

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155248	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/16/2012
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BRENTWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 30 E CHANDLER AVE EVANSVILLE, IN 47713
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F0000	<p>This visit was for the Investigation of Complaint IN00108298.</p> <p>Complaint IN00108298- Substantiated, Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Survey date: May 16, 2012</p> <p>Facility number: 000152 Provider number: 155248 AIM number: 100267510</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: SNF/NF: 82 Total: 82</p> <p>Medicare: 6 Medicaid: 57 Other: 19 Total: 82</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 21,</p>	F0000	<p><b>F000</b></p> <p>Please see the attached plan of correction for survey IN00108298 conducted at Golden Living Center Brentwood on 5/16/2012. GLC-Brentwood would respectfully request a paper compliance on this plan of correction due to the issue being one of a past non-compliance and facility being able to provide to surveyor for her review during survey the actions taken to ensure deficient practice does not occur again. These interventions were put into place immediately following the investigation with all staff fully in serviced by 4/3/2012. Implementations were presented in the March QA&amp;A meeting and continue as a permanent agenda item.</p>	
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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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	2012 by Bev Faulkner, RN			

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a cognitively impaired resident's complaints of hip pain to therapy was reported to the nursing staff in order to complete a thorough assessment and continued monitoring, for 1 of 4 residents sampled for pain management, in a sample of 4. Resident B</p> <p>Findings include:</p> <p>On 5/16/12 at 10:50 A.M., the closed clinical record of Resident B was reviewed. The resident was admitted to the facility on 2/16/12 with diagnoses including, but not limited to, Alzheimer's disease.</p> <p>A care plan, dated 2/16/12, indicated a problem of "Pain and pain symptoms risks related to: Joint pain." The interventions included: "1. Assess and establish level of pain on numeric scale/assessment tool...3. Monitor</p>	F0309	<p><b>F309</b> This facility does ensure that all residents complaints of pain in therapy are reported to nursing in a timely and efficient manner. Immediate action was taken on 3/19/12 when through investigation it was discovered that resident B had shown a decrease of functioning and had complained of pain in therapy and no report to nursing had been given. Resident B discharged to hospital on 3/19/12 and did not return to facility therefore no further action related to this resident could be taken. All residents with potential to be effected by this deficient practice were reviewed through a 100% audit of all notes of all residents receiving therapy and interviews with all therapy staff to determine if any residents were complaining of increased pain and that those complaints had been relayed to nursing for complete assessment and continued monitoring. The following measures were implemented to ensure this deficient practice does not occur again: In service and implementation of "Stop and</p>	05/17/2012			

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	<p>response on numeric pain scale relative to: Medications, Treatments, Procedures...."</p> <p>A pain assessment, dated 2/20/12, indicated the resident had "no pain."</p> <p>A Minimum Data Set [MDS] assessment, dated 2/23/12, indicated the resident scored a 3 out of 15 for cognitive status, with 15 indicating no memory impairment. The MDS assessment indicated the resident had no pain symptoms.</p> <p>A Physical Therapy Progress Report, dated 3/7/12, indicated: "...Current Level of Function, Pt. [patient] ambulates 20 feet with 2HHA [hand held assist] or front wheeled walker on even surfaces...The patient transitions from supine &lt;&gt; [to and from] sitting position requiring min to mod A [assistance]...Prognosis for Further Progress: Good due to progress that had been made previous to onset of UTI [urinary tract infection]...."</p> <p>A Physical Therapy Progress Report, dated 3/14/12, indicated, "...Pt. refusing to ambulate today after taking 4 steps. She demonstrated decreased WB [weight bearing] on LLE [left lower extremity] caused by pain as pt. grimaced when she</p>		<p>Watch" an early warning tool that therapy staff complete any time there is a change or concern related to a resident which is then turned into staff nurse and unit manager for follow up. All "Stop and Watch" forms are then reviewed in clinical start up meeting each morning. Facility also began including the review of therapy progress notes during clinical start up meeting each day in order to identify those residents who may be experiencing a change of condition. These corrective actions have been monitored daily by the executive director and DNS to ensure compliance. "Stop and Watch" program as well as the daily review of therapy notes was presented to the QA&amp;A Committee in April and continues as a permanent agenda item. Completion Date: 4/3/2012</p>		

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	<p>tried to WB on that side... The patient transitions from supine &lt;&gt; sitting not assessed this date...Analysis of Functional Outcome/Clinical Impression: Pt. has had increased c/o [complaints of] LLE pain around her hip at this time when performing WB activities. She is unable to give quantity of pain and demonstrates decreased WB through LLE. Her gait activity and standing activity have decreased due to this recent onset of pain. She will receive E-stim at this time to decrease pain and increase WB activities in order to increase functional mobility... Patient/Caregiver Training: Pt. educated on the importance of PT [physical therapy] in order to increase functional mobility...Remaining Functional Deficits/Underlying Impairments: Pain in L [left] hip area with WB causing decreased functional mobility...."</p> <p>Documentation regarding physical therapy notifying nursing of the resident's complaints of hip pain was lacking in the clinical record.</p> <p>Nursing Progress Notes included the following notations:</p> <p>3/14/12 at 8:44 A.M.: "Alert with confusion...Required 2 people assistance to go to toilet. Assist of one for all ADL's [activities of daily living] and assist two</p>						

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	<p>for transfers. Ambulates in W/C [wheelchair], propels self at times...no S/S [signs or symptoms] of restless [sic] or distress noted...."</p> <p>Physical Therapy Progress Notes included the following notations:</p> <p>3/15/12: "Patient was seen for therapeutic exercise [with] no c/o [left] hip pain...Patient was able to amb [ambulate] [with] RW [rolling walker] for approx 5 ft [with] difficulty of advancing [right] LE [lower extremity] and c/o pain [with] weight bearing on [left]."</p> <p>3/16/12: "Patient was unable to ambulate this day because of pain [left] hip when trying to advance [right] LE...."</p> <p>The resident's Medication Administration Record, dated March 2012, indicated the resident did not receive pain medication on 3/14, 3/15, or 3/16. An entry, dated 3/17/12 at 4:30 P.M., indicated, "APAP 325 mg [two]...[left] hip pain...."</p> <p>A Nurses Note, dated 3/18/12 at 3:20 P.M., indicated.: "Situation: Resident c/o L hip pain...not wanting to sit up in w/c...Assessment: Resident grimaces when lifting L leg. Recent onset of decreased mobility. Increase in confusion...Response: [Name of</p>			

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	<p>physician] notified to get order for L hip x-ray. Family request resident be sent to [hospital] for evaluation. Order received per [name] for [physician] to send to [hospital]...."</p> <p>A hospital history and physical, dated 3/18/12, indicated: "Chief Complaint: Left hip pain...has been complaining of left hip pain for approximately 1-1/2 weeks...Apparently she continued to complain of hip pain to the point where she was unable to get out of bed. She was brought to [name of hospital] on 3/18/12 and found to have a left femoral neck [hip] fracture...."</p> <p>On 5/16/12 at 12:00 P.M., during interview with the Administrator, he indicated the facility had done an investigation regarding the resident's fracture of unknown origin, and could not find documentation that therapy notified nursing of the resident's complaints of pain. The Administrator indicated since then, the facility inserviced staff regarding communication from therapy to nursing, and also implemented reading therapy progress notes in the "stand-up" department head meetings.</p> <p>On 5/16/12 at 1:55 P.M., during interview with the Therapy Unit Manager, she indicated the therapist responsible for the</p>			

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	<p>resident's 3/14/12 note was out of town. The Therapy Unit Manager indicated the therapist told her that she notified nursing staff of the resident's complaints of pain, but there was no documentation.</p> <p>On 5/16/12 at 3:55 P.M., during interview with LPN # 1, she indicated she was the nurse working on 3/14/12. LPN # 1 indicated, "If therapy or any one comes to us, we would have documented that. If I didn't document it, it did not happen." LPN # 1 indicated she did not notice anything different about Resident B at that time.</p> <p>This federal tag relates to Complaint IN00108298.</p> <p>3.1-37(a)</p>				

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