

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545
---	---

(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
F000000	<p>This visit was for the Investigation of Complaint IN00132182.</p> <p>Complaint IN00132182 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency cited at F431.</p> <p>Survey dates: September 10, 11, 12, 2013</p> <p>Facility Number: 000094 Provider Number: 155178 AIM Number: 903101002</p> <p>Survey Team: Shauna Carlson, RN TC Shelly Vice, RN (9/10, 9/11, 2013) Julie Baumgartner, RN</p> <p>Census Bed Type: SNF/NF: 113 Total: 113</p> <p>Census Payor Type: Medicare: 40 Medicaid: 65 Other: 8 Total: 113</p> <p>This deficiency reflects state findings</p>	F000000		

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: 155178	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545
---	---

(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>cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 13, 2013 by Randy Fry RN.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/12/2013	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW				STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545			
(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			
F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on interview and record review, the facility failed to ensure 1 licensed nurse was following the</p>	F000431	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or	10/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/12/2013	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW				STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545			
(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>facility policy and procedure for disposal of narcotics and for missing narcotics. (LPN #1)</p> <p>Findings include:</p> <p>On 9/11/13 at 10:30 AM, review of Resident B's physician orders indicated "...Fentanyl [medication patch for pain] 12mcg/hr [micrograms per hour] 1 patch 72 hour transdermal...apply one patch q [every] 72 hours...order date: 11/30/12...."</p> <p>On 9/11/13 at 1:00 PM, review of the nurses notes for Resident B indicated the following: "...5/6/13 09:04...shift level note new fentanyl patch applied to right back unable to find previous patch anywhere on body or bedding. Author: [LPN #1's name] - Nursing...."</p> <p>"...3/28/13 09:05...shift level note patch not found on body, new patch applied to rb [right back], cover with mepore film. Author: [LPN #1's name] - Nursing...."</p> <p>"...3/7/13 08:57...Hour of Administration note: no patch found new patch applied to left back. Author: [LPN #1's name] - Nursing...."</p>		<p>conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. It is the practice of this facility to employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs are retained and periodically reconciled. Consistent with this practice, the following actions have been taken: I. Resident B no longer resides at the facility, therefore no further corrective actions could be taken to correct the deficient practice as it relates to identified resident. II. Medication orders of all residents were reviewed. Residents with physician orders for a duragesic patch were assessed and proper placement was verified on 100% of these residents. New physician's orders were received for residents with previously existing fentanyl patch orders to include checking for placement and requiring 2 licensed nurses present at the time of destruction. The care plans were updated to reflect these new orders and necessary notifications were made to residents and/or their</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/12/2013	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW				STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545			
(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>"...1/4/13 10:42...monitor for fentanyl patch placement QS [q shift- every shift] no patch found, new patch applied to right back. Author: [LPN #1's name] - Nursing...."</p> <p>On 9/11/13 at 2:19 PM, interview with LPN #1 indicated she does "...not usually..." have a witness with her when she removes an old fentanyl patch and disposes of it. LPN #1 indicated if she had an incident of a missing fentanyl patch, all of her documentation about any follow up she did would all be "...in a progress note narrative..." in the computer under nurses notes.</p> <p>On 9/11/13 at 3:00 PM, interview with the DON (Director of Nursing - RN #2) indicated if a fentanyl patch were to go missing, she would expect her nursing staff to "...search the room, notify the doctor, notify the family, and then follow the policy and procedure that the facility has..."</p> <p>On 9/12/13 at 11:30 AM, review of the "Transdermal Drug Delivery System Application...Section 8.13" policy dated 05/12, received from the DON on 9/11/13 at 11:15 AM, indicated "...C. Remove old patch from body. Fold in half with adhesive sides together. Discard according to facility</p>		<p>responsible parties. III. All licensed nursing staff will be in-serviced on the following Golden Living policies: Controlled Substances, Medication Storage, Discarding and Destroying Medications, Change of Shift Reconciliation, Controlled Substance Count Sheets, and the Missing Controlled Substances Protocol. Additionally, all licensed staff will be in-serviced on the F431 regulation and the Secure and Responsible Drug Disposal Act. A QAPI tool titled, "Compliance Audit: Fentanyl or Pain Patch Validation" will be completed by 2 licensed nurses 2 times per shift for 30 days, then weekly times 1 month, and then monthly times 90 days. The results will be reviewed by the DNS or designee daily, during scheduled days of work, times 30 days, then weekly times 1 month, and then monthly times 90 days to ensure compliance. A QAPI tool titled, "Controlled Substance Audit" will be completed by DNS or designee, during scheduled days of work, times 30 days, then weekly times one month, and then monthly times 90 days or until 100% compliance is reached. Protocols included in this QAPI tool are the following: random audit of controlled substances for count accuracy, change of shift count sheet audit, and PRN administration documentation records. The QAPI tool titled, "Controlled</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545
---	---

(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>policy (See 5.5: MEDICATION DESTRUCTION)...."</p> <p>On 9/12/13 at 11:45 AM, review of the "Disposal of Medications and Medication-Related Supplies...Section 5.5...Medication Destruction..." dated 05/12, received from the DON on 9/11/13 at 2:50 PM, indicated "...E. Medication destruction occurs only in the presence of at least two licensed healthcare professionals...."</p> <p>On 9/12/13 at 2:30 PM, review of the "Medication Administration...Transdermal Delivery Systems...Section 7.25" dated 10/07, received from the DON on 9/11/13 at 11:15 AM, indicated "...NOTE: If a resident is found without an ordered patch on the body: The discovering nurse shall investigate and search for the medication patch. The prescriber shall be notified and further instructions obtained. Recommend notifying the Director of Nursing to document incident for potential trending if patterns of missing patches occurs...."</p> <p>3.1-25(o)</p>		<p>Substances Audit" also includes a review of compliance related to all medication storage, controlled substances storage, and key access to any medication storage area. A QAPI tool titled, "Compliance Audit: Nurse Administration" was developed to ensure compliance with dispensing records, delivery logs, and medication destruction records for controlled substances. This QAPI tool will be completed by the DNS or designee daily, during scheduled days of work, times 30 days, then weekly times 1 month, and then monthly times 90 days or until 100% compliance is reached. IV. The DNS or designee will monitor the above corrective actions for ongoing compliance by completing a collective review of all audits weekly. The DNS or designee will then report findings to the QAPI Team monthly times 6 months to determine need for continued monitoring thereafter until a threshold of 100% compliance is reached.</p>	