

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>155157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>02/12/2021</b>
NAME OF PROVIDER OR SUPPLIER <b>GOLDEN LIVING CENTER-RICHMOND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1042 OAK DR RICHMOND, IN 47374</b>		
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00347156.</p> <p>Complaint IN00347156 - Substantiated. Federal/state deficiencies related to the allegations are cited at F677 and F725.</p> <p>Survey date: February 12, 2021</p> <p>Facility number: 000077 Provider number: 155757 AIM number: 100266490</p> <p>Census Bed Type: SNF/NF: 51 Total: 51</p> <p>Census Payor Type: Medicare: 6 Medicaid: 36 Other: 9 Total: 51</p> <p>This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on February 18, 2021</p>	F 0000		
F 0677 SS=E Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview and record review the facility failed to provide bathing and</p>	F 0677	Preparation, submission and implementation of this Plan of	03/10/2021

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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	<p>showers for dependent residents as preferred by the resident for 4 of 5 residents reviewed for Activities of Daily Living (ADL)(Resident B, Resident D, Resident C and Resident F).</p> <p>Findings include:</p> <p>1). During an interview with Confidential Staff 1 indicated some residents were not receiving their showers and baths, the residents were Resident B, Resident D and Resident C.</p> <p>During an interview with Confidential Staff 3, indicated Resident F was not receiving as many baths as she would prefer.</p> <p>During an interview and observation with Resident B on 2/12/2021 at 11:18 a.m., indicated he did not receive his showers very often the staff usually would "just wash him up". The resident indicated it was hard for the staff to give him a shower because his legs did not work very well and it took up to an hour to give him a shower. The resident was a large man and was sitting in his electric scooter.</p> <p>Review of the record of Resident B on 2/12/2021 at 1:50 p.m., indicated the resident's diagnoses included, but were not limited to, diabetes, Chronic Obstructive Pulmonary Disease (COPD) dependence on supplemental oxygen, debility- Cardiorespiratory condition, heart failure, hypertension, unsteadiness on feet, difficulty walking, history of falling, edema, muscle weakness, pain and unspecified abnormalities of gait and mobility.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident B, dated 1/11/2021, indicated the resident was independent for daily</p>		<p>Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction was prepared and executed as a means to continuously improve the quality of care and comply with all applicable federal and state requirements.</p> <p>The facility respectfully requests a desk review of our responses to this survey.</p> <p><b>F677-E</b> Residents Identified Due to the nature of a complaint survey Residents B, C, D, F are not identified.</p> <p>Other Residents with Potential to be Affected All residents have the potential to be affected. An audit was conducted to identify current preferences for showers / bathing. This was utilized to update shower schedules and care plans.</p> <p>Education: DNS/designee conducted in-servicing for nursing staff on providing bathing and/or showers per resident preferences.</p> <p>Monitoring: An updated shower/bathing schedule was developed and presented to nursing staff.</p> <p>DNS/designee with review shower</p>	

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	<p>decision making. The resident's decisions were consistent and reasonable. The resident was totally dependent of two or more staff for bathing needs.</p> <p>The care plan for Resident B, dated 9/13/2020, indicated the resident preferred 1 shower a week on day shift.</p> <p>Review of Resident B's shower documentation for the last 30 days from 1/14/2021 to 2/12/2021, the resident did not receive any showers in the last 30 days. The resident received 8 full bed baths in the last 30 days.</p> <p>2.) During an interview and observation with Resident D on 2/12/2021 at 11:32 a.m., indicated the day before yesterday (2/10/2021) had been the first time he had a shower in over a month. The resident indicated this happened frequently. The resident indicated when he was at home he took a shower every day. The resident was observed to be sitting on the side of his bed with a walker next to him, the resident was dressed in pajama pants and a shirt.</p> <p>Review of the record of Resident D on 2/12/2021 at 1:32 p.m., indicated the resident's diagnoses included, but were not limited to, congestive heart failure, depression, diabetes, peripheral vascular disease, pain, osteoporosis, chronic kidney disease, fibromyalgia, edema and heart failure.</p> <p>The Quarterly MDS assessment for Resident D, dated 1/14/2021, indicated the resident was independent for daily decision making. The resident was totally dependent of one person for bathing needs.</p>			<p>documentation to determine residents are getting showers/bathing per preference 5 times per week for 4 weeks, then 3 times per week for 4 weeks, then 2 times per week for 4 weeks, then monthly for 3 months. Interviews with random residents will be conducted throughout this monitoring to validate preferences are being met.</p> <p>QAPI: All audits will be presented to the quality assurance committee for review during their monthly meeting, with further recommendations made as warranted, for 6 months</p>	

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	<p>The care plan for Resident D, dated 9/7/2020, indicated the resident preferred to have 3 showers a week on day shift.</p> <p>Review of Resident D's shower documentation for the last 30 days from 1/14/2021 to 2/12/2021, the resident received one shower in the last thirty days on 2/10/2021. The resident received 2 full bed baths in the last 30 days.</p> <p>3.) During an observation on 2/12/2021 at 11:50 a.m., Resident C was sitting in her room on the side of her bed. The resident was dressed and her hair was uncombed and disheveled. The resident did not respond when talked to.</p> <p>Review of the record of Resident C on 2/12/2021 at 3:34 p.m., indicated the resident's diagnoses included, but were not limited to, delusional disorder, major depressive disorder, muscle spasms, pain, edema and seizure disorder.</p> <p>The Quarterly MDS assessment for Resident C, dated 1/11/2021, indicated the resident was severely impaired for daily decision making. The resident never or rarely made decisions. The resident was totally dependent of one person for bathing needs.</p> <p>The care plan for Resident C, dated 9/7/2021, indicated the resident preferred to have two showers a week with no preference on what shift the showers were on.</p> <p>Review of Resident C's shower documentation for the last 30 days from 1/14/2021 to 2/12/2021, the resident received 2 showers in the last 30 days. The resident received 10 full bed baths.</p>				

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	<p>4.) Review of the record of Resident F on 2/12/2021 at 2:15 p.m., indicated the resident's diagnoses included, but were not limited to, schizophrenia, anxiety, depression, arthritis and chronic pain.</p> <p>The Annual MDS assessment for Resident F, dated 1/21/2021, indicated the resident was independent for daily decision making.</p> <p>The resident was totally dependent of two or more staff for bathing needs.</p> <p>The care plan for Resident F, dated 9/12/2021, indicated the resident preferred not to have showers and would prefer to have bed baths daily.</p> <p>Review of Resident F's shower documentation for the last 30 days from 1/14/2021 to 2/12/2021, the resident received 15 bed baths. This indicated the resident missed 15 bed baths as preferred.</p> <p>During an observation of Resident F on 2/12/2021 at 2:20 p.m., the resident was laying in bed in a hospital gown. The resident smiles and tells me she can not hear. The resident's hair was uncombed, disheveled and dirty.</p> <p>Review of the Resident Census and Condition of residents provided by the MDS Coordinator on 2/12/2021 at 11:30 a.m., indicated there 8 residents who required assistance of one or two staff for bathing and 42 residents who were totally dependent on staff for bathing needs.</p> <p>This Federal Tag relates to Complaint IN00347156.</p> <p>3.1-38(a)(3)</p>			

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F 0725 SS=E Bldg. 00	<p>483.35(a)(1)(2) Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <ul style="list-style-type: none"> <li>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</li> <li>(ii) Other nursing personnel, including but not limited to nurse aides.</li> </ul> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. Based on observation, interview and record review the facility failed to have adequate staffing to provide dependent residents with baths and showers per the residents preference for 4 of 5 residents reviewed for Assistance of Daily Living (ADL)( Resident B, Resident D, Resident C and Resident F).</p> <p>Findings include:</p>	F 0725	<p>F725-E Residents Identified: Due to the nature of a complaint survey Residents B, C, D, F are not identified. Clinical scheduler reviewed all upcoming schedules with DNS to validate the shifts were covered.</p> <p>Other Residents with Potential to</p>	03/10/2021

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	<p>1). During an interview with Confidential Staff 1, indicated the facility did not have enough staff to provide showers and baths to the residents. The Confidential staff indicated some residents that were not receiving their showers and baths were Resident B, Resident D and Resident C. The Confidential staff indicated there were more residents that were not receiving their showers and baths, but that was the residents that came to mind at this time.</p> <p>During an interview with Confidential Staff 2, indicated the facility did not have enough staff to provide residents shower and bathing needs.</p> <p>During an interview with Confidential Staff 3, indicated the facility did not always have enough staff to provide care. Confidential Staff 3 indicated some times there was only two CNA's for the entire building. Confidential staff 3 indicated showers and bathing could not always be provided because there was not enough staff. Confidential Staff 3 indicated Resident F was one of the residents who did not receive as many baths as she would prefer.</p> <p>During an interview and observation with Resident B on 2/12/2021 at 11:18 a.m., indicated he did not receive his showers very often the staff usually would "just wash him up". The resident indicated it was hard for the staff to give him a shower because his legs did not work very well and it took up to an hour to give him a shower. The resident indicated the staff did the best they could, but the facility did not have enough staff to give him showers. The resident was a large man and was sitting in his electric scooter.</p> <p>Review of the record of Resident B on</p>		<p>be Affected All residents have the potential to be affected. An audit was conducted to identify current preferences for showers / bathing. This was utilized to update shower schedules and care plans.</p> <p>Administrator, DNS, and Clinical Scheduler are having weekly calls with Recruiter to identify needs of the facility. Interviews are set up through recruiter or by walk in applications.</p> <p>Education: DNS/designee conducted in-servicing for nursing staff on providing bathing and/or showers per resident preferences. Clinical scheduler and nursing staff in-serviced on ensuring schedule is reviewed, scheduled staff are on duty, and the process they are to follow in the event there is a call.</p> <p>Monitoring: An updated shower/bathing schedule was developed and presented to nursing staff.</p> <p>DNS/designee will review shower documentation, to determine residents are getting showers/bathing per preference, 5 times per week for 4 weeks, then 3 times per week for 4 weeks, then 2 times per week for 4 weeks, then monthly for 3 months. Interviews with random</p>	

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	<p>2/12/2021 at 1:50 p.m., indicated the resident's diagnoses included, but were not limited to, diabetes, Chronic Obstructive Pulmonary Disease (COPD) dependence on supplemental oxygen, debility- Cardiorespiratory condition, heart failure, hypertension, unsteadiness on feet, difficulty walking, history of falling, edema, muscle weakness, pain and unspecified abnormalities of gait and mobility.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident B, dated 1/11/2021, indicated the resident was independent for daily decision making. The resident's decisions were consistent and reasonable. The resident was totally dependent of two or more staff for bathing needs.</p> <p>The care plan for Resident B, dated 9/13/2020, indicated the resident preferred 1 shower a week on day shift.</p> <p>Review of Resident B's shower documentation for the last 30 days from 1/14/2021 to 2/12/2021, the resident did not receive any showers in the last 30 days. The resident received 8 full bed baths in the last 30 days.</p> <p>2.) During an interview and observation with Resident D on 2/12/2021 at 11:32 a.m., indicated the day before yesterday (2/10/2021) had been the first time he had a shower in over a month. The resident indicated this happened frequently at the facility because there was not enough staff to assist him with his showers. The resident indicated when he was at home he took a shower every day. The resident was observed to be sitting on the side of his bed with a walker next to him, the resident was dressed in pajama pants and a shirt.</p>		<p>residents will be conducted throughout this monitoring to validate preferences are being met. DNS/designee to meet with Clinical Scheduler in morning meeting to identify staffing needs for the day.</p> <p><b>QAPI:</b> All audits will be presented to the quality assurance committee for review during their monthly meeting, with further recommendations made as warranted, for 6 months</p>	

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	<p>Review of the record of Resident D on 2/12/2021 at 1:32 p.m., indicated the resident's diagnoses included, but were not limited to, congestive heart failure, depression, diabetes, peripheral vascular disease, pain, osteoporosis, chronic kidney disease, fibromyalgia, edema and heart failure.</p> <p>The Quarterly MDS assessment for Resident D, dated 1/14/2021, indicated the resident was independent for daily decision making. The resident was totally dependent of one person for bathing needs.</p> <p>The care plan for Resident D, dated 9/7/2020, indicated the resident preferred to have 3 showers a week on day shift.</p> <p>Review of Resident D's shower documentation for the last 30 days from 1/14/2021 to 2/12/2021, the resident received one shower in the last thirty days on 2/10/2021. The resident received 2 full bed baths in the last 30 days.</p> <p>3.) During an observation on 2/12/2021 at 11:50 a.m., Resident C was sitting in her room on the side of her bed. The resident was dressed and her hair was uncombed and disheveled. The resident did not respond when talked to.</p> <p>Review of the record of Resident C on 2/12/2021 at 3:34 p.m., indicated the resident's diagnoses included, but were not limited to, delusional disorder, major depressive disorder, muscle spasms, pain, edema and seizure disorder.</p> <p>The Quarterly MDS assessment for Resident C, dated 1/11/2021, indicated the resident was severely impaired for daily decision making. The</p>			

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	<p>resident never or rarely made decisions. The resident was totally dependent of one person for bathing needs.</p> <p>The care plan for Resident C, dated 9/7/2021, indicated the resident preferred to have two showers a week with no preference on what shift the showers were on.</p> <p>Review of Resident C's shower documentation for the last 30 days from 1/14/2021 to 2/12/2021, the resident received 2 showers in the last 30 days. The resident received 10 full bed baths.</p> <p>4.) Review of the record of Resident F on 2/12/2021 at 2:15 p.m., indicated the resident's diagnoses included, but were not limited to, schizophrenia, anxiety, depression, arthritis and chronic pain.</p> <p>The Annual MDS assessment for Resident F, dated 1/21/2021, indicated the resident was independent for daily decision making. The resident was totally dependent of two or more staff for bathing needs.</p> <p>The care plan for Resident F, dated 9/12/2021, indicated the resident preferred not to have showers and would prefer to have bed baths daily.</p> <p>Review of Resident F's shower documentation for the last 30 days from 1/14/2021 to 2/12/2021, the resident received 15 bed baths. This indicated the resident missed 15 bed baths as preferred.</p> <p>During an observation of Resident F on 2/12/2021 at 2:20 p.m., the resident was laying in bed in a hospital gown. The resident smiles and</p>			

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	<p>tells me she can not hear. The resident's hair was uncombed, disheveled and dirty.</p> <p>Review of the Resident Census and Condition of residents provided by the MDS Coordinator on 2/12/2021 at 11:30 a.m., indicated there 8 residents who required assistance of on or two staff for bathing and 42 residents who were totally dependent on staff for bathing needs.</p> <p>Interview with the facilities Scheduler on 2/12/2021 at 2:32 p.m., indicated with a census of 50 residents the facility attempted to staff 4-5 CNA's and 2 nurses for day shift, 3 1/2 CNA's and 2 nurses for second shift and 3 CNA's and two nurses for nightshift. The hospitality aides were allowed to answer call lights, clean rooms, pass meal trays and water but they were not allowed to do any resident care.</p> <p>Review of the daily schedules as worked indicated the following: 2/1/2021 there were 3 CNA'S on day shift and 2 CNA's on second shift, on 2/4/2021 there were 3 CNA's on day shift, on 2/8/2021 there were 3 CNA's on day shift and 2 CNA's on second shift until 6:00 p.m. a third CNA came in, on 2/9/2021 there were 2 CNA's on day shift, on 2/11/2021 there were 3 CNA's on day shift and 2 CNA's on evening shift.</p> <p>During an interview with the Field Service Clinical Director on 2/12/2021 at 3:50 p.m., indicated the facility was "just now ramping up showers" due to the facility had COVID in the facility on 12/15/2020 the facility was not providing showers and were doing bed baths only. The Field Service Clinical Director indicated staff had reported the facility did not have enough staff to provide showers. The facility was currently working on hiring more staff.</p>				

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>155157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>02/12/2021</b>
NAME OF PROVIDER OR SUPPLIER <b>GOLDEN LIVING CENTER-RICHMOND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1042 OAK DR RICHMOND, IN 47374</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	This Federal Tag relates to Complaint IN00347156.  3.1-17(a)			