

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155157 | (X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | (X3) DATE SURVEY COMPLETED 03/07/2019 |
|--|--|---|---|--|
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | | STREET ADDRESS, CITY, STATE, ZIP COD 1042 OAK DR RICHMOND, IN 47374 | | |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00287046.</p> <p>Complaint IN00287046 - Substantiated. Federal/state deficiencies related to the allegations are cited at F727, F732 and F842.</p> <p>Survey dates: March 5, 6 and 7, 2019</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 5 Medicaid: 55 Other: 3 Total: 63</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on March 12, 2019</p> | F 0000 | <p>This plan of correction is submitted as required under federal and state regulation and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> | |
| F 0727 SS=D Bldg. 00 | <p>483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</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>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>Based on interview and record review, the facility failed to ensure the services of a Registered Nurse (RN) for at least eight consecutive hours on a daily basis for one day within the past six days of the survey.</p> <p>Findings include:</p> <p>A review of the actual staffing personnel for 2-28-19 to 3-6-19, a lack of RN coverage was noted for 2-28-19. In an interview with the Director of Nursing Services (DNS), on 3-6-19 at 9:30 a.m., she indicated RN 2 "works nearly every day, except on Thursdays, for our RN coverage." She indicated she was under the impression the DNS's hours, as well as the Clinical Education Coordinator's (CEC) hours of work would count towards the required RN coverage. She indicated the CEC is new & does not work in the capacity of a floor nurse at this time.</p> <p>In an interview with RN 2 on 3-5-19 at 3:51 p.m., he indicated he routinely has been working 60-70 hours each week by choice and due to staffing needs.</p> <p>On 3-7-19 at 11:11 a.m., the DNS provided a copy of a policy entitled, "Nursing Services," with a review date of 11-17-18. This policy indicated, "Golden Living Centers will follow state/federal regulation related to Nursing Services to</p> | F 0727 | <p>F0727 RN 8 hrs/7days/week, Full time DON</p> <p>1. Reviewed Schedule to find a need for 8 hrs of RN coverage one day a week. 2. Actively seeking hiring of RN's to ensure 8 consecutive hrs of RN coverage 7 days a week. Until enough RN's are hired Director of Clinical Education (DCE) will provide hands on care on any uncovered day.3. Corporate nurse educated Director of Nursing (DNS) and DCE on the need for 8 hrs of consecutive coverage 7 days a week. DCE or designee will audit schedule to ensure RN coverage for 8 consecutive hrs on a daily basis, 5 times a week for 4 weeks, 3 times a week for 8 weeks, and then weekly thereafter for 12 weeks.4. Audits to be reviewed in QAPI for 6 months or until 100 percent compliance is achieved.</p> | 04/05/2019 |

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| F 0732 SS=D Bldg. 00 | <p>include...A Registered Nurse who works at least 8 consecutive hours a day, 7 days a week..."</p> <p>This Federal tag relates to Complaint IN00287046.</p> <p>3.1-17(b)(3)</p> <p>483.35(g)(1)-(4)</p> <p>Posted Nurse Staffing Information</p> <p>§483.35(g) Nurse Staffing Information.</p> <p>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. <p>§483.35(g)(2) Posting requirements.</p> <ul style="list-style-type: none"> (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: <ul style="list-style-type: none"> (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not</p> | | | | |

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| | <p>to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview and record review, the facility failed to ensure the daily posted nurse staffing was current for 1 of 3 days of the survey period.</p> <p>Findings include:</p> <p>During the entrance to the facility on 3-5-19 at 1:50 p.m., the posted staffing, located at receptionist desk at the facility's main entrance, was dated for 3-4-19.</p> <p>The same posted staffing, dated for 3-4-19, was observed to be in place at the at receptionist desk at facility's main entrance on 3-5-19 at 1:55 p.m., 3:20 p.m., and 5:30 p.m.</p> <p>In an interview with the Director of Nursing Services on 3-6-19 at 9:30 a.m., she indicated the previous day's (3-5-19) posted staffing was actually located behind the one posted for 3-4-19, but had not been properly put in place.</p> <p>On 3-7-19 at 11:11 a.m., the Director of Nursing Services provided a copy of policy entitled, "Nursing Staff Hours." This policy had a review date of 8-23-18. This policy indicated, "Nursing staff hours will be posted in accordance with state and federal regulations in all facilities. The posting shall be in a clear and readable format and posted in a prominent place readily accessible to residents and visitors...The following information shall be posted on a daily basis at the beginning</p> | F 0732 | <p>F732 – Nurse Staffing Posting</p> <p>1. Correct date for nurse staffing was immediately posted.</p> <p>2. This was the only posting issue. No other area involved. The DNS or designee in-serviced staff to ensure the posted nursing staff is for current date only.</p> <p>3. Executive Director or designee to ensure nurse staffing posting is correct. 5 times a week for 4 weeks, 3 times a week for 8 week and weekly for 12 weeks</p> <p>4. Executive Director or designee will report any findings of audits to monthly Quality Assurance meeting.</p> | 04/05/2019 |

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| F 0842 SS=D Bldg. 00 | <p>of each shift.."</p> <p>This Federal tag relates to Complaint IN00287046.</p> <p>3.1-17(a)</p> <p>483.20(f)(5); 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; | | | |

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| | <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>Based on interview and record review, the facility failed to ensure documentation of bathing services to 1 of 3 residents were accurately documented. (Resident B)</p> | F 0842 | <p>F842 – Resident Records Identifiable Information</p> <p>1. Resident B was interviewed to ensure showers were being</p> | 04/05/2019 |

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| | <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 3-6-19 at 3:02 p.m. Her diagnoses included, but were not limited to, cerebral infarction with left side hemiparesis and chronic pain. Her most recent Minimum Data Set assessment, dated 12-19-18, indicated she was cognitively intact, is unable to walk and uses a wheelchair for mobility, required extensive assistance of one person with dressing and hygiene and extensive assistance of two or more persons for bathing (showering) and toileting. It indicated she is occasionally incontinent of bowel and bladder.</p> <p>In an interview with Resident B on 3-5-19 at 2:27 p.m. she indicated the facility staff provide her a shower every Monday & Thursday at 10:00 a.m., and bed baths on other days.</p> <p>Review of the facility's computerized care provision documentation system for Resident B for 1-1-19 to 3-6-19, indicated she had not received a shower in this length of time. It indicated she had received various versions of bed baths or partial baths.</p> <p>In an interview with CNA 3 on 3-7-19 at 9:16 a.m., she indicated the facility had changed to the current computerized care provision documentation system last September, 2018. CNA 3 provided a demonstration of the system's capabilities to identify type of care. The demonstration illustrated the system provides pictures and definitions of each aspect, such as bathing, toileting and mobility, as well as the type of assistance each resident required with each aspect of care and the number of persons required to provide the care to each resident. She</p> | | <p>given per her preference.</p> <p>2.Residents receiving showers have the potential to be affected by this practice.</p> <p>3.DCE or designee to educate nursing staff on accurate documentation of showers given. DCE or designee to ensure showers are accurately documented 5 times per week times 4 weeks, then 3 times per week times 8 weeks, then weekly times 12 weeks.</p> <p>4.Results will be reviewed in monthly QAPI for 6 months or until consistent substantial compliance has been achieved as determined by the committee.</p> <p>Date of Compliance 4.5.19</p> | (X5) COMPLETION DATE |

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| | <p>demonstrated the system's ability to identify type of bathing, specific to shower, bed bath or partial bath.</p> <p>In an interview with the Director of Nursing Services (DNS) on 3-7-19 at 9:25 a.m., she indicated the only training she could recall on the current computerized care provision documentation system was a two hour webinar provided to management staff. "So, I can't say the staff ever received much of a training on the proper use of the [current computerized care provision documentation system]. More training would be very helpful because it is different from the previous system and would help capture better information of the care that is actually delivered."</p> <p>On 3-7-19 at 11:11 a.m., the DNS provided a copy of a policy entitled, "Care Tracker Compliance Tips and Best Practices," with a review date of 6-4-18. At this time, the DNS indicated this policy related to the previous computerized care provision documentation system, but the information still applied to the current computerized care provision documentation system. This policy indicated, "Care Tracker compliance is the act of documenting care provided for all residents each shift. Acceptable Care Tracker compliance is 98%-100%...Be sure there is a system to train new employees in the Care Tracker system...CNA's should be following the Chart As You Go! process of charting on residents at the kiosk. This process requires the aide to provide the care and observe a resident's performance before documenting at the kiosk...The most important factor with Care Tracker success is the LivingCenter [sic] leadership involvement. Be present on the nursing units, help to train employees...The first</p> | | | |

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| | <p>few days of re-introducing Chart As You Go! concept, is an excellent opportunity for the clinical team to monitor for accuracy and teach the correct coding/definitions...Review Compliance at the Stand Up meeting each morning using Last Three Full Shifts Compliance Report. If a unit is falling below the expectation of 98%, identify the causal factors. Have successful units share their process. Discuss Compliance and Quality findings at the QA&A committee meeting..."</p> <p>This Federal tag relates to Complaint IN00287046.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p> | | | |