

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00174098 and IN00173540. This visit resulted in a Partially Extended Survey- Immediate Jeopardy.</p> <p>Complaint IN00174098-Substantiated. Federal/State deficiencies related to the allegations are cited at F155 and F388.</p> <p>Complaint IN 00173540-Substantiated. Federal/State deficiencies related to the allegations are cited at F155</p> <p>Unrelated deficiencies are cited</p> <p>Survey dates: May 27 & 28, 2015</p> <p>Facility number: 000258 Provider number: 155367 AIM number: 100289160</p> <p>Census bed type: SNF/NF: 94 Total: 94</p> <p>Census Payor Type: Medicare: 8 Medicaid: 79 Other: 7 Total: 94</p>	F 000		
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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 155 SS=J Bldg. 00	<p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1</p> <p>483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement</p>			
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	<p>advance directives and applicable State law. Based on interview and record review the facility failed to ensure a resident's right in self determination regarding implementation of the formulated advanced directive which resulted in death, in that when a resident made the determination for CPR (cardio-pulmonary resuscitation) in the event of unresponsiveness or cardiac arrest, the Registered Nurse (RN#1) failed to follow the resident's advanced directive and initiate CPR when she was found unresponsive. (Resident "B").</p> <p>This deficient practice resulted in Immediate Jeopardy. The Immediate Jeopardy began on 5-10-15 when the nursing staff failed to provide medical intervention (CPR) to restore circulatory and respiratory function that had ceased. The Administrator and Director of Nursing were notified of the Immediate Jeopardy at 3:10 p.m., on 5-27-15. The Immediate Jeopardy was removed on 5-28-15 at 3:50 p.m. and the deficient practice corrected on 5-19-15 prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include:</p> <p>The record for Resident "B" was reviewed on 5-27-15 at 11:00 a.m.</p>	F 155	Past noncompliance: No POC required.	06/04/2015

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	<p>Diagnoses included, but were not limited to dementia, depressive disorder, chronic obstructive airway disease, atrial fibrillation and hypertension.</p> <p>The resident was admitted to the facility in March 2015 from an acute care facility. The resident was alert to self. Vital signs included Blood pressure, pulse, respirations, temperature. Oxygen saturation level at 98% with oxygen running via nasal cannula at 2 liters per minute.</p> <p>At the time of admission to the facility, the family refused to sign Advanced Directives/Informed consent.</p> <p>A review of the nursing notes on 5-27-15 at 11:00 a.m., noted a Change of Condition entry created on 5-10-15 at 7:00 a.m.</p> <p>"Situation: resident found unresponsive, unable to obtain bp [blood pressure]- no carotid pulse per auscultation- 911 called-cpr initiated-911 here at 0600 [6:00 a.m.].</p> <p>Background: resident is full code-has history of chronic airway obstruction-family signed waiver for regular liquids-hx [history] of atrial fibrillation-syncope and collapse.</p> <p>Assessment: resident found unresponsive-unable to obtain bp and</p>			

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	<p>carotid pulse-911 called-cpr started-daughter called -no answer-left message-[name of doctor] notified- nurse manager on call notified.</p> <p>Response: none. 911 here in 10 minutes and resident transported to [name of hospital]. husband called facility-info forwarded that resident was on way to [name of hospital]."</p> <p>During an interview with LPN #1 (Licensed Practical Nurse) on 5-27-15 at 11:30 a.m., she indicated she came to the unit at 6:14 a.m., and was informed by the midnight nurse that Resident "B" had just passed, she went into the room and started CPR. She found that the resident was flat on her back, flaccid, warm with pale coloring. Another staff member called 911 and emergency medical technicians (EMT) arrived at 6:38 a.m. EMT's took over CPR and transferred resident to cart for transport to the emergency room.</p> <p>During an interview with CNA #1(Certified Nursing Aide) on 5-27-15 at 1:55 p.m., she indicated she went into Resident "B" room to check on her around 5:40 a.m., and found her unresponsive, she called her name, called to CNA #2 to look at resident who noted her feet were purple. CNA #1 proceeded to notify RN #1 on duty. RN #1 assessed</p>			

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	<p>the resident and indicated the resident had passed and left the room. RN #1 asked the CNAs to provide post mortem care. Post mortem care was completed. CNA #1 went to the nurses station. LPN #1 came to the unit and indicated Resident "B" was a full code and started CPR.</p> <p>During an interview with CNA #2 on 5-27-15 at 2:00 p.m., she indicated she was called into the room of Resident "B" because another staff member had found the resident to be unresponsive. CNA #2 went into the room and observed the resident to have blue face, dark blue around her lips, purple feet, and felt the resident who felt warm to touch. RN # 1 came into the room, assessed the resident and indicated the resident had passed. CNA #2 assisted with post mortem care then went to finish her work on another unit.</p> <p>During an interview with RN#1 on 5-27-15 at 2:30 p.m., she indicated CNA #1 came to her on 5/10/15 at 5:50 a.m., and stated Resident "B" was dead. RN #1 indicated she questioned CNA #1 if the resident was still warm with a response of "sort of." RN #1 observed the resident to have a purple face, upper body was totally purple, and the resident felt warm. RN #1 indicated she checked</p>			

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	<p>for a carotid pulse, none found, attempted to obtain Blood Pressure, none heard. RN #1 indicated she tried with great difficulty to straighten resident out, indicated to the CNA's the resident was gone and asked them to start post mortem care. RN #1 went to the desk and LPN #1 came in for her shift and was told of the resident expiring. At this time, LPN #1 stated the resident was full code and began CPR. RN#1 assisted with the ambu bag for breathing until the EMT's arrived and transported the resident to the emergency room. She indicated she did not check the medical record to see if the resident was a full code. RN #1 stated "I felt in my heart no effort would have brought her back."</p> <p>A review of the "Cardiopulmonary Resuscitation (CPR) Guideline" dated effective 3-18-15, obtained from Director of Nursing (DON) on 5-27-15 at 10:55 a.m., indicated the following:</p> <p>"...Guideline Statement: In the event a resident/patient experiences cardiac arrest (cessation of pulse and/or respirations), cardiopulmonary resuscitation (CPR) will be provided in the absence of a valid Advanced Directive or a Do Not Resuscitate (DNR) directing otherwise</p> <p>Once emergency medical services (EMS)</p>			

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	<p>arrive, EMS will take control of the Resuscitative effort and direct all related activities until either the Resuscitative effort is ceased or the resident/patient is transported to an emergency center.</p> <p>Guideline:</p> <p>If a patient/resident is found unresponsive, begin evaluation to determine presence or absence of pulse and/or respirations. In the absence of pulse and/or respirations do the following:</p> <ol style="list-style-type: none"> 1. Remain calm 2. Call out for help. Direct another staff member to announce the emergency per Living Center protocol , and call EMS-dial 911. Direct another staff member to bring emergency supplies and AED (automated external defibrillator) to the scene. 3. A charge nurse will assume command of the scene and will direct other personnel in the effort. CPR certified personnel when present in the facility shall manage the physical efforts involved in resuscitation. 4. A staff member other than the one who is providing the Resuscitative effort must 			

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	<p>promptly identify/validate current code status. While that step is undertaken, AED should be prepared and electrodes placed.</p> <p>5. If DNR status is validated, do not initiate CPR. If CPR/Code Status is undetermined, CPR will be initiated and will continue until the arrival of EMS.</p> <p>6. Depending on time of event and staff available:</p> <ul style="list-style-type: none"> a. Direct available staff to meet EMS personnel at arrival point b. Direct available staff to reassure other residents/patients <p>7. Once Resuscitate efforts are concluded or resident/patient is transported to emergency center:</p> <ul style="list-style-type: none"> a. Call attending/covering physician b. Call resident/patient family c. Document details of CPR in record d. Download AED report and file in record e. Enter CPR effort into DQI [computer program] f. Replenish emergency supplies and prepare AED for reuse. <p>The Past Noncompliance Immediate Jeopardy began on 5-10-15. The immediate jeopardy was removed and the deficient practice corrected by 5-19-15</p>			

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	<p>when the facility completed the following:</p> <ol style="list-style-type: none"> 1. The facility completed an audit of active resident charts for code status documentation, completed 5-12-15. 2. The facility completed an inservice for all licensed and unlicensed staff on code response, completed on 5-11-15 3. The facility performed Mock Code Drill on two occasions 5-12-15 and 5-24-15, with documentation provided as to event response. 4. A review of staff involved in Resuscitative efforts were CPR certified. 5. Education and disciplinary action occurred for RN # 1. <p>Through record review and interviews, staff were able to identify the steps to take in the event of finding a resident nonresponsive, were able to locate the Advanced Directive in the Medical record and discuss the steps of CPR. Through record review, all residents had been audited to ensure they had a Code status.</p> <p>This Federal Tag relates to the Complaints IN00173540 and</p>			

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F 279 SS=D Bldg. 00	<p>IN00174098.</p> <p>3.1-3(a)</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>Based on record review and interview the facility failed to follow facility guidelines for the development of immediate plans of care for 1 of 3 clinical records reviewed for plans of care. (Resident D)</p>	F 279	<p>Immediate Plans of Care were developed and placed in Resident D's clinical record. Clinical records for all residents were reviewed to ensure Plans of Care were in place. No other resident was identified to have been affected by the deficient practice. Licensed</p>	06/19/2015

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	<p>Findings include:</p> <p>Resident D was admitted to the facility on 5-19-15. Diagnoses include but were not limited to: Dementia, Methicillin Resistant Staphylococcus Aureus, Hypothyroidism, Hyperlipidemia, Anemia, Atrial Fibrillation, Chronic Kidney Disease- Stage III.</p> <p>A review of clinical records on 5-28-15 at 2:30 p.m., noted Clinical Health Status information was completed on 5-20-15 at 1:30 a.m. Immediate Plan of Care (IPOC) documentation was not present in the clinical record.</p> <p>During an interview with Unit Manager on 5-28-15 at 2:45 p.m., she indicated the process for new admissions included , verification of doctor's orders, completion of admission assessment, and immediate plan of care completion.</p> <p>During an interview with Director of Nursing (DON) on 5-28-15 at 3:45 p.m., she indicated the expectation for completion of the IPOC is within 72 hours of admission.</p> <p>A review of the guideline titled "Clinical Health Status, Additional Assessments and Immediate Plans of Care (IPOC)" dated effective date 5-4-15, received</p>		<p>nursing staff were in-serviced on ensuring immediate Plans of Care are completed on all new residents. UM/designee to review 5 times weekly any new admissions from previous day to ensure immediate Plans of Care were implemented. Results of these audits will be brought to the QAPI meeting for 6 months to track for any trends. If any trends are identified, then audits will be completed based on QAPI recommendations. If no trends are identified, then reviews will be done on a PRN basis</p>	

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F 388 SS=D Bldg. 00	<p>from the DON on 5-28-15 at 3:45 p.m., indicated the following:</p> <p>"A Clinical Health Status is completed within 24 hours of Admission and Readmission, Quarterly and with any Significant Change in Status.... IPOC: Any blue shaded boxes checked on the Clinical Health Status indicate the need for an IPOC related to that section."</p> <p>3.1-35(a)</p> <p>483.40(c)(3)-(4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.</p> <p>At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section.</p> <p>Based on record review the facility failed to ensure a comprehensive physician visit was completed for 1 of 3 residents</p>	F 388	Resident B no longer resides at the facility. Audit completed on all residents to ensure residents have been seen by a physician.	06/19/2015

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	<p>reviewed for physician assessment. (Resident B)</p> <p>Findings include:</p> <p>The record for Resident "B" was reviewed on 5-27-15 at 11:00 a.m. Diagnoses included ,but were not limited to dementia, depressive disorder, chronic obstructive airway disease, atrial fibrillation and hypertension. The resident was admitted in March 2015.</p> <p>Progress Notes in the clinical record reflected multiple visits from the Nurse Practitioner starting on 3-30-15, 4-1-15, 4-2-15, 4-9-15, 4-16-15, 4-17-15, 4-30-15, and 5-1-15.</p> <p>The clinical record did not reflect a visit from a physician within the first 30 days of admission.</p> <p>A review of section Health Information Manual titled "Monitoring Physician Visits" dated 7-15-13, received from HIM (Health Information) manger on 5-28-15 at 10:10 a.m., noted, "... The resident must be seen by a physician at least once every 30 days for the first 90 days after admission..."</p> <p>This Federal Tag relates to the Complaint IN00174098.</p>		<p>Any resident identified to have been affected by the deficient practice has been seen by a physician.Licensed nursing staff have been in-serviced that the medical records/designee will fax a face of each new admission to the physician's office. Physicians to provide progress notes to the facility after the new admission was seen. Medical records/designee will file the progress notes in the resident's chart upon receiving them and will record the date of the visit in the Point Click Care system.Medical records/designee will run a physician visit report from the Point Click Care system weekly for 60 days, then every other week for 30 daysand then monthly thereafter to monitor for compliance of physician visits. Results of these audits will be reported to QAPI for six months to track for any trends. If any trends are identified, then audits will be completed based on the QAPI recommendations. If no trends are identified, the a review of physician visits will be completed on aPRN basis.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 05/28/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	3.1-22(d)(1)				