

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 03/02/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00193640 and Complaint IN00194339.</p> <p>Complaint IN00193640 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00194339 --Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: February 29, March 1 and 2, 2016</p> <p>Facility number: 000165 Provider number: 155264 AIM number: 100288220</p> <p>Census bed type: SNF/NF: 106 Total: 106</p> <p>Census payor type: Medicare: 13 Medicaid: 80 Other: 13 Total: 106</p>	F 0000	Preparation, submission and implementation of this Plan ofCorrection does not constitute an admission of or agreement with the facts and conclusions set forth on the surveyreport. Our Plan of Correction isprepared and executed as a means to continuously improve the quality of careand to comply with all applicable State and Federal regulatory requirements.	
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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 0387 SS=D Bldg. 00	<p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on March 7, 2016 by 17934.</p> <p>483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT 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 visits by the attending physician were conducted on a timely basis for 2 of 4 residents reviewed for physician visits in a sample of 4. (Resident #C and Resident #E)</p> <p>Findings include:</p> <p>1. Resident #C's clinical record was reviewed on 2-29-16 at 11:40 a.m. It indicated her diagnoses included, but were not limited to, metastatic melanoma of the brain and spine. It indicated she was admitted to the facility in June, 2015,</p>	F 0387	<p>F387</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Resident # C expired on 2-28-16.</p> <p>Resident # E has a new attending physician (on 2-1-16 facility replaced the Medical Director who caused the alleged non-compliance).</p>	03/15/2016			

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	<p>and passed away in February, 2016 at the facility. It indicated her attending physician was also the facility's Medical Director.</p> <p>Review of Resident #C's attending physician's documented visits to the resident indicated only one visit, conducted by a nurse practitioner, dated 2-10-16. Multiple documented physician visits from the hospice physician were located in the clinical record, but none from the attending physician.</p> <p>In an interview with the Executive Director on 3-1-16 at 9:10 a.m., he indicated, "We have had quite a time being able to get the visit notes from [name of the previous Medical Director of the facility]. Seems like we have had to ask and ask her office staff for them to send us or fax us the visit notes from when she would see our residents. As the medical director and attending physician, she saw the majority of our residents. I got the impression she and her staff were absolutely overwhelmed with trying to keep up with her office work and being the medical director here and several other facilities in town. She took over all of [name of an area physician]'s patients when he retired recently. As a matter of fact, not getting the notes for visits was one of the big reasons that we ended up</p>		<p>New Medical Director saw Resident # E on 2-14-16 and 2-15-16.</p> <p>Nurse Practitioners from the office of the New Medical Director saw Resident # E on 2-6-16 and 2-10-16.</p> <p>Medical Records is using a new form that was developed by the company to track Physician visits to ensure regulatory compliance.</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> <p>Medical Director was replaced on 2-1-16 by another physician with over 30 years of Long Term Care Medical Directorship experience. His office has two (2) Nurse Practitioners to help with caseload and to ensure regulatory compliance.</p> <p>New Medical Director is present in the facility usually 3 days a week, but no less than 2. His Nurse Practitioners are present in the facility four times (4) weekly.</p>	

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	<p>changing to [name of the facility's current Medical Director]...took over as Medical Director around the first of February, about a month ago."</p> <p>In an interview with the Medical Records Staff on 3-1-16 at 11:25 a.m., she indicated, "We have had a lot of problems with getting visit notes from [name of the former Medical Director]. I have become very familiar with her staff, because I've had to call them so often about getting this information or that. Like with [name of Resident #C], from looking over her chart, it looks like she signed all kinds of paperwork and orders. I can't imagine that she would not have seen her. But, her office has not been able to find anything else, other than what you have. I am the one that keeps track of the doctor visits and what is due when. I really thought from my records, [name of the former Medical Director] was current with this resident. But we don't have the records here and her office cannot find any other records of visit notes."</p> <p>2. Resident #E's clinical record was reviewed on 3-1-16 at 10:25 a.m. It indicated her diagnoses included, but were not limited to, chronic pain, pilonidal cyst with an abscess, diabetes, CVA (cerebrovascular accident or stroke)</p>		<p>A100% audit was done on the timeliness of physician visits. The audit found thatno other residents' attending physician visits were out of regulatorycompliance.</p> <p>The measures put into place and the systemic changes madeto ensure that this deficient practice does not recur are as follows:</p> <p>Replacement of Medical Director. Office of new Director is responsive to ourneeds of having documentation of Physician visitation.</p> <p>A new spread sheet recording Physician and NP promptsMedical Records to begin calls for any missing documentation.</p> <p>These corrective actionswill be monitored and a quality assurance program implemented to ensure thedeficient practice will not recur per the following:</p> <p>QAPI action plan has been developed. Plan will be reviewed monthly and the planwill be amended if any</p>				

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	<p>and cardiomegaly. It indicated she had been a resident of the facility for over three years. It indicated her attending physician was also the facility's Medical Director.</p> <p>Review of Resident #E's attending physician's documented visits to the resident indicated a visit was conducted on 9-24-15, but no further visits were documented until 1-18-16, nearly 4 months later.</p> <p>In an interview with the Executive Director on 3-1-16 at 9:10 a.m., he indicated, "We have had quite a time being able to get the visit notes from [name of the previous Medical Director of the facility]. Seems like we have had to ask and ask her office staff for them to send us or fax us the visit notes from when she would see our residents. As the medical director and attending physician, she saw the majority of our residents. I got the impression she and her staff were absolutely overwhelmed with trying to keep up with her office work and being the medical director here and several other facilities in town. She took over all of [name of an area physician]'s patients when he retired recently. As a matter of fact, not getting the notes for visits was one of the big reasons that we ended up changing to [name of the facility's current</p>		<p>non-compliance occurs.</p> <p>ED/DNS/Medical Records will report findings of audits to monthly QAPI meetings for 6 months, any patterns or trends will have further action plans written and interventions revised and implemented.</p>	

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	<p>Medical Director]...took over as Medical Director around the first of February, about a month ago."</p> <p>In an interview with the Medical Records Staff on 3-2-16 at 11:20 a.m., she indicated she had been in contact with the former Medical Director's office staff to obtain a copy of notes from December, 2015. She indicated she maintains records of when each resident is due for a visit from their attending physician. She indicated on the list of resident's due for a visit that she routinely provided to the former Medical Director, Resident #E's name had been identified as being seen on 12-4-15 by the former Medical Director. She indicated that she was unable to locate a copy of the visit, and the office staff of the former Medical Director was unable to locate any such office visit note.</p> <p>On 3-2-16 at 4:20 p.m., the Director of Nursing Services provided a copy of a policy entitled, "Content of the Medical Record." This policy had a revision date of 6-3-14 and 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</p>			

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	<p>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>				