

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155062	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/15/2013
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-LAPORTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 I ST LA PORTE, IN 46350
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F000000	<p>This visit was for the Investigation of Complaints IN00132311 and IN00136631.</p> <p>Complaint IN00132311-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Complaint IN00136631-Substantiated. Federal/State deficiencies related to the allegations are cited at F363 and F371.</p> <p>Survey dates: November 14 &amp; 15, 2013</p> <p>Facility number: 000023 Provider number: 155062 AIM number: 100289400</p> <p>Survey team: Janet Adams, RN, TC</p> <p>Census bed type: SNF/NF: 61 Total: 61</p> <p>Census payor type: Medicare: 3 Medicaid: 53 Other: 5</p>	F000000		
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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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	<p><b>Total: 61</b></p> <p><b>Sample: 14</b></p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 21, 2013, by Janelyn Kulik, RN.</p>				

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F000363 SS=E	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the posted lunch menu and spread sheets were followed related to not offering or providing items listed on the menu and not serving the required portion size for 6 residents observed at the lunch meal in 1 of 2 dining rooms. (Main Dining Room) (Dietary Aide #1) (Social Worker #2) (Dietary Cook #3)</p> <p>Findings include:</p> <p>1. The 11/14/13 menu posted on the wall at the entrance to the Main Dining room was observed on 11/14/13 at 9:15 a.m. The menu indicated the Lunch meal was to include: Roast turkey with gravy Cornbread dressing Italian green beans Cranberry sauce Carrot cake with frosting.</p>	F000363	<p>1. Significant changes in the Dietary department have been made to correct the issues identified during the survey and other issues that were identified internally, prior to the survey. Department leadership has changed and Dietary Aide #1, is no longer with us. A new Dining Service Manager(DSM) is currently in the orientation process. The Registered Dietitian will re-in-service all Dietary staff on required portion sizes no later than 12/7/13. 2. No significant resident impact has been identified. 3. The Cook will ensure that each cart contains all items on the posted menu via the Cart Content check list each meal. The DSM (or designee) will review the checklists weekly to ensure that all posted menu items are being provided at each meal. 4. The DSM (or designee) will randomly monitor the Cart Content checklists to ensure that meals are being delivered as posted. The DSM will randomly monitor meal service, no less than 5 meals per week to ensure that posted menu</p>	12/15/2013	

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	<p>The Alternate menu posted was to include: Grilled Angus Steak with beef gravy Baked potato with sour cream Spinach Banana slices</p> <p>The Fall 2013 Therapeutic Menu Spreadsheet for 11/14/13 was reviewed. The Spreadsheet indicated 2 ounces of roast turkey, 1/2 cup of cornbread stuffing, 1/2 cup of green beans, and carrot cake with frosting was to be served. The alternate menu was for 1 grilled Angus steak, 1 ounce of beef gravy, 1/2 baked potato, 1/2 cup of spinach, and banana slices to be served. The Spreadsheet also indicated 1/2 square of carrot cake without frosting was to be served for residents on Controlled Carbohydrate diets.</p> <p>Meal service was observed in the Main Dining room on 11/14/13 at 12:00 p.m. Dietary Aide #1 and Social Worker #2 were observed preparing meal plates for the residents. Each of the above staff members were serving food from a separate warmer with multiple metal containers of food items inside the warmer. The cart Dietary Aide #1 was serving food from did not have any beef gravy or green</p>		<p>items are available and offered and that required portion sizes are served. All meal times are included in this monitoring. (Meal Monitoring Checklist attached) The DSM will report his findings to the Executive Director on a weekly basis. The monitoring results will be reviewed monthly at the QAPI meeting for 90 days. If after 90 days, no trends (three deficient practices per month is considered a trend) are noted, then said reviews will be conducted quarterly thereafter.</p>		

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	<p>beans. The cart Social Worker #2 was serving from did not have any beef gravy.</p> <p>Dietary Aide #1 was observed preparing meal plates for residents in the Dining Room. The Dietary Aide used a ladle to scoop up the dressing for the residents. The employee prepared and served a 1/2 scoop of dressing to Residents #M, #P, #J, and #L. The Dietary Aide also served only 1/2 of scoop of dressing to two other female residents at a further table. Residents #M and #J were also served turkey. The Dietary Aide used tongs to pick up and serve the turkey. The turkey was served as several shreds of meat. The Dietary Aide picked pieces of turkey about one inch up the level of tongs at a time and repeated this for the total amount to be placed on the resident's plate. The turkey was not weighed and the amount served to each resident was not the same.</p> <p>The Dietary Aide asked Residents #M, #P, #N, #J, and #L if they wanted "greens" and then served them spinach. They were not offered any green beans when they were served. The Dietary Aide served 1/4 of the serving cup of spinach to the above residents.</p>						

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	<p>Residents #J, #B, #K and #H were served a piece of steak. The Dietary Aide picked one piece of the meat out of a metal container. There was clear juice in the container. No beef gravy was in the container. The steak was served to the resident's without any gravy. The Dietary Aide did not offer these residents any gravy.</p> <p>Residents #P, #N, and #B were served a piece of cake for desert. The cake did not have icing on it. Dietary Cook #3 indicated residents who were on carbohydrate controlled diets for Diabetes were served the cake without icing for dessert and the others were to have icing. The tray cards for these residents did not indicate they were on Controlled Carbohydrate diets.</p> <p>The record for Resident #B was reviewed on 11/14/13 at 1:20 p.m. The resident was admitted to the facility on 11/9/13. The resident's diagnoses included, but were not limited to, protein malnutrition and chronic kidney disease. The current Physician's orders were reviewed. There was a Physician's order for the resident to receive a Regular diet. The order was originally written on 11/9/13. The admitting Nursing</p>						

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	<p>Progress note completed on 11/9/13 at 1:30 p.m. indicated the resident confused and cooperative. No Minimum Data Set (MDS) assessment was completed for the resident.</p> <p>The record for Resident #P was reviewed on 11/14/13 at 1:25 p.m. The resident's diagnoses included, but were not limited to, dementia and spinal stenosis. The current Physician's orders were reviewed. There was a Physician's order for the resident to receive a No Salt Packets diet. The 8/14/13 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was 10. This score indicated the resident's cognitive patterns were moderately impaired.</p> <p>The record for Resident #N was reviewed on 11/14/13 at 1:15 p.m. The resident's diagnoses included, but were not limited to, Alzheimer Disease and depressive disorder. The current Physician's order were reviewed. There was an order for the resident to receive a Regular diet. The order was originally written on 3/13/12. The 9/19/13 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief</p>				

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	<p>Interview for Mental Status) score was (10). This score indicated the resident's cognitive patterns were moderately impaired.</p> <p>The record for Resident #M was reviewed on 11/14/13 at 1:30 p.m. The resident's diagnoses included, but were not limited to, senile dementia and diabetes mellitus. The current Physician's orders indicated there was an order for the resident to receive a No Salt Packet diet. The order was originally written on 6/21/13.</p> <p>The record for Resident #L was reviewed on 11/14/13 at 1:50 p.m. The resident's diagnoses included, but were not limited to, vascular dementia, schizophrenic disorder, and depressed mood. The current Physician's orders indicated there was an order for the resident to receive a Controlled Carbohydrate diet.</p> <p>The record for Resident #K was reviewed on 11/14/13 at 1:33 p.m. The resident's diagnosed included, but were not limited to, high blood pressure, closed fracture, and sleep apnea. The current Physician's orders were reviewed. There was an order written for the resident to</p>						

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	<p>receive a Controlled Carbohydrate No Added Salt packet diet.</p> <p>The record for Resident #J was reviewed on 11/14/13 at 1:27 p.m. The resident's diagnoses included, but were not limited to, bipolar disorder, high blood pressure, and depressive disorder. The current Physician's orders were reviewed. There was an order for the resident to receive a Regular diet. The order was originally written on 6/18/13. The 10/30/13 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (7). This score indicated the resident's cognitive patterns were severely impaired.</p> <p>The record for Resident #H was reviewed on 11/14/13 at 1:12 p.m. The resident's diagnoses included, but were not limited to, dementia with behavioral disturbances and joint pain. The current Physician's orders were reviewed. There was an order for the resident to receive a Regular diet. The order was originally written on 8/27/12.</p> <p>When interviewed on 11/14/13 at 1:05 p.m., Dietary Aide #1 indicated there was no beef gravy sent on his</p>				

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	<p>cart. The Aide indicted he did not serve any beef gravy and did not call the kitchen to inform them. The Aide also indicated he "knows" most of the residents and usually gives them 1/2 scoop and then serves them "seconds" if they ask for them. The Dietary Aide indicated the kitchen sends up the serving utensils on or in the containers of food they send up from the kitchen and these are used to served the food items. The Dietary Aide also indicated the kitchen did not send up any green beans on his cart so he just served the spinach greens.</p> <p>When interview on 11/14/13 at 1:13 p.m., the Dietary Manager indicated the Dietary Aide should have served the required amount of dressing and spinach as per the Spreadsheets. The Dietary Manger indicated the residents were to be served a full scoop or ladle of the each item served.</p> <p>When interviewed on 11/14/13 at 1:30 p.m., the facility Administrator indicated all the food items on the menu should have been served or offered. The facility Administrator also indicated the required portion sizes should have been followed.</p> <p>When interviewed on 11/15/13 at</p>						

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	<p>9:15 a.m., the Registered Dietitian indicated the menus and Spreadsheets should have been followed during the meal service.</p> <p>This Federal tag relates to Complaint IN00136631.</p> <p>3.1-20(i)(4)</p>				

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F000371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, record review, and interview, the facility failed to ensure food was stored and prepared under sanitary conditions related to dirt and grease accumulation on the floor, appliances, walls, carts, ceilings, counters, in 1 of 1 kitchens. (The Main Kitchen)</p> <p>Findings include:</p> <p>1. During the Kitchen Sanitation Tour on 11/14/13 at 10:00 a.m., the following was observed:</p> <p>a. There was an accumulation of grease on the side panel of the stove and oven appliance.</p> <p>b. There was an accumulation of dried food spillage and dirt on the top and side of the white plastic trash can between the coffee counter and the hand washing sink.</p> <p>c. There was an accumulation of dust on the spice shelf.</p>	F000371	<p>1. Kitchen cleaning is underway to correct issues noted during and prior to the survey. Maintenance and Housekeeping are assisting the Dietary department with this. Training is underway for all Dietary staff on proper cleaning protocols and use of the Daily, Weekly, and Monthly Checklists (attached), to document cleaning activities. Staff are being trained not only on how to successfully complete the items on the checklists but also on how to properly document completion of checklist items. Training will be completed no later than 12.7.13. 2. No significant resident impact was noted. 3. The results of the rounds will be reviewed no less than 5 times per week by the Dining Service Manager (or designee) via the Daily Start-up Checklist (attached) and will be ongoing. The corporate Registered Dietitian and the Executive Director (or their designees) will make weekly rounds of the kitchen and storeroom for 90 days to monitor cleanliness. (Monitoring tool attached) 4. The Executive Director will monitor</p>	12/15/2013

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	<p>d. There was an accumulation of black dust on the blades of the white standing fan across from the food prep area. There was dried food spillage on the base of the fan stand.</p> <p>e. There was an accumulation of grease on the side of the counter next to the oven.</p> <p>f. There was dust on the fan inside the cooler.</p> <p>g. The handles on a three tier rolling cart were dirty. There was food spillage on the corner of the cart on both sides. There were clean plastic cups and clean white plates stored uncovered on this cart.</p> <p>h. There was a dried brown substance on the lid of a large white plastic container of soy sauce in the dry storage room.</p> <p>i. There was an accumulation of dust on the side of the rim of the bottom shelf of the standing canister holding large cans in the dry storage room.</p> <p>j. There was dry food spillage on the wall behind the door of the dry storage room.</p>		<p>compliance through review of all audits and checklists. Results of these reviews and the joint rounds will be reviewed monthly at the QAPI meeting times 90 days. If after 90 days of review, no trends or patterns are identified (three deficient practices per month is considered a trend), then results will be reviewed quarterly.</p>		

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	<p>k. There was an accumulation of dust on the stand of the large mixer.</p> <p>l. There was dried spillage on the door of the cabinet under the coffee area cabinet.</p> <p>m. There was dried grease and spillage on the side of the counter next to the stove.</p> <p>n. There was dried spillage on the wall behind the food prep table area.</p> <p>o. There was an accumulation of grease and dirt under and around the legs of the steam table counter and the food prep counter.</p> <p>p. There was an accumulation of grease on the sides of the fryer.</p> <p>q. There was an accumulation of spillage on the electrical outlet plate on the floor under the food prep counter.</p> <p>r. There were crumbs and pieces of cubed meat on the floor of the cooler.</p> <p>When interviewed at the time of the Kitchen Sanitation Tour, the Dietary Manager indicated the above areas were in need of cleaning.</p>						

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	<p>The September 2013 and the October 2013 "Dietary Sanitation Quality Indicators" reports were reviewed on 11/14/13 at 2:30 p.m. The facility Administrator provided the reports. The reports were completed by the consultant RD (Registered Dietitian).</p> <p>The September 2013 report indicated dust was noted on the fans and fan guards, the floors and walls were dirty, crumbs were noted in cabinets, food particles were noted on the floor drains, the knife rack was dirty, food particles were observed on the shelves, the ovens and range tops were dirty.</p> <p>The October 2013 report indicated dust was noted on the fans or fan guards, floors or walls were not clean, crumbs noted in or on cabinets, and food particles were not on shelves.</p> <p>The November Daily Cleaning Schedule was reviewed. There were daily columns of multiple areas and/or items that were required to be cleaned daily. There were boxes for the employee to initial when each area was addressed. For the week the first week of November there were several areas that were not initialed as being completed over the</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155062	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/15/2013
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-LAPORTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 I ST LA PORTE, IN 46350		
(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>seven day period</p> <p>When interviewed on 11/15/13 at 9:15 a.m., the RD indicated she had made rounds at the facility at least once a month and usually more often than that. The RD indicated she had noted some sanitation concerns as per her last two reports. The RD indicated the corporation had weekly and daily cleaning schedules which were to be followed in every facility. She also indicated the current Dietary Manager had not been utilizing these schedules until November.</p> <p>This Federal tag relates to Complaint IN00136631.</p> <p>3.1-21(i)(3)</p>				