

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 12/14/2017
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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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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00244963, IN00245772, IN00247305, and IN00247817.</p> <p>Complaint IN00244963 - Substantiated. Federal/State deficiencies related to the allegations are cited at F659.</p> <p>Complaint IN00245772 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00247305 - Substantiated. Federal/State deficiencies related to the allegation are cited at F658 and F659.</p> <p>Complaint IN00247817 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 12, 13, & 14, 2017</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Census bed type: SNF/NF: 137 Total: 137</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</p> <p>The facility respectfully request paper compliance Thank you for your consideration,</p> <p>Respectfully, Jason Eastlund, BSW, HFA</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 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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F 0658 SS=E Bldg. 00	<p>Census payor type: Medicare: 13 Medicaid: 109 Other: 15 Total: 137</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/18/17.</p> <p>483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality.</p> <p>Based on record review and interview, the facility failed to ensure all licensed Nurses had current certification in CPR (Cardio Pulmonary Resuscitation) as per facility policy. The facility also failed to ensure CPR was provided by Licensed Nursing staff member as per the facility policy for 1</p>	F 0658	<p>Res H</p> <p>Licensed staff not having CPR certification/Unlicensed staff performing CPR</p> <p>Res Identified</p> <p>Director of Clinical Education and all staff related to Resident H's code</p>	01/13/2018

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	<p>of 1 resident reviewed for CPR interventions. (Resident H)</p> <p>Findings include:</p> <p>The closed record for Resident H was reviewed on 12/13/17 at 8:44 p.m. Diagnoses included, but were not limited to diabetes mellitus, venous embolism, diabetes mellitus, chronic obstructive pulmonary disease, high blood pressure, morbid obesity, and chronic kidney disease. The resident's current Code Status was noted as "Full Code" indicating CPR was to be initiated for cardiac arrest.</p> <p>A SBAR (Change in Condition) progress note, dated 11/26/17 at 6:00 p.m., indicated the Nurse was called to the resident's room and observed the resident laying in bed. The resident was unresponsive. An assessment was completed and vital signs were absent. A Code was called, CPR was initiated, and EMT/911 arrived to continue the Code.</p> <p>The facility listing of all current Licensed Nurses was reviewed on 12/13/17. The Director of Staff Development provided the current certifications of the licensed staff. LPN 1, LPN 2, and LPN 3 did not have current CPR certification.</p>		<p>were educated on F tag 658 and facility policy and procedure prior to date of compliance.</p> <p>Others</p> <p>Facility audit conducted to identify all licensed staff not in compliance with CPR requirements prior to date of compliance.</p> <p>Education</p> <p>All clinical staff to be educated on policy and procedure related to CPR requirements.</p> <p>Monitor</p> <p>Facility will add CPR certification to a new hire checklist, when appropriate. The DCE and Payroll will verify and initial that certification is valid and in place for new licensed staff. All applicable staff will be reviewed for compliance one time per year. Any staff identified as out of compliance will receive a coachable moment and have 90 days to obtain a valid CPR certification.</p> <p>QAPI</p> <p>Any negative findings will be reviewed in monthly QAPI</p>	

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	<p>On 12/13/17 at 1:54 p.m., the Director of Nursing provided the CPR Policy, created on 3/15/2015 and indicated the policy was the one currently being used by the facility. The policy indicated Licensed Nursing staff were to be CPR certified. Newly hired Licensed nursing staff were to obtain CPR certification within 90 days of hire.</p> <p>During an interview on 12/13/17 at 1:58 p.m., CNA 1 indicated he was in the break room for lunch and heard a Code Blue. He immediately ran to Resident H's room to assist. CPR was being performed by LPN 4 and him and CNA 2 assisted with performing CPR until the paramedics arrived. CNA 1 indicated his CPR card had been expired for about a year. No management staff spoke with him after the Code Blue event for Resident H.</p> <p>During an interview on 12/13/17 at 2:50 p.m., CNA 2 indicated she was on the unit when Resident H coded. CNA 1 and I came to the room and LPN 4 was in the room and started CPR. She and CNA 1 helped lift to put the board under the resident. She did relieve other staff in doing compressions and they continued until the paramedics arrived. The CNA indicated she completed CPR training in 7/2016 when she was employed at another facility.</p>			

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	<p>During an interview on 12/13/17 at 10:01 a.m., Nurse Manager (LPN 4), indicated she responded to the Code Blue for resident H. "Another nurse was assessing him and the resident was not breathing and the crash cart was there and I initiated CPR. CNA 1 also assisted with CPR and performed chest compressions and did "bag" (provide respirations by utilizing an mask device over the resident's airway) at some point. We continued CPR until the paramedics arrived."</p> <p>During an interview with the facility Administrator on 12/13/17 at 1:50 p.m., the Administrator confirmed the facility CPR policy indicated licensed Nursing staff were to be certified in CPR and Licensed Nursing staff were to perform CPR. CNA 1 had a CPR card which was expired.</p> <p>During an interview with the Director of Nursing (DON) and the Nurse Consultant on 12/13/17 at 9:42 a.m., the DON indicated they spoke with some of the staff present at the Code Blue for resident H. The nurse assigned to the Resident did not do the CPR as another Unit Manager was present. The Nurse Consultant indicated there were some CNA's present but believed it was just two nurses doing CPR.</p>			

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F 0659 SS=E Bldg. 00	<p>Risk Management looks over events and did not see any need to complete additional investigations. The Director of Staff development was assigned to ensure CPR certifications were up to date for staff members.</p> <p>During an interview with the Staff Development Nurse on 12/14/17 at 11:22 a.m., the Nurse confirmed LPN 1, LPN 2, and LPN 3 did not have current CPR certification.</p> <p>This Federal tag relates to Complaints IN00244963 and IN00247305.</p> <p>2.1-35(g)(1)</p> <p>483.21(b)(3)(ii) Qualified Persons §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review, and interview, the facility failed to ensure services were provided by qualified personal related to QMA's (Qualified Medication Aide) providing respiratory Nebulizer treatments and Hemodialysis site assessments for 2 of 3</p>	F 0659	<p>Resident G and H had assessments completed by clinical staff prior to date of compliance.</p> <p>All residents who receive dialysis or nebulizer treatments were reviewed to ensure appropriate</p>	01/13/2018

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	<p>residents reviewed for the administration of Nebulizer treatments and 1 of 1 resident reviewed for Hemodialysis. (Residents C and G)</p> <p>Findings include:</p> <p>1. The record for Resident G was reviewed on 12/12/17 at 5:35 p.m. Diagnoses included, but were not limited to, end stage renal disease, anemia, and high blood pressure.</p> <p>The annual MDS (Minimum Data Set) assessment, completed on 11/23/17, indicated the resident's cognitive skills were moderately impaired and the resident was receiving hemodialysis.</p> <p>A current Physician's order, obtained on 3/7/15, indicated Post Dialysis assessment, including an assessment of the site for a thrill and bruit, any bleeding, signs or symptoms of infection, and any post dialysis complications was to be completed.</p> <p>The 11/2017 Medication Administration Record was reviewed. The Post Dialysis assessment was signed out by QMA 1 on 11/2/17, 11/7/17, 11/9/17, 11/16/17, 11/21/17, 11/23/17, 11/25/17, and 11/28/17.</p>		<p>documentation was completed by licensed nurses. This was done prior to date of compliance.</p> <p>All licensed nurses were educated on facility policy and procedure for pre and post dialysis assessments along with nebulizer treatments. QMA were educated on limitation of assessments according to QMA certification.</p> <p>Clinical leadership will monitor dialysis assessments 2 times per week for 4 weeks, 2 times per month for 3 months, 2 times per quarter until substantial compliance is achieved.</p> <p>Clinical leadership will monitor 2 nebulizer treatments per week x 4 weeks, 2 per month for 3 months and then 2 times per quarter until 95% compliance is achieved.</p> <p>Any negative findings will be reviewed in monthly QAPI</p>		

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	<p>During an interview on 12/14/17 at 11:30 a.m., Unit Manager 2 indicated Licensed Nurses were to complete and sign for the completion of the post dialysis site assessments.</p> <p>2. The record for Resident C was reviewed on 12/13/17 at 3:55 p.m. Diagnoses included, but were not limited to, heart failure, acute kidney failure, anemia, and anxiety disorder.</p> <p>A Physician's order, dated 3/18/17, indicated Nebulizer treatments of Ipratropium-Albuterol 0.5 mg-2.5 mg were to be administered four times a day at 6:00 a.m., 1:00 p.m., 6:00 p.m., and 9:00 p.m.</p> <p>The 12/2017 Medication Administration Record was reviewed. The above ordered Nebulizer treatment were signed out by QMA 1 on the following dates/times: 12/2/17 at 1:00 p.m. 12/3/17, 12/4/17, and 12/5/17 at 1:00 p.m., 6:00 p.m., and 9:00 p.m. 12/7/17 & 12/9/17 at 1:00 p.m.</p> <p>When interviewed on 12/13/17 at 1:00 p.m., the Director of Nursing indicated the Nurses and administer the nebulizer treatment and the QMA's notified the Nurse</p>			

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	<p>to administer the treatment as the order shows up on the MAR screen of the QMA. The QMA should not be signing the treatment out.</p> <p>Review of the Indiana Administrative Code (IAC) indicated the following: "ARTICLE 2. QUALIFIED MEDICATION AIDES ... 412 IAC 2-1-9 Scope of practice ... (a)(3) ... The QMA shall not document in a resident's clinical record any medication that was administered by another person or not administered at all....(b) The following tasks shall not be included in the QMA scope of practice: ... (b)(2) Administer medication used for intermittent positive pressure breathing (IPPD) treatments or any form of medication inhalation treatments, other than metered dose inhaler..." Hemodialysis site assessments were not indicated as part of a QMA scope of practice as outlined in section (a).</p> <p>This Federal tag relates to Complaints IN00244963 and IN00247305.</p> <p>3.1-35(g)(2)</p>			