STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER- BROOKVIEW	7145 E 21ST ST INDIANAPOLIS, IN 46219

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F0000	This visit was for the Investigation of Complaint IN00115665. Complaint IN00115665 - Substantiated. Federal/state deficiencies related to the allegations are cited at F279 and F311. Survey dates September 26, 27, 28 2012 Facility number 000031 Provider number 155076 AIM number 100266150 Survey team: Chuck Stevenson RN Census bed type: SNF/NF: 113 Total: 113 Census payor type: Medicare: 13 Medicaid: 85 Other: 15 Total: 113 Sample: 7 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 10/02/12 by Suzanne Williams, RN			

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F0279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).			
	Based on record review and interview, the facility failed develop health care plans for 2 residents who refused restorative nursing therapies of 6 residents reviewed for restorative nursing therapies in a sample of 7. (Residents C and F). Findings include: 1. The record of Resident C was reviewed on 9/26/12 at 1:30 p.m. Diagnoses included, but were not limited to, a history of subarachnoid	F0279	**F279 Comprehensive Care Plans What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** ·Resident C and Resident F care plans were evaluated and updated to include the resident refusal of restorative care. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** ·A audit of residents receiving restorative care was conducted to	10/28/2012

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	hemorrhage with left sided debility, hypertension, anemia, gastro esophageal reflux, cognitive deficit, and depression. A quarterly Minimum Data Set (M.D.S.) assessment dated 8/22/12 indicated Resident C was mildly cognitively impaired, required extensive staff assistance for all activities of daily living, and did not ambulate. Restorative Therapy "Progress Notes" for Resident C indicated Resident C declined all restorative therapies on 4/02/12, 4/03/12, 4/04/12, 4/07/12, 4/10/12, 4/11/12, 4/13/12, 4/14/12, 4/16/12, 4/17/12, 4/18/12, 4/19/12, 4/20/12, 4/23/12, and 4/25/12. "Restorative Record" sheets for Resident C indicated Resident C did not receive restorative therapy as ordered on scheduled therapy days of 6/01/12, 6/18/12, 7/02/12, 7/19/12, 7/20/12, 9/03/12, and 9/10/12. Documentation was not present to indicate if the resident declined therapy on these dates. Resident C's record contained no health care plan to address the issue of declining to participate in restorative therapy.		identify other residents who may be affected by same deficient practice. Residents identified will have their care plans updated to include refusal of restorative care and other services that are refused. **What measures will be pt into place or what systemic changes will be made to ensure that the deficient practice does not recur.** ·Nursing will be in-serviced on updating the care plans with refusal of care on 10-17-12. ·Restorative aides will report to the RNAC/DNS/Nursing supervisor when a resident has refused a service after several attempts to complete service. ·The RNAC/DNS/Nursing supervisor will discuss the advantage or disadvantages of the residents refusal with resident or POA. ·The concerns will be discussed with the IDT team daily, Monday through Friday except on holidays, to discuss and update the residents plan of care.. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:** ·The RNAC/DNS will monitor the corrective actions to ensure that the deficient practice will not recur. ·Residents that reside in the	

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	2. The record of Resident F was reviewed on 9/27/12 at 2:30 p.m. Diagnoses included, but were not limited to, seizure disorder, chronic pain, hypertension, cerebrovascular disease, and a history of subdural hematoma. A quarterly Minimum Data Set (M.D.S.) assessment dated 9/05/12 indicated Resident F was mildly cognitively impaired, required staff assistance for all activities of daily living, and required staff assistance to ambulate. "Restorative Record" sheets for Resident F indicated the resident was to receive active range of motion to all 4 extremities up to 6 times per week on a daily basis, with an initial order date of 8/29/12. Restorative Therapy "Progress Notes" indicated Resident F declined to participate in restorative therapy as ordered on 9/06/12, 9/10/12, 9/11/12, 9/13/12, 9/14/12, 9/15/12, and 9/24/12. Resident F's record contained no health care plan to address the issue of declining to participate in		facility will have their care plans evaluated and updated on a 90 day schedule. ·Any residents with refusal of care or services will be evaluated for decline at time of refusal and with change of condition. ·Random care plan audits will be completed monthly x 3 and result will be reviewed at QAA. Date of compliance:10-28-12	

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	restorative therapy. During an interview with the Director of Nursing on 9/26/12 at 2:00 p.m. she indicated that there were no care plans for residents who declined to participate in restorative therapy as ordered. She indicated she believed it was the resident's right to decline to participate in therapy. 3. A facility document titled "Care Plan" dated May 2001 received from the Administrator on 9/28/12 at 8:45 a.m. and indicated to be a current facility policy indicated: "Policy...The interdisciplinary care plan is reviewed, revised, and updated quarterly and more frequently if warranted by a change in resident's condition..." This federal tag relates to Complaint IN00115665. 3.1-35(a)(2)			

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F0311 SS=E	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.			
	Based on record review and interview, the facility failed to ensure residents received restorative therapy as ordered to ensure the maintenance or improvement of resident abilities for 6 of 6 residents in a population of 29 residents receiving restorative therapy in a facility population of 113. (Residents C, D, E, F, G, H). Findings include: 1. The record of Resident C was reviewed on 9/26/12 at 1:30 p.m. Diagnoses included, but were not limited to, a history of subarachnoid hemorrhage with left sided debility, hypertension, anemia, gastro esophageal reflux, cognitive deficit, and depression. A quarterly Minimum Data Set (M.D.S.) assessment dated 8/22/12 indicated Resident C was mildly cognitively impaired, required extensive staff assistance for all activities of daily living, and did not	F0311	**F-311 Treatment/Services To Improve/Maintain ADL What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** ·Physician was notified of break in services and Resident C,D,E, F, G, and H received restorative service. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** ·Residents receiving restorative services are at risk to be affected by same alleged deficiency. An audit of residents receiving restorative services was completed. Residents identified physician was notified of break in service and resident C, D, E, F, G and H received restorative service. **What measures will be pt into place or what systemic changes will be made to ensure that the deficient practice does not recur.** ·The facility has trained 3 other restorative aide that will cover	10/28/2012

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	ambulate. "Restorative Record" sheets for Resident C indicated the resident was to receive active range of motion to all 4 extremities up to 6 times per week on a daily basis, with an initial order date of 3/21/12. "Restorative Record" sheets for Resident C for September 2012 indicated Resident C did not receive restorative therapy as ordered on September 17, 18, 19, 20, 21, 24, and 25. 2. The record of Resident D was reviewed on 9/27/12 at 3:00 p.m. Diagnoses included, but were not limited to, encephalopathy, syncope and collapse, acute and chronic respiratory failure, hypertension, and osteoarthrosis. A quarterly Minimum Data Set (M.D.S.) assessment dated 9/05/12 indicated Resident D was mildly cognitively impaired, required staff assistance for all activities of daily living, required staff assistance to ambulate, and was unsteady and required staff assistance for balance. "Restorative Record" sheets for		when the full time restorative aides are not working. Restorative services will be provided for seven days a week to ensure that this alleged deficient practice will not recur. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place:** ·The RNAC/assistant RNAC will monitor the daily process of restorative services and the Director of nursing will monitor the program. ·Monthly the restorative documentation and folders will be evaluated for compliance. ·results will be brought to the QAA monthly x3 and quarterly there after. Date of compliance:10-28-12	

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	Resident D indicated the resident was to receive active range of motion to bilateral lower extremities, and standing, balancing, and walking therapies up to 6 times per week on a daily basis, with an initial order date of 8/29/12. "Restorative Record" sheets for Resident D for September 2012 indicated Resident D did not receive restorative therapy as ordered on September 17, 18, 19, 20, 21, and 25. 3. The record of Resident E was reviewed on 9/26/12 at 1:30 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbances, psychosis, hypertension, and congestive heart failure. A quarterly Minimum Data Set (M.D.S.) assessment dated 9/05/12 indicated Resident E was cognitively intact, required staff assistance for all activities of daily living, did not ambulate, and had range of motion impairment to upper and lower extremities bilaterally. "Restorative Record" sheets for Resident E indicated the resident was			

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	to receive active range of motion to the left lower extremity up to 6 times per week on a daily basis, with an initial order date of 12/02/11. "Restorative Record" sheets for Resident E for September 2012 indicated Resident E did not receive restorative therapy as ordered on September 17, 18, 19, 20, 21, and 24. 4. The record of Resident F was reviewed on 9/27/12 at 2:30 p.m. Diagnoses included, but were not limited to, seizure disorder, chronic pain, hypertension, cerebrovascular disease, and a history of subdural hematoma. A quarterly Minimum Data Set (M.D.S.) assessment dated 9/05/12 indicated Resident F was mildly cognitively impaired, required staff assistance for all activities of daily living, and required staff assistance to ambulate. "Restorative Record" sheets for Resident F indicated the resident was to receive active range of motion to all 4 extremities up to 6 times per week on a daily basis, with an initial order date of 8/29/12.			

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	"Restorative Record" sheets for Resident F for September 2012 indicated Resident F did not receive restorative therapy as ordered on September 17, 18, 19, 20, 21, and 24. 5. The record of Resident G was reviewed on 9/28/12 at 9:30 a.m. Diagnoses included, but were not limited to, renal failure, lung cancer, seizures, dementia, diabetes mellitus, coronary artery disease, and hypertension. A quarterly Minimum Data Set (M.D.S.) assessment dated 8/31/12 indicated Resident G was moderately cognitively impaired, required staff assistance for all activities of daily living, and did not ambulate. "Restorative Record" sheets for Resident G indicated the resident was to receive active range of motion to all 4 extremities up to 6 times per week on a daily basis, with an initial order date of 8/17/12. "Restorative Record" sheets for Resident G for September 2012 indicated Resident G did not receive restorative therapy as ordered on			

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	September 17, 18, 19, 20, 21, and 24. 6. The record of Resident H was reviewed on 9/28/12 at 10:30 a.m. Diagnoses included, but were not limited to, dementia, depression, gastro esophageal reflux disease, peripheral vascular disease, atrial fibrillation, and hypertension. An annual Minimum Data Set (M.D.S.) assessment dated 8/15/12 indicated Resident H was profoundly cognitively impaired, required staff assistance for all activities of daily living, required staff assistance to ambulate, and had lower extremity range of motion impairment. "Restorative Record" sheets for Resident H indicated the resident was to receive active range of motion to bilateral upper and extremities walking exercises up to 6 times per week on a daily basis, with an initial order date of 1/26/11. "Restorative Record" sheets for Resident H for September 2012 indicated Resident H did not receive restorative therapy as ordered on September 17, 18, 19, 20, 21, and 24.			

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	During an interview on 9/26/12 at 2:00 p.m. the Director of Nursing (D.O.N.) indicated that none of the 29 residents currently on the facility's restorative nursing therapy list received restorative nursing therapy from 9/17/12 through 9/21/12, inclusive, due to staff not being available. She indicated she was uncertain who had received restorative nursing therapy on 9/24/12, 9/25/12, or 9/26/12. During an interview 9/28/12 at 10:15 a.m. Restorative Nurse Aide #1 indicated she was aware residents had not received restorative therapy as ordered and indicated all residents on restorative therapy were scheduled to receive therapy as ordered beginning 9/28/12. During an interview 9/28/12 at 10:30 a.m. Restorative Nurse Aide #2 indicated she was aware residents had not received restorative therapy as ordered. She indicated that on 9/27/12 15 of 29 residents on the restorative nursing case load received therapy and 14 did not. 7. A facility policy dated 9/24/12 titled "Restorative Nursing Staffing Plan" indicated:			

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	"Policy: (Facility name) will provide restorative nursing aide staffing to meet the restorative nursing needs of it's residents...Procedure...(Name of facility) will maintain a staff of trained primary and back-up restorative nursing aides to meet restorative nursing aides of its residents..." This federal tag relates to Complaint IN00115665. 3.1-38(a)(2)(B)			