

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/07/2021
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00351833 and Complaint IN00352092.</p> <p>Complaint IN00351833 - Unsubstantiated due to lack of evidence. Complaint IN00352092 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: June 4 and 7, 2021</p> <p>Facility number: 000063 Provider number: 155138 AIM number: 100266210</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 1 Medicaid: 60 Other: 8 Total: 69</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on June 10, 2021.</p>	F 0000	<p>This plan of correction is respectfully submitted as an evidence of alleged compliance of June 18, 2021. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that the corrections to the areas cited have been made and the facility is in compliance with the participation requirements. Golden Living Centers – Indianapolis is respectfully requesting paper compliance.</p>	
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the</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 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>facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review, the facility failed to ensure a resident's follow up appointment for a surgical wound was scheduled within one week of admission as indicated by the Physician's order for 1 of 3 residents reviewed for quality of non-pressure wound care. (Resident C)</p> <p>Findings include:</p> <p>Resident C's clinical record was reviewed on 6/4/2021 at 9:25 a.m. Resident C was admitted to the facility on 1/30/2021.</p> <p>Resident C's diagnosis included, but were not limited to, cerebral infarct, hemiplegia and diabetes.</p> <p>On 6/8/2021 at 9:28 a.m., Community Hospital East provided a copy of a Physician Clinical Note, dated 2/1/2021 at 1:04 p.m. Review of the Physician's Clinical Note indicated, "I spoke with [the Unit Manager] about dressing changes [not to be done at nursing facility] ... I also asked her to make sure that [Resident C] has a follow up appointment for later this week (2-5-2021)."</p> <p>The clinical record lacked documentation of a scheduled, prescribed, follow up appointment by the date specified by the Physician.</p> <p>The clinical record lacked documentation of communication related to scheduling or attending a prescribed follow up appointment by the date specified by the Physician and or</p>	F 0684	<p>Resident C does not reside in the facility and discharged home. Residents with future appointments have the potential to be affected. An audit was conducted of residents residing at the facility with appointments scheduled/needing scheduled. Documentation was reviewed and updated in the residents medical record along with transportation. Nursing staff and administration educated on ensuring residents who admit to the facility with orders for appointments arranged per order along with transportation needs. Education provided to ensure documentation of appointment and transportation placed in the resident's medical record. Administrator, DON, and/or designee will audit orders and admission paper work for appointments in morning meeting 5 days a week x 6 weeks, then weekly x 6 months. The results of audits will be reviewed in QAPI monthly x 6 months to review for any continued deficient practice. If any deficient practice identified the facility will continue audits based on IDT recommendations, otherwise will review on a PRN basis.</p>	06/21/2021

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	<p>communication in regard to the surgical wound dressing management.</p> <p>Clinical record documentation indicated Resident C's follow up appointment had occurred on 3/3/2021, 26 days after the Physician's order to be seen (2/5/2021).</p> <p>On 6/7/2021 at 12:15 p.m., Community Hospital East provided a copy of a Physician's Clinical Note, dated 3/3/2021 at 1:47 p.m. Review of the Physician's Clinical Note indicated, "[Resident C] is here for follow up on a split thickness skin graft to the right calf for cellulitis [bacterial skin infection] with skin loss ... [Resident C] was discharged to an ECF [extended care facility] on 1/30/2021. They initially called about dressing orders. I told them they were supposed to leave the dressings alone until I saw him a week later. He never came to the office at that time, and this is his first time here. The facility never changed any of the dressings!"</p> <p>During an interview, on 6/4/2021 at 1:05 p.m., the Director of Nursing (DON) indicated the Unit Manager would have been the person to schedule follow up appointments and transportation.</p> <p>During an interview, on 6/7/2021 at 9:05 a.m., the Unit Manager indicated, an appointment was originally scheduled for 2/25/2021 and rescheduled for 3/3/2021.</p> <p>On 6/4/2021 at 12:15 p.m., The DON provided a copy of a policy, dated 11/2017, titled "Verbal Orders", and indicated this was the current policy used by the facility, a review of the policy indicated, "Verbal orders are those given to the nurse by the physician in person or by telephone,</p>		<p>Please see attached Exhibit A and B</p> <p>Compliance Date – June 21st, 2021</p>	

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	<p>however, are not written by the physician in the medical record ...6. Follow through with orders by making appropriate contact or notification (e.g., "lab" or "pharmacy").</p> <p>This Federal tag relates to Complaint IN00352092</p> <p>3.1-37(a)</p>				