

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/05/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
--	--

(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
--------------------	--	---------------	---	----------------------

F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00173276.</p> <p>Complaint IN00173276 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: June 4 and 5, 2015</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Census bed type: SNF/NF: 112 Total: 112</p> <p>Census payor type: Medicare: 11 Medicaid: 85 Other: 16 Total: 112</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the 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.	
------------------------	--	--------	---	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/05/2015	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE				STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374			
(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			
F 0387 SS=D Bldg. 00	<p>483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT</p> <p>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>Based on interview and record review, the facility failed to ensure timeliness of physician visits for 2 of 4 residents residing on the Advanced Alzheimer's/Memory Care Unit unit, reviewed for routine visits of the attending physician. This deficient practice has the potential to adversely effect the care and services for the residents residing on this specialty care unit of the facility. (Resident #B and Resident #E)</p> <p>Findings include:</p> <p>1. Resident #B's clinical record was reviewed on 6-4-15 at 2:30 p.m. The clinical record indicated the resident's diagnoses included, but were not limited to, Alzheimer's disease and dementia with behavioral disturbances. He resided on the Advanced Alzheimer's Care Unit of the facility until 5-14-15, when he was transferred to a local hospital.</p>	F 0387	<p>F 0387</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Resident #B and #E remain in the hospital are not projected to return to the facility.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p>	06/12/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/05/2015	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE				STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374			
(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
	<p>In review of the attending physician visits for Resident #B, it indicated the most recent attending physician visit occurred on 2-27-15. This indicated a lapse of attending physician visits of 76 days from the last visit and until discharge to the local hospital.</p> <p>In interview with the Medical Records staff on 6-5-15 at 2:45 p.m., she indicated she maintains a spreadsheet (record) of which resident is due to be seen by their attending physician. She indicated there had been a change in Medical Directors, as of the end of March, 2015.</p> <p>The Medical Records staff member indicated she had been providing a listing of which residents were due to be seen at the weekly visits to the Unit Managers to share with the physician. She indicated initially she failed to keep a copy of this listing for herself.</p> <p>The Medical Records staff member indicated the situation with Resident #B was complicated by the current Medical Director's schedule, as well as Resident #B going out on a regular basis to an Adult Day Care setting. She indicated she was aware of the lateness of the attending physician visits.</p> <p>2. Resident #E's clinical record was</p>				<p>Complete facility audit was done on all residents in the facility on 6/8/15. All residents identified by the audit found to be out of compliance with physician visits were seen by their attending physician on 6/11/15 & 6/12/15.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>Attending physicians are sent a list of residents they need to see by Medical Records 1 week prior to scheduled visit. On scheduled visits the attending physician is given a roster of patients they need to see that day to meet compliance. Once that patient is seen the attending physician will initial and acknowledge the visit was made within timelines. Roster will be returned to medical records by nursing. Medical records will maintain the roster</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/05/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
--	--

(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
	<p>reviewed on 6-5-15 at 8:30 a.m. The clinical record indicated the resident's diagnoses included, but were not limited to, vascular dementia with behavioral disturbances. She resided on the Advanced Alzheimer's Care Unit of the facility.</p> <p>In review of the attending physician visits for Resident #E, it indicated the most recent attending physician visit occurred on 3-16-15. This indicated a lapse of attending physician visits of 81 days from the last visit and until 6-5-15.</p> <p>In interview with the Medical Records staff on 6-5-15 at 2:45 p.m., she indicated she maintains a spreadsheet (record) of which resident is due to be seen by their attending physician. She indicated there had been a change in Medical Directors, as of the end of March, 2015.</p> <p>The Medical Records staff member indicated she had been providing a listing of which residents were due to be seen at the weekly visits to the Unit Managers to share with the physician. She indicated initially she failed to keep a copy of this listing for herself.</p> <p>On 6-5-15 at 3:20 p.m., the Director of Nursing Services provided a copy of a policy entitled, "Content of the Medical</p>		<p>to ensure physician progress notes are returned to the facility for validation of each visit.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>ED/DNS or dsignee will report findings of audits to monthly QAPI meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/05/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE			STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374		
(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	
	<p>Record." This policy was undated, but was indicated to be the current policy utilized by the facility. This policy indicated, "...Physician should document the diagnosis and clinical conditions that justify admission and ongoing care and treatment. Document Progress notes at least every thirty (30) days for the first ninety (90) days, and at least every sixty (60) days thereafter, unless State Law specifies otherwise. Physician visits, as long as they occur within ten (10) days after the due date are timely..."</p> <p>3.1-22(d)(1) 3.1-22(d)(2)</p>				