

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/25/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00169347.</p> <p>Complaint IN00169347- Substantiated. Federal/State deficiencies related to the allegations are cited at F310 and F465.</p> <p>Survey dates: March 24 & 25, 2015.</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: SNF/NF: 150 Total: 150</p> <p>Census payor type: Medicare: 15 Medicaid: 114 Other: 21 Total: 150</p> <p>Sample: 9</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC</p>	F 000	<p>Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the Facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under State and Federal law that mandate submission of a plan of Correction within ten (10) days of the survey as a condition of participation in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance.</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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F 310 SS=E Bldg. 00	<p>16.2-3.1.</p> <p>Quality review completed on March 29, 2015, by Janelyn Kulik, RN.</p> <p>483.25(a)(1) ADLS DO NOT DECLINE UNLESS UNAVOIDABLE Based on the comprehensive assessment of a resident, the facility must ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. Based on observation, record review, and interview, the facility failed to ensure Restorative Therapy for ambulation was provided for 4 of 4 residents review for Restorative ambulation in the sample of 9. (Residents #C, #E, #H & #J)</p> <p>Findings include:</p> <p>1. On 3/24/15 at 11:20 a.m., Resident #C was observed sitting in a wheel chair in the hallway in front of the Nurses' Station. At 11:25 a.m., Unit Manager #1 was observed pushing the resident to the Dining Room in her wheel chair.</p> <p>On 3/25/15 at 7:38 a.m., the resident was</p>	F 310	The corrective actions accomplished for those residents found to have been affected by the alleged deficient practice are as follows:Residents C, E, and H and J were re-evaluated by the therapy department to ensure their restorative programs were appropriate.Other residents having the potential to be affected by the same alleged deficient practice will be identified and the corrective actions taken are as follows:Nursing management will review all residents on the Restorative Program to ensure the programs are appropriate by April 10, 2015.The measures put into place and the systemic changes made to ensure that this alleged deficient practice does	04/10/2015

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	<p>observed walking in the hall past the Nurses' Station using a rolling walker. CNA #1 was walking with the resident. The resident walked to the end of the hall and into the Dining Room which was approximately 100 feet total.</p> <p>The record for Resident #C was reviewed on 3/24/15 at 9:30 a.m. The resident's diagnoses included, but were not limited to, Alzheimer dementia, depressive disorder, high blood pressure, and chronic airway obstruction.</p> <p>Review of the 2/2/15 Minimum Data Set quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (7). A score of (7) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident required extensive assistance of one staff member for bed mobility, transfers, bathing, personal hygiene, and dressing. The assessment also indicated the resident had not walked in the corridor during the assessment period.</p> <p>The 3/6/15 Physical Therapy Progress & Discharge Summary note was reviewed. The note indicated the resident received Physical Therapy services from 1/27/15 thru 3/6/15. The note indicated the resident was able to ambulate 150 feet</p>		<p>not recur are as follows:The DNS/designee will audit Restorative Programs to ensure programs are provided 5 times a week for the next 4 weeks, 3 times a week for the next 4 weeks and then weekly, thereafter. These corrective actions will be monitored and a Quality Assurance program implemented to ensure the alleged deficient practice will not recur per the following: DNS/designee will report findings of audits to the monthly Quality Assurance Meetings for 6 months; any patterns or trends will have an action plan written and interventions implemented.</p>		

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	<p>with a rolling walker on even surfaces with stand by assist. The note also indicated the Restorative aides had been trained and were to resume Restorative ambulation.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 1/21/5 indicated the resident had a physical functional deficit related to mobility impairments. A Care Plan intervention was added on 3/4/15 for the resident to be on the Walk to Dine program. The resident was to walk with limited assist of one staff member using a rolling walker. The intervention also indicated the resident was to ambulate up to 150 feet up to seven days a week.</p> <p>The March 2015 Restorative Record was reviewed. The record indicated the resident was on the Walking Program and was to walk 150 feet with a rolling walker and limited assist of one staff member up to seven days a week. The above Restorative interventions were not signed out as completed on any days from 3/6/15 thru 3/24/15.</p> <p>2. On 3/25/15 at 11:00 a.m., Resident #H was observed sitting in a wheel chair in front of the Nurses' Station. Restorative Aide #1 placed a gait belt around the resident's waist . The resident stood up</p>			

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	<p>and placed his hands on the walker in front of him. The resident walked down the hall approximately 50 feet down the hall way and stopped . The resident sat down in the wheel chair and indicated to the Restorative Aide that his knee "gave out" earlier. The Restorative Aide allowed the resident to remain in the wheel chair propelled him back to the Nurses' Station area. Restorative Aide #1 indicated she was going to inform the resident's Nurse.</p> <p>The record for Resident #H was reviewed on 3/24/15 at 10:20 a.m. The resident's diagnoses included, but were not limited to, depressive disorder, presenile dementia, high blood pressure, and diabetes mellitus.</p> <p>The 3/11/15 Minimum Data Set (MDS) annual assessment indicated the resident was able to walk in his room and in the corridor with supervision and set up help only. The assessment indicated the resident had no episodes of rejection of care.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 4/16/14 indicated the resident had a physical functioning deficit related to mobility impairment. The Care Plan was last updated with a target goal date of</p>			

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	<p>6/30/15. Care Plan interventions included for the resident be on a Walking Program to walk with a rolling walker with extensive assist of one for 75 feet up to seven days a week.</p> <p>Review of the February 2015 Restorative Record indicated the resident was to walk with a rolling walker with one staff member for 75 feet up to seven days. The Restorative Record indicated the resident walked on 2/4/15, 2/12/15, 2/19/15, 2/24/15, and 2/28/15 for (15) minutes each day. The Restorative Record indicated the resident walked for (16) minutes on 2/25/15. The Restorative Record indicated the resident did not walk on 2/2/15, 2/3/15, 2/6-2/8/15, 2/10/15, 2/13-2/7/15, and 2/21-2/22/15. Entries for 2/1/15, 2/11/15, 2/18/15, 2/20/15, 2/23/15, and 2/26-27/15 were not signed out.</p> <p>Review of the March 2015 Restorative Record indicated the resident's plan remained the same as in February. The Restorative Record indicated (15) minutes of walking was provided on 3/3/15, 3/16/15, and 3/19/15. Entries for all other days in March were not signed out.</p> <p>3. On 3/25/15 at 10:55 a.m., Resident #E was observed sitting in a wheel chair in</p>			

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	<p>front of the Nurses' Station. Restorative Aide #1 placed a gait belt around the resident's waist. The resident stood up and placed her hands on the rolling walker in front of her. The resident began walking down the hall with the Restorative Aide. The resident ambulated down the hall to the Main Dining Room and turned around and walked back to the Nurse's Station. The Restorative Aide indicated the resident walked approximately 195 feet.</p> <p>The record for Resident #E was reviewed on 3/24/15 at 11:05 a.m. The resident's diagnoses included, but were not limited to, dementia, diabetes mellitus, and high blood pressure.</p> <p>The 3/3/15 Minimal Data Set quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (7). A score of (7) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident walked in the room and the corridor with supervision and set up help.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 9/9/13 indicated the resident had a functional deficit with walking related to immobility and poor safety awareness.</p>			

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	<p>The Care Plan was last reviewed on 3/6/15. Care Plan interventions included for the resident to be on a walking program. The resident was to walk with a rolling walker 200 feet up to seven days a week with verbal cues.</p> <p>The 3/2/15 Physical Therapy Progress & Discharge Summary note was reviewed. The note indicated the resident received Physical Therapy from 2/3/15-3/2/15. The note indicated the resident ambulated 500 feet with a rolling walker on even surfaces with supervision. The Physical Therapy discharge plans included for the resident to participate in the Restorative Care Program for ambulation.</p> <p>Review of the 3/2015 Restorative Record indicated the resident was to walk with a rolling walker 200 feet with verbal cues up to seven days a week.</p> <p>The March 2015 Restorative Record indicated the above Restorative ambulation was not signed out as completed 3/4/15-3/15/15, 3/17/15, 3/18/15, and 3/20/15-3/23/15. The record indicated ambulation was signed out as not done on 3/16/15. The record indicated the resident refused on 3/19/15.</p> <p>4. On 3/25/15 at 7:55 a.m., Resident #J was observed sitting in a high back wheel</p>			

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	<p>chair in the hallway in front of the Nurses' Station. CNA #4 approached the resident and pushed the resident in his wheel chair down the hall to the Dining Room.</p> <p>The record for Resident #J was reviewed on 3/25/15 at 8:20 a.m. The resident's diagnoses included, but were not limited to, muscle weakness, dementia, paralysis agitans(Parkinson disease), and congestive heart failure.</p> <p>Review of the 3/19/15 Minimum Data Set quarterly assessment indicated the resident's cognitive patterns for decision making were severely impaired. The assessment indicated the resident required extensive assistance of two staff members for bed mobility and transfers. The assessment also indicated the resident did not ambulate in his room or in the corridor during the reference period. The assessment indicated the resident had impairment in range of motion on both the right and left upper and lower extremities.</p> <p>Review of the February 2015 Restorative Record indicated the resident was to ambulate with a rolling walker with minimal assist for support and moderate assist to manage/steer the walker up to seven days a week every day shift.</p>			

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	<p>The February 2015 Restorative Record indicated the above Restorative ambulation was not signed out as completed 2/1/15 - 2/12/15 and 2/20/15-2/27/15. The Restorative Record indicated the resident refused on 2/13/15, 2/16/15, 2/18/15, 2/19/15 and 2/28/15. The Restorative Record indicated no ambulation was provided on 2/14/15, 2/15/15, and 2/17/15.</p> <p>The March 2015 Restorative Record indicated the resident refused ambulation on 3/3/15 and 3/16/15 and no therapy was provided on 3/19/15. No Restorative ambulation was signed out 3/1/15, 3/21/5 3/4/15-3/15/15, 3/17/15, 3/18/15, or 3/20/15-3/23/15.</p> <p>When interviewed on 3/25/15 at 9:10 a.m., the covering Director of Nursing indicated the Restorative Aides had been pulled from Restorative care to work as CNA's on the units recently.</p> <p>When interviewed on 3/25/15 at 10:29 a.m., the covering Director of Nursing indicated the Nurse who was previously in charge of the Restorative Program left the facility approximately three weeks ago. The Director of Nursing indicated this Nurse had been in charge of the program for approximately one month</p>			
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	<p>before she left the facility.</p> <p>When interviewed on 3/25/15 with the covering Director of Nursing, Unit Manager #1 confirmed the Restorative aides had been pulled from Restorative to work the floor. The Unit Manager indicated the facility had (3) full-time Restorative Aides and one part-time Restorative aide who worked the weekends. The Unit Manager indicated the above four residents had Restorative programs in place for ambulation.</p> <p>This Federal tag relates to Complaint IN00169347.</p> <p>3.1-38(a)(2)(B)</p>			

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F 465 SS=D Bldg. 00	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure Shower Room were clean related to dust and dirt in a tub, stained shower curtains, commode and showers chairs not clean, and debris on floor for 2 of 2 Shower Rooms on 1 of 4 units. (Unit B- Shower Rooms #1 and #2)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The following was observed in Shower Room #1 on the B-hall on 3/24/15 at 6:37 a.m.: <ol style="list-style-type: none"> a. There was a disposable wipe, uncovered disposable brief, opened wash clothes, and a disposable glove on the pad of the shower cart. b. The inside of the tub was dirty and there was an accumulation of dust on the edges around the faucet fixtures. 	F 465	<p>All other shower rooms in the facility were immediately checked to ensure cleanliness. The measures put into place and the systemic changes made to ensure that this alleged deficient practice does not recur are as follows: Housekeeping will check the shower rooms daily by 9:00 am to ensure cleanliness and provide services if needed and by 2:00 pm will have deep cleaned the shower rooms. Executive Director/designee will audit shower rooms 5 times per week for 4 weeks, then 3 times a week for 4 weeks, then weekly thereafter. These corrective actions will be monitored and a Quality Assurance program implemented to ensure the alleged deficient practice will not recur per the following: DNS/designee will report findings of audits for monthly Quality Assurance meetings for 6 months; any patterns or trends will have an action plan written and interventions implemented.</p>	04/10/2015

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	<p>c. There was a brown substance smeared on the floor under one of the shower chairs. There were pieces of hair on the sink.</p> <p>2. The following was observed in Shower Room #2 on the B-hall on 3/24/15 at 8:10 a.m.:</p> <p>a. There were black spots on the bottom of the tub around the drain.</p> <p>b. There were brown spots on the seat of one of the rolling shower chairs.</p> <p>c. There were red stain marks and pieces of hair on a bath seat.</p> <p>d. There were dark brown areas on two of the three shower curtains.</p> <p>e. There was a bunched up disposable glove on the floor.</p> <p>f. The PVC bars on one cart were dirty and had brown colored areas on them.</p> <p>g. The shelves of a white wooden rack were dusty and had a stained area .</p> <p>h. There was an accumulation of dust on one of the ceiling vents.</p> <p>i. The was a black smear on the hand</p>			

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	<p>sanitizer dispenser next to the sink.</p> <p>j. There was dust on the ledges next to the knobs on the sink.</p> <p>3. On 3/25/15 at 8:06 a.m., Shower Room #2 was observed. The above noted area were unchanged from 3/24/15.</p> <p>On 3/25/16 at 8:09 a.m., a female resident was observed coming out of Shower Room #1. The Shower Room was observed after the resident left. The above areas noted on 3/24/15 all remained present except the brown smear on the floor and the items on blue shower chair pad.</p> <p>On 3/25/15 at 8:15 a.m., the above Shower Rooms were observed with the Nurse Consultant. The Nurse Consultant indicated the areas were in need of cleaning.</p> <p>This Federal tag relates to Complaint IN00169347.</p> <p>3.1-19(f)</p>			
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