations and investigations of abuse were reviewed at 10:35 A.M. on 12/19/12.</p> <p>An investigation of an allegation of abuse that occurred on 11/23/12 at 7:15 P.M. for Resident G indicated to LPN #2 that CNA #1 had "...put her hand over my mouth four times' when asked why the resident indicated, 'she wanted me to shut up'..." The ADNS</p>	F0226	<p>This Tag is being disputed. The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows: All residents have the potential to be affected by deficient practice. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: All staff was inserviced by Corporate staff to notify administrator/designee timely in accordance with Golden Living Policy regarding any allegations of abuse. This notification will be documented in the investigation with date and time and who was notified. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: All staff was inserviced by Corporate staff to notify administrator/designee timely in accordance with Golden Living Policy regarding any allegations of abuse. This notification will be documented in the investigation with date and time and who was notified. ED/DNS/Designee will review all investigations to ensure</p>	01/19/2013			

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	<p>(Assistant Director of Nursing Services) was notified on 11/23/12 at 7:40 P.M. and CNA #1 sent home pending investigation. There was no documentation on the investigation of the notification of the ED.</p> <p>In an interview with the ADNS on 12/19/12 at 12:45 P.M., she indicated she did not have documentation of the notification of the ED on 11/23/12.</p> <p>The policy for abuse was provided by the ED on 12/19/12 at 10:35 A.M. The policy indicated, "...to ensure that all alleged violations of Federal or State laws which involve mistreatment, neglect, abuse, injuries of unknown origin and misappropriation of resident property ("alleged violations"), are reported immediately to the Executive Director ..."</p> <p>This federal tag relates to complaint number IN00120904.</p> <p>3.1-28(c)</p>		that administrator/designee was notified timely. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:DNS/Designee will report findings of audits to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.		

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F0309 SS=G	<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 record review and interview, the facility failed to ensure the resident was assessed for dehydration after decreased fluid intakes without intervention, resulting in hospitalization for severe dehydration for 1 of 5 reviewed for assessments in a sample of 6. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 12/19/12 at 10:30 A.M. Diagnoses included, but were not limited to stroke with left sided weakness, atrial fibrillation, anemia, diabetes type II, and urine retention.</p> <p>The nurses notes indicated the resident was having edema on 8/14/12 at 11:09 P.M.</p> <p>The physician in his progress notes on 8/23/12 indicated to increase Lasix to 40 milligrams twice a day for five days and then continue Lasix 40</p>	F0309	<p>This tag is being disputed. The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows: Resident B no longer resides at facility. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: Other residents with decreased intakes were reviewed and none were noted to have been affected by the deficient practice. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: Licensed nursing staff in-serviced on ensuring any resident with decreased intakes will be assessed for dehydration. This assessment will be documented in the nurses notes and will include notifying the physician and family. The care plan will be revised with appropriate interventions put in place. Nursing staff also in-serviced on utilizing the "Stop and Watch" form. The charge nurse is then responsible to follow</p>	01/19/2013			

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	<p>milligrams daily. The progress notes on 9/20/12 indicated the resident was on Lasix secondary to edema and the resident was experiencing low sodium levels. The progress notes from August through October when the resident was admitted to hospital indicated physician aware of patient status with lab levels. There was no mention of any concern with her hydration status.</p> <p>The nurses notes indicated on 9/4/12 at 6:43 P.M. the resident received adequate hydration. 9/11/12 at 8:00 P.M. - Eats fair with adequate hydration. 9/21/12 5:00 p.m. the resident does not want some things that have dairy in them because she feels she is lactose intolerant. These were the only nurses notes regarding hydration status and no notes regarding assessment of mucosa, mouth or lips for potential dehydration concerns.</p> <p>The dietary intakes the facility provided only had the total percentage of the meal consumed including fluids. The total average intake for the month was 47.2 percent. The October intakes indicated: B= breakfast, AL= lunch and D= Dinner. NP = None to very little</p>		<p>up on the change that was identified. Unit Manager/designee to review all residents with an average meal intake of <50% from the day prior. UM/designee will also review nurses notes from previous day to identify any change of conditions. UM/designee will review any resident who was identified as having decreased intakes and a change of condition to ensure they have been assessed for dehydration and the MD and family have been notified. These audits will be completed 5 times weekly. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following: DNS/Designee will report findings of audits to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>		

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	<p>10/1- B-50 % AL - 25% D- NP 10/2- B- 50 % AL - 25 % D- NP 10/3- B - 100% AL-NP D -50 % 10/4- B 100 % AL- NP D- 75% 10/5- B 50 % AL- 50 % D- NP 10/6- B - 100% AL- NP D 25% 10/7- B - NP, AL- NP , D- 100% 10/8- B -75 % - AL not documented D- 50 % 10/9- B- 50 % , AL- 50 % D- 50% 10/10-B- 75% , AL- 50% D- 75% 10/11- B- 75% , AL- 50% D- 50% 10/12- B- NP AL- NP, D- 50% 10/13- B- NP, AL- NP, D- NP 10/14- B -NP, AL-NP, D-25% 10/15-B- NP, AL-NP, D- NP 10/16-B -NP, AL-NP, D- 25% 10/17-B- 25%, AL-NP, D- did not receive meal</p> <p>The care plans dated 6/26/12 and 8/16/12 were reviewed on 12/19/12 at 11:00 A.M. There was no care plan found for monitoring or assessing for dehydration related to taking the medication Lasix which is a diuretic.</p> <p>The Nursing assessment titled "Quarterly Interdisciplinary Resident Review" dated 9/18/12, did not include anything pertaining to hydration status.</p> <p>The hospital records obtained on 12/19/12 at 9:30 A.M. indicated the</p>			

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	<p>resident was admitted with severe dehydration.</p> <p>In an interview with the Director of Nursing Services on 12/20/12 at 3:00 P.M. she indicated that all of the nurses notes and care plans were in the chart provided.</p> <p>This federal tag relates to complaint number IN00120904.</p> <p>3.1-37(a)</p>			

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F0327 SS=G	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. Based on record review and interview the facility failed to ensure the resident was monitored for dehydration after decreased fluid intakes without intervention, resulting in hospitalization for severe dehydration for 1 of 5 reviewed for assessments in a sample of 6. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 12/19/12 at 10:30 A.M. Diagnoses included, but were not limited to stroke with left sided weakness, atrial fibrillation, anemia, diabetes type II, and urine retention.</p> <p>The nurses notes indicated the resident was having edema on 8/14/12 at 11:09 P.M. .</p> <p>The physician in his progress notes on 8/23/12 indicated to increase Lasix to 40 milligrams twice a day for five days and then continue Lasix 40 milligrams daily. The progress notes on 9/20/12 indicated the resident was on Lasix secondary to edema and the</p>	F0327	<p>This tag is being disputed. The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows: Resident B no longer resides at facility. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: Other residents with decreased intakes were reviewed and none were noted to have been affected by the deficient practice. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: Licensed nursing staff in-serviced on ensuring any resident with decreased intakes will be assessed for dehydration. This assessment will be documented in the nurses notes and will include notifying the physician and family. The care plan will be revised with appropriate interventions put in place. Nursing staff also in-serviced on utilizing the "Stop and Watch" form. The charge nurse is then responsible to follow up on the change that was identified. Unit Manager/designee to review all residents with an average meal</p>	01/19/2013	

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	<p>resident was experiencing low sodium levels. The progress notes from August through October when the resident was admitted to hospital indicated physician aware of patient status with lab levels. There was no mention of any concern with her hydration status.</p> <p>The nurses notes indicated on 9/4/12 at 6:43 P.M. the resident received adequate hydration. 9/11/12 at 8:00 P.M. - Eats fair with adequate hydration. 9/21/12 5:00 p.m. the resident does not want some things that have dairy in them because she feels she is lactose intolerant. These were the only nurses notes regarding hydration status and no notes regarding assessment of mucosa, mouth or lips for potential dehydration concerns.</p> <p>The dietary intakes the facility provided only had the total percentage of the meal consumed including fluids. The total average intake for the month was 47.2 percent. The October intakes indicated: B= breakfast, AL= lunch and D= Dinner. NP = None to very little 10/1- B-50 % AL - 25% D- NP 10/2- B- 50 % AL - 25 % D- NP 10/3- B - 100% AL-NP D -50 %</p>		<p>intake of <50% from the day prior. UM/designee will also review nurses notes from previous day to identify any change of conditions. UM/designee will review any resident who was identified as having decreased intakes and a change of condition to ensure they have been assessed for dehydration and the MD and family have been notified. These audits will be completed 5 times weekly. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following: DNS/Designee will report findings of audits to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>		

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	<p>10/4- B 100 % AL- NP D- 75% 10/5- B 50 % AL- 50 % D- NP 10/6- B - 100% AL- NP D 25% 10/7- B - NP, AL- NP , D- 100% 10/8- B -75 % - AL not documented D- 50 % 10/9- B- 50 % , AL- 50 % D- 50% 10/10-B- 75% , AL- 50% D- 75% 10/11- B- 75% , AL- 50% D- 50% 10/12- B- NP AL- NP, D- 50% 10/13- B- NP, AL- NP, D- NP 10/14- B -NP, AL-NP, D-25% 10/15-B- NP, AL-NP, D- NP 10/16-B -NP, AL-NP, D- 25% 10/17-B- 25%, AL-NP, D- did not receive meal</p> <p>The care plans dated 6/26/12 and 8/16/12 were reviewed on 12/19/12 at 11:00 A.M. There was no care plan found for monitoring or assessing for dehydration related to taking the medication Lasix which is a diuretic.</p> <p>The Nursing assessment titled "Quarterly Interdisciplinary Resident Review" dated 9/18/12, did not include anything pertaining to hydration status.</p> <p>The hospital records obtained on 12/19/12 at 9:30 A.M. indicated the resident was admitted with severe dehydration.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/20/2012
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	This federal tag relates to complaint number IN00120904. 3.1-46(b)				