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	12/18/2015

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 IN00187741 and IN00188571. Complaint IN00187741- Substantiated. Federal/State deficiency related to the allegation is cited at 282. Complaint IN00188571- Substantiated. Federal/State deficiency related to the allegation is cited at F282. Survey dates: December 17 & 18, 2015 Facility number: 000098 Provider number: 155187 AIM number: 100290980 Census bed type: SNF/NF: 128 Total: 128 Census payor type: Medicare: 13 Medicaid: 103 Other: 12 Total: 128 Sample: 11	F 0000	Submission of this Response and Plan of Corrections 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 with ten (10) days of the survey as a condition of participation in the Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance. This facility is asking for a desk review for this survey.	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 26143, on December 20, 2015.			
F 0282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must 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 provide services by qualified persons related to the failure to arrange appointment transportation for Physician ordered Out Patient medical services for 2 of 3 residents reviewed for Physician orders for Out Patient services in a sample of 11. (Residents #E and #K) Findings include: 1. The record for Resident #E was reviewed on 12/18/15 at 11:50 a.m. The resident's diagnoses included, but were	F 0282	It is the intent of this facility to ensure that transportation is arranged for Physician ordered Out Patient medical services. **What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice:** Resident E received her IVIG infusion on 12/11/2015 as was rescheduled. Her next appointment is scheduled for 1/15/2016. Resident E had no negative outcomes due to having appointment rescheduled. Resident K is rescheduled for an consult appointment on 1/13/2016, transportation has	01/15/2016

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	not limited to, chronic pain syndrome, spondylosis, anemia, diabetes mellitus, and asthma. The current Physician orders were reviewed. There was an order to restart IVIG (Immunoglobulin infusions) every five weeks. This order was originally written on 4/23/15. The 12/2015 Nursing and Social Service Progress Notes were reviewed. There was no documentation of the resident being transported to her 12/4/15 appointment. When interviewed on 12/18/15 at 12:20 p.m., Resident #E indicated she was supposed to be sent to the clinic every five weeks for Immunogloblin infusions. Resident #E indicated she had an appointment to go out to the clinic for her infusion on 12/4/15 . The resident indicated she did not go for the appointment as transportation arrangements had not been made by the facility staff. The resident indicated they then arranged for her next appointment to be on 12/11/15. When interviewed on 12/18/15 at 12:36 p.m., Unit Manager #2 indicated Resident #E had Physician orders to be sent out to a clinic for Immunoglobulin infusion every five weeks. The Unit Manager indicated she started as the Unit Manager		been arranged. Resident K continues with pain management as ordered by Physician. Resident has a BIMS of 15 and is able to communicate his needs. Pain continues to be managed with current orders. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** Physician orders in the past 30 days were reviewed, no other residents were found to be affected **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** Licensed nurses were re-educated on guidelines for verification of appointments being set and transportation scheduled for Out Patient medical services. The appointment schedule book for C wing was located and appointments were reviewed to assure appointments were met. Out Patient medical appointments will be scheduled by nursing along with any other new orders received will be reviewed and audited by the DNS/designee weekly for 5x week for 4 weeks, 3x week for 4 weeks and weekly for 4 weeks. All new physician will continue to be reviewed in clinical start up **How the corrective action(s) will be monitored to ensure the deficient practice will not recur,**	

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	on 11/30/15 and noticed the Appointment book was not at the Nurses' Station and could note be located. The Unit Manager indicated the Appointment book was not located until 12/14/15. Unit Manager #2 indicated Resident #E did miss her 12/4/15 Immunoglobulin infusion appointment as the Appointment book was unavailable and no arrangements had been made to transport the resident to the clinic for her 12/4/15 appointment. The Unit Manager indicated it was Nursing's responsibility to arrange transportation to appointments. 2. Resident #K's record was reviewed on 12/17/15 at 11 a.m. The resident's diagnoses included, but were not limited to, rheumatoid arthritis, Parkinson's disease, and dementia. A Physician's Progress Note, dated 11/23/15, indicated the resident had ongoing joint pain, especially in the posterior neck area. The note indicated, "...? pain injection I will call..." A Nurses' Progress Note, dated 11/23/15 at 7:18 p.m., indicated the Physician had seen the resident and referred the resident for pain management for the neck pain, and an appointment was made for December 5, 2015 at 10:30 a.m.		**i.e., what quality assurance program will be put into place:** Audit results of scheduled Out Patient medical service appointments will be reported in the QAPI meeting monthly for 6 months or as determined by the QAPI committee. **Date systemic changes will be completed:** 1/15/2016	

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	The clinical record lacked documentation in the Physician Progress Notes and Nurses' Notes, to indicate the resident was seen by the Pain Management Physician on 12/05/15 as ordered by the Physician. During an interview on 12/18/15 at 10:03 a.m., Unit Manager #1 indicated the resident was scheduled to see the Pain Management Physician on 12/05/15. She indicated transportation had not been scheduled for the resident and because of this the resident was not seen by the Physician as ordered. She indicated a new appointment had been made for 01/13/16. This Federal Tag relates to Complaints IN00187741 and IN00188571. 3.1-35(g)(2)			

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