

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2017
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00236555.</p> <p>Complaint IN00236555 - Substantiated. Federal/State deficiencies related to the allegations are cited at F204, F278 and F314.</p> <p>Survey dates: August 8 & 9, 2017</p> <p>Facility number: 000063 Provider number: 155138 AIM number: 100266210</p> <p>Census Bed Type: SNF/NF: 57 Total: 57</p> <p>Census Payor Type: Medicare: 8 Medicaid: 41 Other: 8 Total: 57</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on August 14, 2017.</p>	F 0000		

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 0204 SS=D Bldg. 00	<p>483.15(c)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG (c)(7) Orientation for Transfer or Discharge A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand. Based on record review and interview, the facility failed to ensure a resident's clinical record was appropriately documented with transfer/discharge information according to the facility policy for 1 of 1 resident reviewed for transfer/discharge documentation in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 8/8/17 at 9:30 a.m. Diagnoses for Resident B included, but were not limited to chronic kidney disease (CKD) and hypertension (the resident was discharged from the facility to the hospital on 10/25/16). Progress note documentation, dated 10/25/16, indicated a stage II right</p>	F 0204	<p>The corrective actions accomplished for those residents to found to have been affected by a deficient practice are as follows:</p> <p>All resident being transferred or discharged to another facility or home will receive all information necessary to discharge. Nursing staff will call report to receiving party with every discharge.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>All nursing staff In-serviced on calling report to receiving facility as well as sending transfer sheet</p>	09/06/2017

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	<p>buttock.</p> <p>The record lacked any documentation of discharge/transfer information for the resident.</p> <p>During an interview with the Director of Nursing (DON) on 8/8/17 at 2:40 p.m., she indicated there is no transfer sheet, we just send the face sheet when someone goes out to the hospital.</p> <p>On 8/9/17 at 11:45 a.m., the DON provided the Discharge/Transfer of the Resident policy dated 5/19/17, and indicated the policy was the one currently being used by the facility. "Discharge/Transfer of the Resident Procedure Purpose: To provide safe departure from the facility. To provide sufficient information for after care of the resident. Definition: Discharge: To leave the facility without plans or intention to return ... Transfer: To leave the facility with plans or intention to return Procedure: Discharge: 1. Explain reason for discharge in writing and in language and manner they understand to the resident and resident's representative. Give copy of Transfer &</p>		<p>and current physician's orders. Report called and information sent will be copied and placed on chart. IPN will be in electronic record.</p> <p>These corrective actions will be monitored and implemented so that the deficient practice does not occur again per the following:</p> <p>DNS/Designee will review all transfers/discharges daily.</p> <p>Any concerns identified will be corrected by DNS/Designee at time of discovery and nursing staff will be re-educated if concerns is identified.</p> <p>Tracking record/audit form will be maintained in DNS office.</p> <p>Audit x5 days weekly for x 60 days, audit x4days weekly x60 days, audit x3 days weekly for 60 days, audit x2 days weekly for 60 days, audit x1 weekly x60 days.</p> <p>DNS/Designee will report any findings in audits at monthly QAPI meeting for 6 months, any patterns or trends identified will have an action plan written and interventions implemented.</p>	

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	<p>Discharge notice as required. Send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman ...</p> <p>Transfer:</p> <p>... 3. Explain transfer and reason to the resident and/or representative and give copy of signed transfer or discharge notice to the resident and/or representative or person(s) responsible for care.</p> <p>NOTE: If emergency transfer, "Transfer or Discharge Notice" form may be completed later, but as soon as possible and provided to the resident and resident's representative. Copies of the notice of transfer must also be sent to the LTC Ombudsman ...</p> <p>... 5. Complete transfer form, copy any portion of the medical record necessary for care of resident. (e.g. Physician's orders, History & Physical, etc.)</p> <p>... Documentation may include:</p> <p>... Transfer form if the resident is being transferred to a higher level of care.</p> <p>... Whether or not medication was taken by the resident.</p> <p>... Keep a copy of all forms completed and place in resident's medical record."</p> <p>This Federal tag relates to Complaint IN00236555.</p> <p>3.1-12(a)(21)</p>			

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F 0278 SS=D Bldg. 00	<p>483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>(h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>(i) Certification (1) A registered nurse must sign and certify that the assessment is completed.</p> <p>(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>(j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement. Based on record review and interview,</p>	F 0278	The corrective actions	09/06/2017
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	<p>the facility failed to ensure a resident admitted with skin issues was assessed accurately and documented accordingly for 1 of 3 residents reviewed for admission assessments in a sample of 3 (Resident B & LPN 1).</p> <p>Findings include:</p> <p>Hospital notes reviewed on 8/8/17 at 6:30 p.m.</p> <p>A hospital wound care note, dated 10/14/16 at 9:33, indicated Resident B was referred to Physical Therapy Wound Team (PTWT) for a Deep Tissue Injury (DTI-purple or discolored area of intact skin or blood filled-blister due to damage of soft tissue from pressure and/or shear) and incontinence (lack of voluntary control over urination or defecation) breakdown to the buttocks and perineal areas (genital area) and according to hospital guidelines will defer initial assessment to nursing wound ostomy (surgically created opening) team.</p> <p>A hospital wound care note, dated 10/14/16 at 16:42 (4:42 p.m.), indicated the resident was seen by PTWT for a new area of purple discoloration on the right buttock. The area was a recurrent excoriation from incontinence but discoloration noted on 10/13/16</p>		<p>accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>All residents will have a completed and accurate clinical health status form (blue) completed upon admission.</p> <p>Other residents having the potential to be affected by the same practice will be identified and the corrective actions taken are as follows;</p> <p>All current residents charts reviewed to ensure clinical health status forms were filled out completely and accurately. .</p> <p>The measures put into place and the systemic changes made are as follows:</p> <p>All licensed staff educated on how to correctly and completely fill out clinical health status forms upon resident admission.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not reoccur per the following:</p> <p>DNS/Designee will monitor new admission charts within 24 hours of admission to ensure clinical health status form is completed</p>	

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	<p>(measurements: 17 cm X 8 cm X 0.2 cm with 75% purple color and 25% red dermis, serous drainage and negative for odor). Interventions included low-frequency, non-contact, non-thermal ultrasound (MIST) treatment/5 days, specialty bed and non-excisional selective debridement.</p> <p>A hospital wound care note, dated 10/15/16 at 21:19 (9:19 p.m.), indicated PTWT debrided (to remove dead tissue) sloughing (shedding), nonviable tissue from the right buttock with forceps and scissors and received MIST treatment. Additionally, a foam dressing (Mepilex) was used to cover the area and Collagenase (Santyl-an enzymatic debriding ointment used to remove dead tissue). An assessment at that time indicated the wound was beginning to evolve into a full thickness wound and continues with loss of the outer layer of skin and deep maroon, non-blanchable dermis (thick layer of living tissue below the top layer of skin). Dark purple area deep in gluteal cleft and blistering present with an area of white waxy eschar that is distal. MIST protocol continued with treatments 2 of 5 completed.</p> <p>A hospital wound care note, dated 10/16/16 at 14:02 (2:02 p.m.), indicated the resident was followed by PTWT for</p>		<p>and verified for accuracy. Tracking will occur every day shift x7 days weekly x4 weeks, then x6 days weekly x3 weeks, then x5 days weekly x2 weeks, then x4 days weekly x1 week and then x1 day weekly for 6 months. Any findings will be reviewed monthly in QAPI and plan put in place for any findings.</p> <p>Tracking record/audit form will be maintained in DNS office.</p> <p>DNS/Designee will report any findings in audits at monthly QAPI meeting for 6 months, any patterns or trends identified will have an action plan written and interventions implemented.</p>	

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	<p>wound management with MIST, Santyl with foam dressing and selective debridement treatments to the wound with continued evolution of white/gray tissue in the center and surrounding tissue with a mix of red and purple, non-blanchable skin. Santyl ordered on 10/15/16 and continues for enzymatic debridement to loosen slough/devitalized tissue from the right buttock. MIST treatment day 3/5 completed.</p> <p>A hospital wound care note, dated 10/17/16 at 10:40 a.m., indicated the wound was 20% purple, 50% red dermis and 30% gray eschar (dark, dead skin) with serosanguinous (body fluids containing blood) drainage and positive for odor with dressing removal. Treatments continue with MIST, non-excisional selective debridement of eschar, yellow/sloughing skin with forceps and crosshatching of eschar with scalpel. The Santyl and foam dressing continue and foam border to left buttock added. Left buttock also with full thickness breakdown. Crosshatched eschar centrally to allow Santyl to penetrate. Day 4/5 treatments completed.</p> <p>A hospital discharge summary, dated 10/18/16 at 23:59 (11:59 p.m.), indicated the resident would be discharged to the</p>			

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	<p>rehabilitation facility with daily weights, voiding trial to remove anchored catheter and have nocturnal CPAP. The record lacked any documentation or instructions for wound care.</p> <p>The nursing home record for Resident B was reviewed on 8/8/17 at 9:30 a.m. Diagnoses for Resident B included, but were not limited to chronic kidney disease (CKD) and hypertension (resident was admitted to the facility on 10/18/16).</p> <p>A facility document titled Clinical Health Status (initial assessment), dated 10/18/16 at 12:05 p.m., and completed on admission to the facility, lacked documentation of skin issues to the buttocks.</p> <p>On 10/21/16, areas to the buttocks were observed by LPN 1 and documented on the original Clinical Health Status assessment and an order for Calazime (skin barrier protectant) was obtained (and provided as ordered).</p> <p>During an interview with the Director of Nursing on 8/8/17 at 1:35 p.m., she indicated there were no open areas to the residents buttocks on admission, we didn't see anything. The nurse added the information to the assessment on 10/21/16, when we observed the open</p>			

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F 0314 SS=D Bldg. 00	<p>areas and obtained an order for Calazime at that time.</p> <p>During an interview with LPN 1 on 8/8/17 at 2:55 p.m., she indicated when she was finishing admission paper work on 10/21/16, the resident told me he had open areas on his buttocks. I did not observe any wounds on initial assessment. The areas to the buttocks were not open, I would have documented that. I called the MD (Medical Doctor) and the Calazime order was received.</p> <p>This Federal tag is related to Complaint IN00236555.</p> <p>3.1-31(d)</p> <p>483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES (b) Skin Integrity -</p> <p>(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives</p>			

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	<p>necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on record review and interview, the facility failed to ensure a resident admitted to the facility with skin injury received prompt treatments to prevent infection and further skin injury for 1 of 3 residents reviewed for skin injury in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>The nursing facility record for Resident B was reviewed on 8/8/17 at 9:30 a.m. Diagnoses for Resident B included, but were not limited to chronic kidney disease (CKD) and hypertension (resident was admitted to the facility on 10/18/16).</p> <p>Hospital notes reviewed on 8/8/17 at 6:30 p.m.:</p> <p>A hospital wound care note, dated 10/14/16 at 9:33 a.m., indicated Resident B was referred to Physical Therapy Wound Team (PTWT) for a Deep Tissue Injury (DTI-purple or discolored area of intact skin or blood filled-blister due to damage of soft tissue from pressure and/or shear) and incontinence (lack of voluntary control over urination or defecation) breakdown to the buttocks</p>	F 0314	<p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>All residents will have appropriate treatments, assessments, and preventative measures for wounds/skin issues.</p> <p>Other residents having the potential to be affected by the same practice will be identified and the corrective actions taken are as follows;</p> <p>Facility skin audit completed and no other residents were affected by this deficient practice. No new or worsening skin conditions identified.</p> <p>The measures put into place and the systemic changes made are as follows:</p> <p>DNS/Designee will review clinical health status forms daily.</p> <p>DNS/Designee will review Braden Scale on all new admissions and ensure preventative measures</p>	09/06/2017

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	<p>and perineal areas (genital area) and according to hospital guidelines will defer initial assessment to nursing wound ostomy (surgically created opening) team.</p> <p>A hospital wound care note, dated 10/14/16 at 16:42 (4:42 p.m.), indicated the resident was seen by PTWT for a new area of purple discoloration on the right buttock. The area was a recurrent excoriation from incontinence but discoloration noted on 10/13/16 (measurements: 17 cm X 8 cm X 0.2 cm with 75% purple color and 25% red dermis, serous drainage and negative for odor). Interventions included low-frequency, non-contact, non-thermal ultrasound (MIST) treatment/5 days, specialty bed and non-excisional selective debridement.</p> <p>A hospital wound care note, dated 10/15/16 at 21:19 (9:19 p.m.), indicated PTWT debrided (to remove dead tissue) sloughing (shedding), nonviable tissue from the right buttock with forceps and scissors and received MIST treatment. Additionally, a foam dressing (Mepilex) was used to cover the area and Collagenase (Santyl-an enzymatic debriding ointment used to remove dead tissue). An assessment at that time indicated the wound was beginning to evolve into a full thickness wound and</p>		<p>are in place.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not reoccur per the following:</p> <p>Audit x5 days weekly for x 60 days, audit x4days weekly x60 days, audit x3 days weekly for 60 days, audit x2 days weekly for 60 days, audit x1 weekly x60 days.</p> <p>DNS/ED will report any findings of any reportables to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>				

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	<p>continues with loss of the outer layer of skin and deep maroon, non-blanchable dermis (thick layer of living tissue below the top layer of skin). Dark purple area deep in gluteal cleft and blistering present with an area of white waxy eschar that is distal. MIST protocol continued with treatments 2 of 5 completed.</p> <p>A hospital wound care note, dated 10/16/16 at 14:02 (2:02 p.m.), indicated the resident was followed by PTWT for wound management with MIST, Santyl with foam dressing and selective debridement treatments to the wound with continued evolution of white/gray tissue in the center and surrounding tissue with a mix of red and purple, non-blanchable skin. Santyl ordered on 10/15/16 and continues for enzymatic debridement to loosen slough/devitalized tissue from the right buttock. MIST treatment day 3/5 completed.</p> <p>A hospital wound care note, dated 10/17/16 at 10:40 a.m., indicated the wound was 20% purple, 50% red dermis and 30% gray eschar (dark, dead skin) with serosanguinous (body fluids containing blood) drainage and positive for odor with dressing removal. Treatments continue with MIST, non-excisional selective debridement of eschar, yellow/sloughing skin with</p>			

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203
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	<p>forceps and crosshatching of eschar with scalpel. The Santyl and foam dressing continue and foam border to left buttock added. Left buttock also with full thickness breakdown. Crosshatched eschar centrally to allow Santyl to penetrate. Day 4/5 treatments completed.</p> <p>A hospital discharge summary, dated 10/18/16 at 23:59 (11:59 p.m.), indicated the resident would be discharged to the rehabilitation facility with daily weights, voiding trial to remove anchored catheter and have nocturnal CPAP. The record lacked any documentation or instructions for wound care.</p> <p>A nursing facility document titled Clinical Health Status (initial assessment) dated 10/18/16 at 12:05 p.m., and completed on admission to the facility, lacked documentation of skin issues to the buttocks.</p> <p>The facility LPN 1 observed and documented skin injury areas to Resident B's buttocks on the original Clinical Health Status assessment on 10/1/16 and an order for Calazime (skin barrier protectant) was obtained (and provided as ordered).</p> <p>A facility progress note, dated 10/25/16, indicated the resident was transferred to</p>			

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	<p>the hospital per the resident's request.</p> <p>Hospital notes reviewed on 8/8/17 at 6:30 p.m.:</p> <p>An ED (emergency department) progress note, dated 10/25/16 at 16:59 (4:59 p.m.), indicated the resident would be admitted for further evaluation and management and would benefit from a wound care consult due to the worsening sacral decubitus ulcer.</p> <p>A hospital note, dated 10/25/16 at 17:32 (5:32 p.m.), indicated laboratory orders for a wound culture and stain were obtained. Physical examination of the skin indicated the a stage 2 wound with a large amount of drainage and very smelling. Laboratory results indicated infected sacral decubitus ulcer with orders for vancomycin and zosyn (antibiotics).</p> <p>A hospital nursing note, dated 10/26/16 at 18:37 (6:37 p.m.), indicated (Assessment & Plan) the right buttock-wound continues to require sharp debridement of eschar and yellow/gray slough throughout the center of the wound. Santyl to provide enzymatic debridement daily with dressing changes. Hydrofera blue applied to provide moisture retention over eschar and to also</p>			

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	<p>provide antimicrobial properties. Left buttock-Santyl applied to assist with removal of thin fibrin layer. Contacted MD to suggest consideration of consult for surgical debridement secondary to foul odor.</p> <p>A hospital note, dated 10/29/16 at 13:14 (1:14 p.m.), indicated the resident would continue with Santyl to the areas of slough and would have further surgical debridement of the wound on 10/31/16.</p> <p>A hospital operation note, dated 10/31/16 (no time), indicated the resident was surgically debrided for necrotizing soft tissue infection (incision, drainage and debridement of the infected area - left gluteal).</p> <p>During an interview with the Director of Nursing on 8/8/17 at 1:35 p.m., she indicated there were no open areas to the residents buttocks on admission, we didn't see anything. The nurse added the information to the assessment on 10/21/16, when we observed the buttock wounds and obtained an order for Calazime at that time.</p> <p>During an interview with LPN 1, on 8/8/17 at 2:55 p.m., she indicated she was finishing admission paper work and the resident told me he had buttock wounds, I</p>			

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	<p>did not observe them on the initial admission assessment. The areas to the buttocks were not open, I would have documented that. I called the MD (Medical Doctor) and the Calazime order was received</p> <p>This Federal tag is related to Complaint IN00236555.</p> <p>3.1-40(2)</p>				