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| 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 02/26/2013 |
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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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| F0000 | <p>This visit was for the Investigation of Complaint IN00119962 and Complaint IN00121658.</p> <p>Complaint IN00119962 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00121658 - Substantiated. Federal/state deficiencies related to the allegations are cited at F312.</p> <p>Survey dates: February 25 & 26, 2013</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Survey team; Kathleen (Kitty) Vargas, RN, TC Heather Tuttle, RN</p> <p>Census bed type: SNF/NF: 179 Total: 179</p> <p>Census payor type: Medicare: 34 Medicaid: 109 Other: 36 Total: 179</p> | F0000 | | |

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>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 27, 2013, by Janelyn Kulik, RN.</p> | | | |

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| F0312 SS=D | <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on record review and interview, the facility failed to ensure each resident received a shower at least 2 times per week, for 1 of 3 dependent residents reviewed for activities of daily living. (Resident #B)</p> <p>Findings include:</p> <p>The closed record for Resident #B was reviewed on 2/25/13 at 2:10 p.m. The resident was admitted to the facility on 8/19/12 and was discharged home on 9/7/12. The resident had diagnoses that included, but were not limited to, dementia, congestive heart failure and right hip fracture.</p> <p>The admission Minimum Data Set (MDS) assessment, dated 8/24/12, was reviewed. The assessment indicated the resident required total assistance of 2 + (plus) persons for physical assist with bathing. It also indicated the resident had impaired long and short term memory and her cognitive skills were severely impaired</p> | F0312 | F 312 The resident was not identified during the complaint survey, however, they may be included in the resident group identified by the staff as potential residents with the same deficient practice. The facility identified 30 potential residents who were not able to participate in Section F of the MDS. These residents also may not have had their families contacted and the response may have come from the staff. The Social Service staff will attempt to contact each family and complete a new Section F. The results will be shared with MDS. Any significant changes in response could result in a Significant MDS Change. Notes will be kept on the audit tool being used by the staff. Going forward all new residents or their families will be interviewed by the Social Service Department during the initial IDT meeting. The results will be given to the MDS Director and incorporated in the care plan by nursing as appropriate. The Director of Social Services or her designee will monitor compliance with this POC monthly. The Director will report to the QAA Committee monthly the number | 03/12/2013 | | | |

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| | <p>for daily decision making .</p> <p>The MDS section, "Preferences for Customary Routine and Activities," indicated the resident did not respond to the question, "How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?" The Instructions on the MDS indicated staff should, "attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other." Review of the MDS indicated the interview could not be completed by resident or family/significant other.</p> <p>Interview with Social Service Employee #1 on 2/26/13 at 8:35 a.m., indicated the social service department was responsible for completing the, "Preferences for Customary Routine" section on the MDS for the residents. She indicated if a resident did not respond to the questions, she would interview staff. She indicated she had not made attempts to interview family members or significant others to determine the residents' bathing preferences when she completed the MDS. She indicated there was no evidence in Resident B's record that indicated</p> | | <p>of times Section F was completed and how many were completed by the resident, the family, or the staff. The results will be placed in the minutes of the meeting going forward until we get 100% compliance with the POC, but not less than 6 months.. The POC will be completed by March 12, 2013.</p> | |

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| | <p>there were any attempts to interview the family to obtain the resident's preferences for bathing.</p> <p>Resident B's family member was interviewed on 2/26/13 at 9:52 a.m.. She indicated the family had requested the facility staff to provide showers at least twice weekly for the resident.</p> <p>The form titled "Bathing Type by Day Report" was reviewed. It indicated the resident had received a shower three times during her stay at the facility, on 8/30/12, 9/1/12 and 9/3/12. There was no evidence the resident received a shower on any other day during her stay in the facility. There was no evidence in the record that the resident refused to take showers, that showers were offered, or if the resident preferred to take bed baths. The resident did not receive a shower twice weekly during her stay at the facility.</p> <p>Interview with the 300 Hall Unit Manager on 2/26/13 at 8:05 a.m., indicated all residents were to receive a shower at least 2 times per week unless they refused.</p> <p>This Federal tag relates to Complaint IN00121658.</p> | | | |

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| | 3.1-38(a)(3)(A) | | | |