

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

PRINTED: 12/01/2021

FORM APPROVED

OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155187 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>11/18/2021 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3175 LANCER ST<br>PORTAGE, IN 46368 |
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| F 0000<br><br>Bldg. 00     | <p>This visit was for Investigation of Complaint IN00366034 and Complaint IN00366440. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00366034 - Substantiated. Federal/State deficiencies related to the allegations are cited at F561.</p> <p>Complaint IN00366440 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 17 and 18, 2021.</p> <p>Facility number: 000098<br/>Provider number: 155187<br/>AIM number: 100290980</p> <p>Census Bed Type:<br/>SNF/NF: 111<br/>Total: 111</p> <p>Census Payor Type:<br/>Medicare: 8<br/>Medicaid: 88<br/>Other: 15<br/>Total: 111</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 11/22/21.</p> | F 0000 | Fountainview Place respectfully requests desk review/paper compliance |  |
| F 0561<br>SS=D<br>Bldg. 00 | <p>483.10(f)(1)-(3)(8)<br/>Self-Determination<br/>§483.10(f) Self-determination.<br/>The resident has the right to and the facility</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>must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on record review and interview, the facility failed to ensure a resident's individual preferences were followed related to resident choice of the type of bathing they would prefer for 1 of 3 sampled residents reviewed for choices. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 11/17/21 at 11:22 a.m. Diagnoses were included, but not limited to, quadriplegia and neurogenic bladder</p> | F 0561        | <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The DNS met with resident B and shower/bathing schedule was updated 11/19/21 to reflect resident's shower/bathing preferences, resident received shower per his preference on 11/19/21.</p> | 12/03/2021           |

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|   | <p>(bladder unable to release urine on its own naturally, requires an indwelling catheter).</p> <p>The B Wing Shower Schedule, indicated Resident B was to have received showers on Wednesdays and Fridays before dinner. The bathing sheets indicated the following:</p> <ul style="list-style-type: none"> <li>- 11/3 refused, unknown if a shower was offered</li> <li>- 11/5 received a bed bath</li> <li>- 11/6 received a partial bed bath</li> <li>- 11/7 received a partial bed bath</li> <li>- 11/12 Shower</li> </ul> <p>The October shower sheets indicated the resident mostly received bed baths and not showers.</p> <p>The Resident Preference Sheet, dated 10/9/21, indicated the resident preferred a shower three times a week in the evenings.</p> <p>The Quarterly Minimum Data Set assessment, dated 10/13/21, indicated the resident needed assistance with bathing support of 1 person.</p> <p>Interview with Director of Nursing on 11/18/21 at 12:30 p.m., indicated the resident mostly received bed baths and not showers, per his preference.</p> <p>This Federal tag relates to Complaint IN00366034.</p> <p>3.1- 3(u)(3)</p> |   | <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</p> <p>The DNS/nursing management completed an audit 11/22/21 with a look back of 7 days to determine showers/bathing provided per resident's preference. Preferences were updated in the resident's medical record.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>DNS/designee educated all licensed nursing staff on providing showers/bathing per resident preference and the guideline for self-determination which includes the resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice with focus on residents receiving showers/bathing per their preference.</p> <p>DNS/designee will review shower/bathing schedule for</p> |                      |   |

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|                    |  |               | <p>completion of showers/bathing per the resident's preference. Audit is to be reviewed five times a week for four weeks, then three times a week for four weeks, then weekly for four months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.</p> |                      |