

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/15/2017
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00230431.</p> <p>Complaint IN00230431- Substantiated. Federal/State deficiencies related to the allegations are cited at F282.</p> <p>Survey date: June 15, 2017</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Census bed type: SNF/NF: 155 Total: 155</p> <p>Census payor type: Medicare: 16 Medicaid: 127 Other: 12 Total: 155</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/19/17.</p>	F 0000	<p>This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements</p> <p>The facility respectfully request paper compliance Thank you for your consideration,</p> <p>Respectfully, Jason Eastlund, BSW, HFA</p>	
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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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F 0282 SS=D Bldg. 00	<p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure medications were administered as ordered by the Physician for 1 of 3 residents reviewed for pain. (Resident C)</p> <p>Finding includes:</p>	F 0282	<p>Res Identified Resident C assessed for pain. MD reviewed medications and made adjustments. Physician notified for Resident C with clarification of order for daily application and removal of transdermal patch. Resident is his own responsible party.</p>	07/14/2017

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	<p>1. The record for Resident C was reviewed on 6/15/17 at 7:00 a.m. The diagnoses included, but were not limited to, cellulitis, congestive heart failure, groin abscess, major depressive disorder, and high blood pressure.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 5/15/17, indicated the resident was cognitively intact. The resident was receiving a scheduled pain medication and occasionally had pain during the last 5 days of the assessment with a rating of 8 out of 10.</p> <p>The updated 5/2017 care plan indicated the resident had pain related to wounds. The interventions were to administer pain medication as ordered.</p> <p>Physician orders, dated 5/17/17, indicated Lidocaine 5% patch (a patch to relieve pain) apply to bilateral legs topically two times a day for pain. Place on bilateral legs for 12 hours.</p> <p>The Medication Administration Record (MAR) for the month of June 2017 indicated the patch was to be applied at 8:00 a.m. and removed at 8:00 p.m.</p> <p>The 6/2017 MAR indicated the Lidocaine patch was administered as followed:</p>		<p>Others</p> <p>DON/Designee to audit all pain medication orders, beginning 7/1/17 to ensure that the medication is being given per order, prior to date of compliance.</p> <p>Education All Licensed Nursing staff was educated by the DCE/Designee on following physician orders, specifically timeframes for administration, application, and to notify MD if orders are not followed as directed by physician.</p> <p>Monitor Nursing Management will monitor pain medication administration to ensure accuracy of orders. Any deficiencies identified will be addressed at the time of discovery. DON/Designee will randomly audit 5 residents per day on various shifts 3 days per week x 1 month, 1 day per week x 1 months, 1 day biweekly x 1 month and 5 residents per quarter until substantial compliance is achieved.</p> <p>QAPI Results of these audits will be reviewed in QAPI monthly to determine the effectiveness of plan. If trends are identified the audits will be completed based on the QAPI recommendations. If no trends are identified then review per PRN basis.</p>	

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	<p>6/1/17 on at 8:32 a.m., off at 7:04 p.m. 6/2/17 on at 9:15 a.m., off at 7:33 p.m. 6/3/17 on at 8:35 a.m., off at 7:11 p.m. 6/4/17 on at 9:16 a.m., off at 8:34 p.m. 6/7/17 on at 11:03 a.m., off at 7:51 p.m. 6/13/17 on at 8:34 a.m., off at 7:19 p.m.</p> <p>Interview with the resident on 6/15/17 at 7:30 a.m., indicated the nurses put the patch on between 8 and 9 a.m., however just last week, the patch was not placed on until almost 11:30 a.m., and they took it off around 8 p.m.</p> <p>Interview with the Director of Nursing (DON) on 6/15/17 at 9:10 a.m., indicated the patch is only applied 1 time a day and not 2 times a day. The DON indicated the patch was not on for a full 12 hours for the above administration and removal times.</p> <p>This Federal tag relates to Complaint IN00230431.</p> <p>3.1-35(g)(2)</p>			