

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 06/01/2016
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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 IN00199794.</p> <p>Complaint IN00199794 - Substantiated. Federal/State deficiencies related to the allegation are cited at F328.</p> <p>Survey dates: May 31 and June 1, 2016</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 1002886620</p> <p>Census bed type: SNF/NF: 127 Total: 127</p> <p>Census payor type: Medicare: 15 Medicaid: 90 Other: 22 Total: 127</p> <p>Sample: 6</p> <p>This deficiency reflects State findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on 6/2/16.</p>	F 0000	<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.</p> <p>Respectfully, Jerrell Harville, HFA, MSW, Executive Director.</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 0328 SS=E Bldg. 00	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, record review, and interview, the facility failed to ensure proper care and treatment for PICC (Peripherally Inserted Central Catheter) intravenous catheters was provided related to not completing measurements of the catheter and dressing changes for 5 of 6 residents reviewed for the care of PICC lines in a sample of 6. (Residents #B, #C, #D, #E, and #G)</p> <p>Findings include:</p> <p>1. On 5/31/16 at 12:30 p.m., Resident #E was observed sitting in a wheelchair in his room. The resident was awake and alert. There was a PICC line catheter located in the resident's left arm area. The transparent dressing covering the catheter insertion site was dated 5/13/16.</p>	F 0328	<p>Step One:</p> <p>1. The Picc linedressing was changed with appropriate assessment, measurement, and documentation for Resident #E</p> <p>2. The Picc linedressing was changed with appropriate assessment, measurement, and documentation for Resident #B.</p> <p>3. The Picc line was removed with appropriate measurement and assessment of catheter tip for Resident #D.</p> <p>4. Resident #C was discharged on 5/3/16.</p> <p>5. The Picc line was removed with appropriate measurement and assessment of catheter tip for Resident #G.</p> <p>Step Two: All residents with current orders for Special services were assessed for appropriate care and documentation. Any</p>	07/01/2016			

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	<p>The record for Resident #E was reviewed on 5/31/16 at 1:25 p.m. The resident's diagnoses included, but were not limited to, neoplasm of the larynx, depressive disorder, high blood pressure, and nutritional deficiency.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 4/6/16 indicated the resident had a PICC line in place. Care Plan interventions included, but were not limited to, change the dressing as ordered.</p> <p>Review of the current Physician orders indicated there was an order written on 4/6/2016 to change the transparent IV PICC line dressing on admission and then weekly every Friday. An order to measure the catheter length on admission and with every dressing change thereafter was also written on 4/6/2016.</p> <p>Review of the 4/2016 Medication Administration Record indicated the above two treatments were signed out as completed on 4/8/16 and 4/29/16. On 4/15/16 the treatments were not completed as the resident was on LOA. There were no measurements of the PICC line recorded in the 4/2016 entries.</p> <p>Review of the 5/2016 Medication Record indicated the above two treatments were</p>		<p>deficiencies noted were corrected.</p> <p>Step Three: Licensed Nursing Staff were re-instructed on Picc line care, removal, and documentation policies. The DNS and/or designee will audit 3 random residents with current orders for special services per unit weekly to ensure proper care and documentation. The DNS will report findings to the QAPI Committee monthly. Step Four: The results of the Special Services Audit will be reviewed in the Clinical Strat-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>signed out as completed on 5/13/16. The treatments were signed out as not completed on 5/6/16 and 5/20/16 as the resident was away from the facility these days. No measurements were recorded on 5/13/16.</p> <p>When interviewed on 6/1/16 at 12:45 p.m., the Director of Nursing indicated dressing changes and catheter measurements should have been completed weekly as per the facility policy.</p> <p>2. On 5/31/16 at 8:35 a.m., Resident #B was observed in a recliner chair in his room. The resident was awake and alert. There was a PICC line catheter located in the resident's right upper arm area. The transparent dressing covering the insertion site was dated 5/23/16.</p> <p>The record for Resident #B was reviewed on 5/31/16 at 11:44 a.m. The resident's diagnoses included, but were not limited to, chemotherapy, acute kidney failure, and high blood pressure.</p> <p>An admission Care Plan initiated on 5/3/16 indicated the resident had a PICC line catheter in place and was at risk for infection. Care Plan interventions included to change the dressing as</p>			

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	<p>ordered and monitor for signs and symptoms of complications.</p> <p>The 5/2016 Physician orders were reviewed. The resident was admitted on 5/3/16. There were no orders related to PICC line dressing changes or assessments.</p> <p>The 5/2016 Treatment and Administration records were reviewed. No PICC line dressing changes or catheter measurements were recorded on the Treatment or Medication Administration Records.</p> <p>The 5/2016 Nursing Progress Notes were reviewed. There was no documentation of the PICC line transparent dressing being changed in May 2016.</p> <p>3. On 5/31/16 at 9:40 a.m., Resident #D was observed in bed. The resident was awake and alert. There was a PICC line catheter located in the resident's right upper arm area. The transparent dressing covering the insertion site was dated 4/28/16.</p> <p>The record for Resident #D was reviewed on 5/31/16 at 3:00 p.m. The resident's diagnoses included, but were not limited to, quadriplegia, high blood pressure, and</p>			

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	<p>insomnia.</p> <p>A Care Plan initiated on 3/12/16 indicated the resident had a PICC line in place. Care Plan interventions included, but were not limited to, monitor every shift for signs of infection and complete dressing changes as ordered.</p> <p>Review of the 5/2016 Medication Administration Record and the 5/2016 Treatment record indicated there were no orders related to completing dressing changes to the PICC line site or measurements of the catheter.</p> <p>When interviewed on 6/1/16 at 12:50 p.m., the Director of Nursing indicated the dressing should have been changed and the catheter measured every seven days as per the facility policy.</p> <p>4. The closed record for Resident #C was reviewed on 5/31/16 at 9:49 a.m. The resident's diagnoses included, but were not limited to, juvenile rheumatoid arthritis, asthma, chronic pain syndrome, and epilepsy.</p> <p>The 4/2016 Physician orders were reviewed. An order was written on 4/16/16 to discontinue the left arm PICC line and place a PICC line to the right arm. An order was written on 4/24/16 to</p>			

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	<p>discontinue the PICC line after 5/2/2016.</p> <p>The 4/16/16 Nursing Progress Notes were reviewed. An entry made on 4/16/16 at 10:19 a.m. indicated the resident's left upper arm was red and warm to touch with swelling present. The resident complained of pain and the Physician was contacted with new orders given to discontinue the left arm PICC line. An entry made on 4/17/16 at 1:38 a.m. indicated the PICC line to the left upper arm was discontinued and the Access IV Nurse came in to replace the PICC line to the right upper arm area.</p> <p>Review of the 4/2016 Treatment Administration Records indicated there was no assessments of the site or measurements of the PICC line catheter when it was discontinued to the left arm on 4/16/16. There was no documentation of the PICC line dressing being changed or the catheter being measured between 4/1/2016 and 4/15/16.</p> <p>A Procedure Note completed by the IV Access Agency Nurse indicated a PICC line was placed in the right arm on 4/16/16. The note included instructions to change the dressing in 24 hours.</p> <p>A Procedure Note completed by the IV Access Agency Nurse indicated a PICC</p>			

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	<p>line was placed in the right arm on 4/21/16. The note included instructions to change the dressing in 24 hours.</p> <p>Review of the 4/2016 Treatment Administration Record indicated there was no assessment of the length of or the condition of the tip of the catheters when they were discontinued on 4/16/16 and 4/21/16. The Treatment Administration Record indicated there was no verification of the site dressings being changed on the day after the PICC line catheters were reinserted on 4/16/16 and 4/21/16.</p> <p>The 4/2016 Nursing Progress Notes were reviewed. There was no documentation of the dressing changes or catheter measurements being completed on 4/17/16 and 4/22/16.</p> <p>When interviewed on 6/1/16 at 12:55 p.m., the Director of Nursing indicated the dressing to the PICC line should have been completed every seven days and the catheter length measured as per the facility policy.</p> <p>5. The record for Resident #G was reviewed on 5/31/16 at 2:06 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, spinal stenosis, and</p>			

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	<p>peripheral vascular disease.</p> <p>The 5/2016 Physician orders were reviewed. An order was written on 5/9/16 for the IV Access Agency Nurse to place a PICC line. An order was written on 5/10/16 to place a Mid Line IV.</p> <p>The 5/2016 Nursing Progress notes were reviewed. An entry made on 5/10/16 at 11:19 a.m. indicated a Mid Line IV was in place to the right arm and the dressing were to be changed every seven days.</p> <p>Review of the 5/2016 Treatment Administration Record indicated an order was written to change the PICC line dressing every Saturday on the evening shift. There was no documentation of any dressings changes to the right arm IV site in May 2016. There were no weekly measurements of the IV catheter in May.</p> <p>When interviewed on 6/1/16 at 12:50 p.m., the Director of Nursing indicated there was no record of the PICC line dressings being changed every seven days or of any measurements of the catheter in May as per the facility policy.</p> <p>The policy titled "Central Venous Catheter Dressing Changes" was</p>			

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	<p>reviewed on 5/31/16 at 2:38 p.m. The was dated 05/12. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated the original dressing was to be changed within 24 hours and the transparent dressing were to be changed every 5- 7 days and when needed.</p> <p>This Federal tag related to Complaint IN00199794.</p> <p>3.1-47(a)(2)</p>				