

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155390	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-WOODBRIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 816 N FIRST AVE EVANSVILLE, IN 47710
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F0000	<p>This visit was for the Investigation of Complaint IN00119812.</p> <p>Complaint IN00119812 Substantiated, Federal/State deficiencies related to the allegations are cited at F363 and F465.</p> <p>Survey dates: December 17 and 18, 2012</p> <p>Facility number: 000438 Provider number: 155390 AIM number: 100274170</p> <p>Survey team: Anne Marie Crays RN TC Dorothy Watts RN</p> <p>Census bed type: SNF/NF: 56 Total: 56</p> <p>Census payor type: Medicare: 1 Medicaid: 51 Other: 4 Total: 56</p>	F0000	Preparation an submission of this Plan Of Correction does not constitute and admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.	

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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	<p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>			

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F0363 SS=E	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. Based on observation, interview, and record review, the facility failed to ensure menus were followed, for 1 of 1 meals observed and 3 of 3 residents reviewed in a sample of 6, and 8 of 9 residents documented in resident council minutes. Residents E, B, C Findings include: On 12/17/12 at 10:00 A.M., during interview with Resident E, he indicated, "The food is good, but you never know what you are going to be served. It says one thing on the menu and they serve something else." On 12/17/12 at 11:50 A.M., Resident Council minutes were received from the Administrator and the Director of Nursing [DON]. The minutes, dated 11/7/12, included: "...Alternate food on menu is not what I get when I ask for alternate (menu & available foods don't match). Also whats on daily menu [and] what is served being served don't match [sic]...8</p>	F0363	<p>F363 The corrective actions 12/18/2012 accomplished for all affected residents by the deficient practice are as follows: Menus will meet the nutritional needs of the residents, be prepared in advance and followed as written. Corrective action was immediately conducted by the DSM by providing education with Cook on duty on following menus, spreadsheets and recipes. In-service was given to all cooks and diet aides on following menus and spreadsheets as written, selective menus, and the Living Center Policy on preparation responsibilities. 12/18/2012 These corrective actions will be monitored and quality assurance program implemented to ensure the</p>	01/15/2013			

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	<p>out of 9 residents attending Resident Council share this concern...."</p> <p>On 12/17/12 at 11:50 A.M., menus were received from the DON and Administrator. The menu for 12/17/12 "Noon" included: "Glazed Carrots."</p> <p>On 12/17/12 at 12:15 P.M., a menu board on the first floor included: "Chicken...Potatoes, Carrots...or Braised beef and peppers...broccoli...."</p> <p>On 12/17/12 at 12:20 P.M., Resident C was observed eating his meal, which included corn, in the second floor dining room.</p> <p>On 12/17/12 at 12:30 P.M., the first floor dining room was observed. Resident B was eating his lunch, which included corn. 6 random resident trays were observed to have corn. No residents were observed to be eating carrots or broccoli.</p> <p>On 12/18/12 at 9:05 A.M., during interview with the Dietary Manager [DM] and Registered Dietician, the DM indicated he was aware corn was served at the noon meal on 12/17/12. He indicated when he interviewed the cook, she had told him there were no carrots, so she served corn, but when he looked in the freezer, he did find carrots. The DM</p>		<p>deficient practice will not recur per the following:</p> <p>The Dietary Services Manager will monitor five (5) times per week for four (4) weeks, then two (2) times a week for three (3) months the following</p> <p>tray line for menu selection compliance</p> <p>spreadsheets to the written menu compliance</p> <p>The DSM will monitor tray tickets daily for completeness five (5) times per week for four (4) weeks, then two (2) times a week for three (3) months.</p> <p>The Registered Dietitian during visits will monitor for menu/spreadsheet compliance.</p> <p>The data will be analyzed for patterns and trends, with action plans written and implemented as needed.</p> <p>DSM will review the results of the audits, trends, and action plans, and report findings at monthly QAA meetings for three (3) months.</p> <p>The QAA Committee will evaluate compliance with F-363 via the monthly DSM reports.</p> <p>QAA committee will continue the audits until full compliance is achieved for three (3) consecutive months.</p>				

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	<p>indicated he was aware there had been resident complaints regarding not following the facility menus.</p> <p>This federal tag relates to Complaint IN00119812.</p> <p>3.1-20(i)(1)</p>			

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F0465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review the facility failed to maintain clean floors in the hallways and bathrooms for 2 of 3 units observed and 3 of 6 residents' rooms reviewed in a sample of 6. Residents F, C, and A</p> <p>Findings include:</p> <p>On 12/17/12 at 9:50 A.M., Resident A's bathroom floor had flecks of brown matter around the base of the commode as well as debris collected in the corners and behind the commode. Located at the entrance to the bathroom room, there were dark stains and dirt collected at the base of the door frames and along the door sills.</p> <p>On 12/17/12 at 10:00 A.M., On the 100 hall floor, dirt, stain, and debris were observed on the cobase and in the open gaping areas where the cobase was pulling away from the wall and the floor. The floor tiles at the base of the door frames were stained a dark color.</p> <p>On 12/18/12 at 10:30 A.M., On the 200 hall floor, dirt, stain, and debris were</p>	F0465	<p>F 465 The corrective actions</p> <p>12/18/2012 accomplished for all affected residents by the deficient practices are as follows: The facility must provide a safe, functional, sanitary, comfortable environment for residents, staff and the public.</p> <p>Corrective action was immediately 12/18/2012 conducted by the Environmental Services Manager (EMS) by providing staff with education on keeping the facility clean, safe, functional, sanitary, and comfortable for all residents, staff and the public per policy.</p> <p>ESM has identified bathrooms that have debris and have been cleaned thoroughly. 12/18/2012</p> <p>Doors, door sills, and thresholds 12/20/2012</p>	01/15/2013	

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	<p>observed where the cobase and the floor met. Dirt and stains were also noted at the base of the door frames and along the door sills.</p> <p>During an interview on 12/18/12 at 8:30 A. M., Resident F indicated the floor in his room needed to be swept and mopped more often because it was always sticky and had dried spill spots where people had spills. Resident F indicated he had spoken with housekeeping concerning his dirty floors, but the housekeeper told him they sweep and mop his floor when he is sleeping.</p> <p>During an observation on 12/18/12 at 8:30 A.M., Resident F's floor had dried liquid spills located in front of the bed side table at the head of the bed and dried liquid spills on the floor at the foot of the bed. Debris was noted in the corners and along the cobase.</p> <p>During an observation on 12/18/12 at 1:00 P.M., the floor of Resident C's room was noted to be sticky and tacky. Between the wardrobe and night stand there were newspapers, dirt, dust and pieces of paper. The bathroom floor had dirt and dust collected in the corners and behind the commode. There were brown stains around the commode base.</p>		<p>beneath doors were cleaned by Environmental Services (ES) and put on a daily care plan.</p> <p>The cobase was removed along with 12/19/2012 debris by Maintenance and ES. Coordinating efforts have been made with 01/15/2013 Maintenance and ES to lay new cobase.</p> <p>Unit 200 Hall corners and edges 1 2/22/2012 have been cleaned along all lengths of the halls.</p> <p>Daily rounds to check corners and edges will be conducted 5 times a week for 4 weeks, then 2 times a week for 3 months.</p> <p>The ES District Manager will monitor all halls and corners for compliance.</p> <p>ESM will review the results of the audits, trends, and action plans, and report findings at a monthly QAA meeting for 3 months. The QAA Committee will evaluate compliance with the F-465 via the monthly ESM reports. QAA committee will continue the audits until full compliance is achieved for 3 consecutive months.</p>				

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	<p>During an interview on 12/18/12 at 10:30 A.M., the HCA stated, "The facility contracts housekeeping services and we have identified issues with their performance."</p> <p>This federal tag relates to Complaint IN00119812.</p> <p>3.1-19(f)</p>		Paper compliance desk review requested.		