

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155136	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/24/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 ANDREW AVE LA PORTE, IN 46350
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00186634.</p> <p>Complaint IN00186634- Substantiated. Federal/State deficiency related to the allegations is cited at F309.</p> <p>Survey date: November 24, 2015</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 100288620</p> <p>Census bed type: SNF/NF: 130 Total: 130</p> <p>Census payor type: Medicare: 10 Medicaid: 110 Other: 10 Total: 130</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 26143, on November 28, 2015.</p>	F 0000		
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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 0309 SS=G Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 observation, record review, and interview, the facility failed to provide the necessary treatment and services related to not assessing a residents complaints of discomfort and failure to offer as needed pain medication after a fall resulting in the resident having pain for 1 of 3 residents reviewed for falls in a sample of 3. (Resident #E)(LPN #1)</p> <p>Finding includes:</p> <p>During Orientation Tour on 11/24/15 at 9:00 a.m., Resident #E was observed in bed. An assist rail was up on the the right side of the bed. Non skid strips were in place on the floor next to the resident's bed.</p> <p>The record for Resident #E was reviewed on 11/24/15 at 9:15 a.m. The resident's</p>	F 0309	<p>This Plan of Correction shall serve as this facility's credible allegation of compliance. Preparation, submission, and implementation of the Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report. Our Plan of Correction 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. Please consider allowing the submission of living center audits and education as evidence of compliance with the state and federal requirements identified in the survey. Respectfully, Jerrell Harville, HFA, MSW, Executive Director. Step I: Resident E was transferred to the ER for further treatment on 10/16/15 and was readmitted to the facility on</p>	12/24/2015

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	<p>diagnoses included, but were not limited to, heart failure, high blood pressure, diabetes mellitus, and stroke.</p> <p>Review of the 9/24/15 Minimum Data Set quarterly assessment indicated the resident's BIMS score was (15). A score of (15) indicated the resident's cognitive patterns were intact. The assessment indicated the resident did not display any behaviors or mood disorders. The assessment indicated the resident required extensive assistance of one staff member for bed mobility, transfers, dressing, and personal hygiene. The assessment indicated the resident had no falls since the prior assessment.</p> <p>A Post Fall Analysis/Plan report was reviewed. The report indicated Resident #E fell on 10/16/15 at 7:00 a.m. as she was attempting to self transfer and lost her balance. The report also indicated the resident was alert and orientated and had a BIMS score of (15). The Verification of Investigation form indicated the resident attempted to transfer unassisted and fell before staff were able to intervene. No injuries were noted, the resident was assessed and assisted off the floor.</p> <p>The 10/2015 Progress Notes were reviewed. A Change in Condition note</p>		<p>10/21/15 with routine pain medication ordered. Step II: All residents with falls in the past 30 days were reviewed for complaints of pain/discomfort and appropriate pain management. No deficiencies were noted. All residents at risk for pain in the past 30 days were reviewed for complaints of pain/discomfort and appropriate pain management. No deficiencies were noted. Step III: Licensed Nursing staff were re-instructed on the Pain Management Guideline including numerical pain rating and administration of pain medication. The DNS and/or designee will audit 2 random residents who experience a fall to ensure appropriate pain management per unit per week. The DNS and/or designee will also audit 3 residents who at risk for pain per unit per week. The DNS will report finding to the QAPI Committee monthly. Step IV: The results of the Pain Management Guideline Audit will be reviewed in the Clinical Start-Up Meeting weekly. The results will also be reviewed monthly by the QAPI Committee for six months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern), the results will be reviewed quarterly.</p>		

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	<p>was entered on 10/16/15 at 12:01 p.m. This entry indicated the resident was being assisted to the wheel chair from the bed when she lost her balance and fell. The resident landed on her left side. The resident had slight c/o pain to her left side. No bruising or injuries were noted. The resident was assisted back into the wheel chair. The next entry was made on 10/16/15 at 12:06 p.m. This entry indicated the resident's lungs were clear and her respirations were unlabored. This entry did not address the resident's left sided soreness. The next entry was made 10/16/15 at 7:00 p.m. This entry indicated the resident continued to complain of increased pain to the left hip throughout the day and pain was present upon palpitation and while at rest. PRN (as needed) Norco was given with only slight relief. The Physician was notified and orders were received to send the resident to the hospital. There was no documentation of the resident being asked to rate her discomfort using the numeric pain assessment scale in the 10/16/15 Progress Notes.</p> <p>The resident's hospital records were reviewed. The records indicated the resident had an X-ray completed in the Emergency Room. The X-ray was positive for a left hip fracture. The resident had surgery to repair the hip</p>			

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	<p>fracture on 10/17/15.</p> <p>The 10/2015 Medication Administration Record was reviewed. There was a Physician's order for the resident to receive Acetaminophen (a medication to relieve pain) 325 milligrams (2) tablets every 6 hours as needed for pain. The order was originally written on 6/4/15. There was also an order for the resident to receive Norco (a narcotic medication for pain) 5-325 mg (milligrams) one tablet two times a day at 5:00 a.m. and 8:00 p.m. This order was originally written on 5/27/14. There was also an order for the resident to receive Norco 5-325 milligrams one tablet every (6) hours as needed for pain.</p> <p>Continued review of the 10/2015 Medication Administration record indicated the resident received the scheduled Norco 5-325 mg tablet at 5:00 a.m. on 10/16/15. No as need Acetaminophen or Norco doses were signed out as administered on 10/16/15.</p> <p>When interviewed on 11/24/15 at 1:05 p.m., LPN #1 indicated she worked on 10/16/15 and was assigned to care for Resident #E. The LPN indicated she was called to the room as the resident fell when a CNA was trying to assist the resident into a chair. LPN #1 indicated</p>			

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	<p>she assessed the resident at the time and the resident had no hip rotation. The resident complained her left side was sore. The LPN indicated the fall occurred around 7:30 a.m. on 10/16/15. LPN #1 indicated she notified the Physician of the fall at that time. LPN #1 indicated she checked with the resident in the morning and through the afternoon at times and the resident continued to say her "side was a little sore." The LPN indicated between 6:00-7:00 p.m. she checked the resident and at that time she could tell there was a change in the resident by her body language as she appeared to really be having pain. LPN #1 indicated prior to this she had not offered the resident any pain medication through the day when she had stated her side was sore. The LPN indicated she had not asked the resident to rate her pain on a pain scale when the resident complained of soreness on her side.</p> <p>When interviewed on 11/24/15 at 1:50 p.m., Resident #E indicated she fell at 7:30 a.m. in the morning and two Nurses had to get her off the floor. The resident indicated she had pain all day and was not offered any pain medications until the Nurse came and gave her the 8:00 p.m. dose of her pain medications. The resident indicated she would have taken pain medication prior to her regular time</p>			
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	<p>if it had been offered to her. She further indicated, "It hurt so bad. I could hardly move all day."</p> <p>When interviewed on 11/24/15 at 2:05 p.m., the Director of Nursing indicated the resident continued to have discomfort after the fall and the Nurse continued to look in at the resident through the day. The LPN worked from 7:00 a.m. to 8:00 p.m. on the day of the fall. The Director of Nursing indicated there were orders for the resident to have PRN pain medications and they were not offered to the resident through the shift. The Director of Nursing also indicated the Numeric Rating Scale was not used to assess the resident's pain scale after the fall.</p> <p>The facility policy titled "Pain Management Guideline" was reviewed on 11/24/15 at 1:15 p.m. The policy was dated 2/10/15. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated a Numeric Rating Scale could be used to assess the pain level for cognitively intact residents with the resident identifying their pain level on a scale of 1-10. The policy also indicated after an acute change in condition when pain was suspected and after any fall, licensed Nurses were to use the appropriate pain</p>			

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	scale. This Federal tag relates to Complaint IN00186634. 3.1-37(a)				