

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 05/15/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545
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F0000	<p>This visit was for the Investigation of Complaint IN00108340.</p> <p>Complaint IN00108340 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157.</p> <p>Survey dates: May 14 and 15, 2012</p> <p>Facility number: 000094 Provider number: 155178 AIM number: 100290310</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF: 16 SNF/NF: 99 Total: 115</p> <p>Census payor type: Medicare: 16 Medicaid: 72 Other: 27 Total: 115</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Dear Kim Rhodes, Please find attached our 2567 for the survey dated May 15, 2012. This will serve as our allegation of compliance with a date certain of June 1, 2012. I would also like to request a desk review and paper compliance for the citation of F 157 at a SS=D. Please also find attached the audit tool we will be using. If there are any questions please feel free to contact me at (574)277-2500. Sincerely, (Roger) Scott Piotrowicz Executive Director</p>	

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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	Quality Review 5/16/12 by Suzanne Williams, RN			

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify family of debridement of a wound and wound progression for 1 of 3 residents reviewed with wounds in a sample of 3. (Resident</p>	F0157	<p>1. There are no other residents affected by this practice.2. All therapy staff will be reinserviced on family notification by 5/25/12.3. Therapy orders will be reviewed by nursing staff daily</p>	06/01/2012			

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	<p>#D)</p> <p>Findings include:</p> <p>Resident #D's record was reviewed on 5-14-2012 at 2:10 p.m. Resident #D's diagnoses included, but were not limited to, respiratory failure, congestive heart failure, and chronic kidney disease.</p> <p>Resident #D's face sheet indicated Family Member #1 was the primary emergency contact, while Family Member #2 was the Power of Attorney.</p> <p>A document titled Indiana Health Care Representative Appointment dated 2-2-2012, indicated Family Member #1 had been appointed as the Health Care Representative, while Family Member #2 could be contacted in the event the primary Health Care Representative was unable, unwilling, or unavailable.</p> <p>An overall consent to treat had been obtained on admission and signed by Family Member #1.</p> <p>A nurse's note dated 3-16-2012, indicated Resident #D had developed a 5 centimeter x 10.3 centimeter dry, hard, dark colored area on his right heel. The physician was notified and the note indicated family aware. The note did not indicate which</p>		<p>and will ensure per the COC audit, that therapy has notified family of new orders for invasive procedures. Nursing will communicate with therapy on weekly basis when treatments are completed by therapy and notify family of progress of wound on a monthly basis and documented on the weekly skin monitoring form.4. Will monitor findings in QAA monthly X 3 months and then quarterly.</p>				

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	<p>family member had been made aware of the right heel area.</p> <p>On 3-21-2012, a consent was obtained from Resident #D to have an injection in both knees to decrease pain in the knees.</p> <p>In an interview on 5-15-2012 at 2:00 p.m., the Director of Nurses indicated consent was to be obtained for procedures.</p> <p>Documentation on 3-23-2012 indicated the right heel was visually inspected and measured. The measurements documented on 3-23-2012 were 5.6 centimeters x 10 centimeters. The area was described on the wound sheet as closed, dry, dark, and hard.</p> <p>On 3-29-2012, physical therapy notes indicated the right heel was evaluated and measured 9.5 centimeters x 7 centimeters. The notes indicated the area was covered by black eschar (hard leathery scab like material) with minimal brownish exudate (drainage) and the area had an odor. Therapy recommended debridement of the area. The note did not indicate the physician or family had been notified of these findings.</p> <p>A review of Nurse's notes for 3-29-2012 indicated there were no concerns</p>				

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	<p>expressed by therapy and physician had been notified of recent lab results. There was no indication the facility had notified the physician or the family of the condition of the heel or of the therapy wish to proceed with sharp instrument debridement (using sharp instruments to remove tissue) of the right heel.</p> <p>An unsigned physician's order dated 3-30-2012, indicated physical therapy was to proceed with the debridement.</p> <p>An April physician's order summary indicated for physical therapy to perform selective wound debridement on the right heel. The physician's order summary was signed by the physician on 4-10-2012.</p> <p>A wound evaluation flow sheet dated 3-30-2012 indicated the right heel wound now measured 9.5 centimeters x 7 centimeters, was without depth, and covered with black eschar. The flow sheet further indicated physical therapy was debriding the area. There was no indication the family or physician had been updated on the status of the area.</p> <p>A physical therapy note dated 3-30-2012 indicated selective debridement was initiated and 25% of the eschar had been removed. There was no update on the size or depth of the area in the note. There was</p>			

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	<p>no indication the family had been notified of the condition of the wound.</p> <p>A physical therapy note dated 4-5-2012 indicated selective debridement was continuing and approximately 10% of fibrous nonviable tissue had been removed from the area. There was no indication of the size or depth of the area. There was no indication the family had been notified of the condition of the wound.</p> <p>The wound evaluation flow sheet dated 4-5-2012 indicated the size of the area was 9.5 centimeters x 7 centimeters. There was no indication of any depth to the area. It was additionally noted the area was covered 100% by black eschar. There was no indication the family had been notified of the condition if the wound.</p> <p>On 4-13-2012, the physical therapy note indicated approximately 50% of the adherent gray fibrous tissue was removed and 30% of the black tissue was removed from the area. It was also noted the dressing removed had a moderate amount of brown drainage and a foul odor. There was no indication the family had been notified of the condition of the wound.</p> <p>The wound evaluation flow sheet dated 4-13-2012 indicated the size of the area</p>			

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	<p>was 8 centimeters x 8.5 centimeters. The note indicated the area was covered 100% by black eschar. There was no indication of drainage on the flow record. There was no indication the family was notified of the condition of the area.</p> <p>On 4-20-2012 the physical therapy note indicated the debridement was accomplished removing 100% fibrous light brown tissue and 60% of the dead tissue. The therapist documented the area was 8 centimeters x 8.5 centimeters x 2 centimeters deep. There was no indication the family had been notified of the condition of the wound.</p> <p>The wound evaluation flow sheet dated 4-20-2012 indicated the wound was 8 centimeters x 8.5 centimeters x 2 centimeters in depth. There was no indication the family had been notified of the condition of the wound.</p> <p>A review of nurse's notes between 3-16-2012 and 4-20-2012 indicated the family was notified of lab results and new orders on 3-16, of an appointment with the hospital for a test on 3-20, Family Member #2 was notified of new orders from lab results on 3-22, of new medication on 3-26 Family member #2 was notified, family Member #2 was notified of new dietary interventions on</p>						

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	<p>3-27, family was notified on 3-29 of a new order for medications, Family member #2 was notified on 4-3 and 4-5 of new lab and medication orders, POA was notified of a behavior on 4-18, Family member #1 was notified of medications and resident behavior on 4-19, POA was documented as notified of lab results on 4-20, Family member #1 was aware of treatment orders on 4-24, and Family Member #1 was notified of transfer to hospital on 4-24-2012. There was no indication the family had been notified of the debridement of the right heel or of the condition of the wound.</p> <p>In an interview on 5-14-2012 at 4:10 p.m., the Rehab Manager indicated the admission consent to treat covers therapy for sharp instrument debridement and the family did not need to give further consent.</p> <p>In an interview on 5-15-2012 at 10:02 a.m., PT#1 indicated the treatment recommendation for the sharp instrument debridement was put in the computer and the responsibility fell to the nursing department to notify the family. PT #1 further indicated nursing had the responsibility to notify the family of the condition of the wound and the progress of the treatment. PT #1 further indicated she had a conversation with Family</p>						

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	<p>Member #2 regarding the general progress of Resident #D in therapy, but had not discussed the debridement or progress of the wound.</p> <p>In an interview on 5-15-2012 at 10:25 a.m., the Director of Nursing indicated physical therapy communicated the measurements and progress of the area on the right heel to nursing for documentation. She additionally indicated if the family had been notified of the progress of the area, it would have been noted in the nurse's notes. The Director of Nursing further indicated because physical therapy was treating and measuring the area, they should have been responsible to call the family.</p> <p>In an interview on 5-15-2012 at 2:00 p.m. the District Therapy Manager indicated Nursing was responsible to tell the family when there was a wound, and therapy would not call with small changes. Therapy was to update the family during care plans or when the family inquired. She further indicated therapy would not typically describe a wound to the family as therapy reported wound changes to the physician. She further indicated she was uncertain who would describe the wound to the family.</p> <p>In an interview on 5-15-2012 at 2:20 p.m.</p>						

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	<p>the Director of Nursing indicated there was no specific policy for family notification, but the family should have been notified of the condition of the wound and consent obtained for any procedures.</p> <p>This federal tag relates to complaint IN00108340.</p> <p>3.1-5(a)(3)</p>			