

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/31/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368
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F000000	<p>This visit was for the Investigation of Complaints IN00145715, IN00145759, and IN00146814.</p> <p>This visit was in conjunction with the PSR (Post Survey Revisit) to the Investigation of Complaints IN00141858 and IN00144776 completed on February 21, 2014.</p> <p>Complaint IN00145715- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00145759- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00146814- Substantiated. Federal/state deficiency related to the allegation is cited at F282.</p> <p>Survey dates: March 30 & 31, 2014</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Survey team: Janet Adams, RN-TC Janelyn Kulik, RN</p>	F000000		
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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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	<p>Census bed type: SNF/NF: 169 Total: 169</p> <p>Census payor type: Medicare: 25 Medicaid: 127 Other: 17 Total: 169</p> <p>Sample: 15</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 2, 2014, by Jodi Meyer, RN</p>			
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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure Physician orders were followed related to arranging follow up appointments with Consultant Physicians upon discharge from the hospital in a timely manner for 2 of 3 residents reviewed for hospital discharge orders in the sample of 15. (Residents #C and #G)</p> <p>Findings include:</p> <p>1. The record for Resident #C was reviewed on 3/30/14 at 2:00 p.m. The resident's diagnoses included, but were not limited to, congestive heart failure, arthritis, cardiac pacemaker, high blood pressure, end stage renal disease with renal dialysis, and chronic obstructive pulmonary disease.</p> <p>The 2/2014 Nursing Progress Notes were reviewed. A Change in Condition entry was made on 2/24/14 at 9:02 p.m. That entry indicated the resident complained of shortness of breath and tightness in</p>	F000282	F282 What corrective action will be accomplished for those residents found to have been affected by the deficient practice; how the practice will be identified and what corrective actions will be taken. Resident C's appointment was made 3/27/2014 for 4/14/2014. Resident G's appointments were made 3/31/2014 for the following dates - 4/1, 4/2, 4/7, and 4/8 for his follow up appointments. How other residents having the potential to be affected by the same deficient practice. All residents in the facility that may have consultation physician visits may be affected. An audit was completed on all new admissions and re-admissions to confirm if any follow up appointments needed to be made and transportation arranged. An audit was completed on anyone that had an outside appointment to determine when their follow up appointment would be if one is needed. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. All new	04/21/2014			

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	<p>his chest. The entry also indicated the Physician was called and orders were obtained to send the resident to the hospital Emergency Room.</p> <p>The 3/2014 Physician orders were reviewed. A Physician order was written on the 3/6/14 to arrange a follow up appointment with (name of a Cardiologist) in two weeks.</p> <p>The 3/2014 Nursing Progress Notes were reviewed. There was no documentation of any attempts to contact the Cardiologist to arrange for an appointment in the Nursing Progress Notes from 3/6/14 thru 3/26/14. An entry made on 3/27/14 at 11:05 a.m. indicated a follow up appointment was made for the resident to be seen at the Cardiologist's office on 4/14/14.</p> <p>A Clinical Health Status assessment was completed on 3/5/14 at 7:00 p.m. The assessment indicated the resident returned from the hospital with the diagnoses of congestive heart failure, pacemaker, coronary artery disease, and high blood pressure.</p> <p>The resident's hospital records were reviewed. A chest X-ray completed on 2/24/14 at 10:40 p.m., indicated</p>		<p>admissions and readmissions will be reviewed daily in start up to confirm that new orders for consults have been made and transportation arranged. .</p> <p>Nursing staff in-serviced to document follow up appointments in the report book and to place appointment dates in the appointment calendar on the unit.</p> <p>Unit Managers will audit new admissions and current residents for follow up appointment orders and confirm the appointment has been made and that transportation has been arranged 5x a week for 4 weeks then 2x a week for 4 weeks. Thereafter, will become a weekly ongoing audit.</p> <p>How the Corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Patterns and trends noted will have a Process Improvement Plan (PIP) implemented, with review of the program monthly during QAPI. Completion Date: 4/21/2014</p>				

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	<p>the presence of cardiomegaly (an enlarged heart) and pulmonary vascular congestion. The 3/5/14 Physician Discharge Summary indicated the resident was treated for coronary artery disease and congestive heart failure. The 3/5/14 "After Visit Summary" indicated the resident was to call Dr. (Cardiologist name) in (2) weeks.</p> <p>When interviewed on 3/31/14 at 11:40 a.m., the Unit Manager indicated the resident's family member inquired about the appointment on 3/27/14 and that was when the appointment was made. The Unit Manager indicated she reviews the hospital discharge orders on the day the resident returns or the following day. The Unit Manager indicated the order was written on 3/6/14 after she reviewed the resident's record. The Unit Manager indicated the order was written and she instructed the staff Nurse to make the appointments and that was not done until 3/27/14. The Unit Manager indicated she should have checked to ensure the appointments were made at the time they were ordered.</p> <p>2. The record for Resident #G was</p>				

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	<p>reviewed on 3/31/14 at 9:00 a.m. The resident's diagnoses included, but were not limited to, senile dementia, high blood pressure, dehydration, and hyperlipidemia (high cholesterol levels). The resident was admitted to the facility on 2/20/13. The resident was sent to the hospital on 2/20/14 and was readmitted to the facility on 3/4/14.</p> <p>The following Physician orders were written on 3/6/14.</p> <ul style="list-style-type: none"> -Follow up with (name of Cardio-Vascular Surgeon) in two weeks -Follow up with (name of Urologist) at the Continance Clinic in one week. -Follow up with (name of Hematologist) next week. -Follow up with (name of Infectious Disease Physician) in two weeks. <p>The resident's hospital records were reviewed. The hospital "Summary of your Hospitalization" record indicated the resident was hospitalized and treated for dehydration, urinary tract infection, infection in the bloodstream, and a low blood potassium level. Follow up information included for the resident to to follow up with the following Physicians:</p> <ul style="list-style-type: none"> -Cardiac Surgeon in 2-3 weeks for a 						

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	<p>follow up on abdominal aortic aneurysm</p> <ul style="list-style-type: none"> -Hematologist (Physician to treat blood disorders) for follow up "next week" -Urologist (Physician to treat urinary disorders) for follow up at the Continenence Clinic in one week. -Infectious Disease Physician- for follow up in two weeks. <p>The 3/2014 Nursing Progress Notes from 3/4/13 through 3/30/14 were reviewed. There was no documentation of any arrangements made for any of the above Physician follow-up appointments.</p> <p>A 3/23/14 Physician Progress Note indicated the resident was seen for follow-up after a hospitalization. The Physician Progress Note indicated the resident was recently seen at the hospital for a urinary tract infection and stone removal. The Physician Progress Note also indicated the resident had a lung nodule and should have have follow up with (Hematologist name). The Physician also recommended a follow up for the abdominal aneurysm as recommended by the Cardio-Thoracic surgeon.</p> <p>When interviewed on 3/31/14 at</p>				

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	<p>11:40 a.m., the Unit Manager indicated appointments for the resident to be seen by the above Physicians were not made until today. The appointment dates were made for April 2014. The Unit Manager indicated the appointments should have been made by Nursing staff on 3/6/14 when the orders were obtained from the Physician.</p> <p>When interviewed on 3/31/14 at 12:45 p.m., the Director of Nursing indicated follow up appointments should have been made for Residents #B and #G upon their return to the facility.</p> <p>This Federal tag relates to Complaint IN00146814.</p> <p>3.1-35(g)(2)</p>				