STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155187	A. BUILDING 00 B. WING	03/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	3175 LANCER ST PORTAGE, IN 46368

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00221070, IN00222075, and IN00222329 Complaint IN00221070- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00222075- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00222329- Substantiated. Federal/State deficiencies related to the allegation are cited at F282 and F325. Survey dates: February 28 & March 1, 2017 Facility number: 000098 Provider number: 155187 AIM number: 100290980 Census bed type: SNF/NF: 157 Total: 157 Census payor type: Medicare: 18 Medicaid: 124 Other: 15	F 0000	This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements The facility respectfully request paper compliance Thank you for your consideration, Respectfully, Jason Eastlund, BSW, HFA	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Total: 157 Sample: 6 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 3/2/17.			
F 0282 SS=D Bldg. 00	483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure the Intake and Output policy and procedures were followed related to output measurements not completed for 1 of 3 residents reviewed for decreased oral intakes in a sample of 6. (Resident C) Finding includes:	F 0282	Res Identified Resident C discharged from facility prior to complaint survey. Others DON/Designee completed an audit	03/31/2017

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	The closed record for Resident C was reviewed on 2/28/17 at 2:24 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's Disease, anxiety disorder, gastro-intestinal hemorrhage, edema, and atrial fibrillation (an irregular heart rhythm). An Admission Minimum Data Set (MDS) assessment was completed on 12/18/16. The resident's cognitive skills for decision making were severely impaired. The resident required limited assistance from staff for eating. The 2/2017 Physician orders indicated an order for IV (Intra-Venous) fluids of Dextrose and Sodium Chloride were to be started at a rate of 60 ml (milliliters) per hour for hydration. The IV fluids were to start on 2/7/17. The 2/2017 Medication Administration Record indicated the resident received IV fluids from 2/7/17 through 2/11/17. The resident was discharged to the hospital on 2/11/17. Entries made in the 2/2017 Nursing Progress Notes indicated a Change in Condition note was completed on 2/6/17. The resident had a poor appetite and had been sick with the flu. The percentage		of all residents currently receiving IV's to ensure placement of fluid monitoring is occurring, prior to date of compliance. Education All Clinical staff was educated by the DCE/Designees on initiating Input and Output monitoring to be in place for residents receiving IV fluids prior to date of compliance. Monitor All residents with IV fluid orders will be reviewed during the admission process or during the clinical startup meeting to ensure input/output monitoring is in place. All residents with IV's will be monitored by DON/Designee 1x per week for 6 months to ensure fluid monitoring is in place. QAPI Results of these audits will be taken to QAPI x 6months to track any trends. If trends are identified the audits will be completed based on the QAPI recommendations. If no trends are identified then review per PRN basis.	

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	of each meal intake was coded. No intake amounts of fluid intakes were recorded. The Director of Nursing was interviewed on 2/28/17 at 3:00 p.m. She indicated residents were started on IV fluids based on an assessment of the resident, a Physician Order, and symptoms. No Intake fluid logs were completed for the Resident C. A facility policy titled "Intravenous Administration of Fluids and Electrolytes" was reviewed on 2/28/17 at 4:25 p.m. Continuous IV therapy was to be documented on the Intake/Output Record. The facility policy titled "Intake and Output Measurement" was reviewed on 2/28/17 at 3:55 p.m. Intake measurements while receiving Intravenous Therapy were required. This Federal tag relates to Complaint IN00222329. 3.1- 35(g)(2)			

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F 0325 SS=D Bldg. 00	483.25(g)(1)(3) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE (g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- (1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; (3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on observation, record review, and interview, the facility failed to ensure acceptable parameters of nutritional status were maintained related to failure to address the Registered Dietitian's recommendations to upgrade a diet for 1 of 3 residents reviewed for weight loss in a sample of 6. (Resident D) Finding includes: On 2/28/17 at 11:34 a.m., Resident D was observed in her room. CNA 1 delivered the resident's lunch tray at this time. The resident received ground meat with gravy, mashed potatoes, mixed	F 0325	Res Identified Resident D received an order for Speech Therapy to evaluate and treat as indicated. Others Facility reviewed previous 30 days of RD recommendations dated 2.18.17 – 3.17.17 to ensure appropriate interventions were in place. Education Licensed nurses were educated by DCE on RD recommendations and follow through for residents.	03/31/2017

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	vegetables, and a cup of fruit pieces. The record for Resident D was reviewed on 3/1/17 at 8:20 a.m. The diagnoses included, but were not limited to, femur fracture, high blood pressure, and dementia without behavioral disturbances. The residents weights were recorded as follows: 1/24/17 122 pounds (first weight) 1/30/17 120 pounds 2/01/17 103.4 pounds 2/06/17 105 pounds 2/13/17 105 pounds 2/20/17 102 pounds 2/27/17 97 pounds A Minimum Data Set (MDS) admission assessment was completed on 1/30/17. The resident's cognitive patterns were severely impaired. The resident required extensive assistance from one staff member for eating. The resident's current Care Plans were initiated on 1/25/17. The resident required mechanically altered food. The Care Plan goal was to have the resident's diet upgraded to a Regular diet if safe and appropriate. The Intervention was for Speech Language Pathologist to evaluate the resident for food consistencies.		Monitor DNS/Designee will audit all RD recommendations 1 per week x 4 weeks, 1 x per month x 3months, and then quarterly until 95% compliance is achieved. QAPI Results of these audits will be taken to QAPI x 6months to track any trends. If trends are identified the audits will be completed based on the QAPI recommendations. If no trends are identified then review per PRN basis.	

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	An Admission Nutrition Assessment was completed by the Registered Dietitian on 1/25/17 at 11:09 a.m. The resident was receiving a Mechanical Soft diet with no salt packets. Oral intakes were approximately 75% since admission. Nutritional recommendations were for Speech Language Pathology to check for the need for the Mechanical Soft diet or if the diet could be upgraded/liberalized to Regular. A Nutrition Assessment was completed by the Registered Dietitian on 1/3/17 at 10:21 a.m. The resident continued to receive a Mechanical Soft diet and her intake was now an average of 55% over the past 7 days. This was down from her intake at admission. Recommendations were again to have Speech Language Pathology evaluate the resident for the need for the Mechanical Soft diet or if the diet could be upgraded to liberalize the diet to regular. There were no Physician orders for the resident to be evaluated by the Speech Language Pathologist or for the resident's diet to be upgraded to Regular. There were no Speech Language Progress Notes or assessments completed after either of the two above recommendations.			

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	The facility Administrator and RN 1 were interviewed on 3/1/17 at 10:15 a.m. They spoke with the Dietitian, who verified the recommendations were made during the Nutrition at Risk meeting and Nursing staff were to address the recommendations with the Physician for orders to be obtained. Both the Administrator and the RN indicated the Speech Therapy evaluation had not been completed. This Federal tag relates to Complaint IN00222329. 3.1-46(a)			