

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2018

FORM APPROVED

OMB NO. 0938-039

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 03/28/2018
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP COD 3175 LANCER ST PORTAGE, IN 46368
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00256460 and IN00257521.</p> <p>Complaint IN00256460- Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00257521- Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Survey date: March 28, 2018</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Census bed type: SNF/NF: 135 Total: 135</p> <p>Census payor type: Medicare: 8 Medicaid: 102 Other: 25 Total: 135</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 4/4/18.</p>	F 0000	<p>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</p>	
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>nutrition, grooming, and personal and oral hygiene; Based on observation, record review, and interview, the facility failed to ensure assistance was provided to carry out Activities of Daily Living (ADL's) related to nail care not provided for 1 of 3 resident's reviewed for ADL's. (Resident C)</p> <p>Finding includes:</p> <p>On 3/27/18 at 7:30 p.m., Resident C was observed in bed and dressed in a short sleeve shirt. The resident's fingernails on both hands were dirty. The resident was awake and alert.</p> <p>On 3/28/18 at 8:45 a.m., the resident was observed in bed. CNA 1 entered the room to provide incontinence care. The resident was dressed in a white short sleeve shift. As the CNA removed the resident's brief, he started scratching his right upper buttock and side area with his fingers. The resident's fingernails on both hands were dirty.</p> <p>On 3/28/18 at 12:00 p.m., CNA 2 entered the resident's room to provide incontinence care. The resident's fingernails remained dirty.</p> <p>On 3/28/18 at 1:02 p.m., Resident C was asleep in bed. His fingernails had not be cleaned.</p> <p>On 3/28/18 at 2:30 p.m., the resident remained in bed. His fingernails had not been cleaned.</p> <p>The clinical record for Resident C was reviewed on 3/27/18 at 8:25 p.m. Diagnoses included, but were not limited to, acute kidney failure, Alzheimer's disease, anemia, cerebral infarction, depression, and peripheral vascular disease.</p>	F 0677	<p>Resident identified was approached and refused care per his care plan. Facility re-approached patient numerous times but were unable to get him to agree to have his nails cleaned. Patient discharged from facility on 4.10.18.</p> <p>All other dependent residents were reviewed to ensure that nail care was provided.</p> <p>Facility educated nursing and aides on ADL care with a specific focus on nail care.</p> <p>Facility will monitor 5 patient nail care per week X 4 weeks, then monthly for 3 months, then quarterly until 95% compliance is achieved</p> <p>All negative findings will be reviewed in monthly QAPI meeting.</p>	04/23/2018

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	<p>A Quarterly Minimum Data (MDS) assessment was completed on 2/7/18. Extensive assistance of one staff member was required for bed mobility, transfers, toilet use, and personal hygiene.</p> <p>A Care Plan, initiated on 10/16/16 and last revised on 3/26/18, indicated the resident had a physical functioning deficit related to self-care impairment. Interventions included, but were not limited to, provide assistance with ADL's as needed.</p> <p>When interviewed on 3/28/18 at 1:05 p.m., CNA 2 indicated she was assigned to care for Resident C today. The resident does not like to get up out of bed. He will allow his brief to be changed and to be washed up. The resident did not refuse any care today.</p> <p>When interviewed on 3/28/18 at 2:20 p.m., the Director of Nursing indicated the resident's nails should have been cleaned during care.</p> <p>This Federal tag relates to Complaints IN00256460 and IN00257521.</p> <p>3.1-38(a)(3)(E)</p>			