STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155687	A. BUILDING 00 B. WING	12/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-MUNCIE	2701 LYN-MAR DR MUNCIE, IN 47304

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00189314. Complaint IN00189314 - Substantiated. Federal/State deficiency related to the allegations is cited at F282 . Survey dates: December 28 and 29, 2015 Facility number: 000097 Provider number: 155687 AIM number: 100290970 Census bed type: SNF/NF: 106 Total: 106 Census payor type: Medicare: 7 Medicaid: 84 Other: 15 Total: 106 Sample: 4 This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. QR completed by 11474 on December	F 0000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, the plan of correction is not an admission that a deficiency existed or that one was cited correctly. The plan of correction is being submitted to meet state and federal law.The facility is respectfully requesting paper compliance for this plan of correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	30, 2015.			
F 0282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the facility failed to ensure care plans were followed as written for urinary catheter care, urinary output monitoring and wound care for 1 of 4 residents reviewed for treatments. (Resident B) Findings include: The clinical record for Resident B was reviewed on 12/28/15 at 8:30 a.m. Diagnoses included, but were not limited to, atrial fibrillation, subacute osteomyelitis, urinary retension, type 2 diabetes, and quadriplegia. A physician order, dated 10/3/12, indicated Resident B was to have catheter care every shift. Review of the Medication and Treatment	F 0282	I. Resident #B's physician's orders were reviewed to ensure accuracy. All licensed nurses have been re inserviced on completing MARS/TARS accurately,which includes documenting when resident or residents refuse treatment.II. All residents have the potential of being affected by deficient practice. All Unit Managers will complete a daily audit of MARS/TARS to ensure compliance.III. All licensed nurses will be re inserviced on completing documentation on MARS/TARS, which includes documenting resident refusals.IV. Daily audits of MARS/TARS will be completed daily by Unit Managers by utilizing the "Missing Administration Report" found in Point Click Care/the electronic record.This audit will be completed daily by	01/28/2016

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	Administration Record (MAR/TAR) for the month of December 2015, indicated no catheter care was provided on the following dates: 12/2/15 evening shift, 12/9/15 evening shift and 12/17/15 evening shift. Review, on 12/28/15 at 2:30 p.m., of the nursing progress notes from 12/1/15 through 12/29/15 lacked documentation of urinary catheter care being provided on the dates listed above or Resident B's refusal of care. A physician order, dated 11/21/13, indicated Resident B was to have the urine from the catheter bag emptied every shift and recorded. Review of the MAR/TAR for December, 2015 indicated the urine was not emptied nor recorded on the following dates: 12/1/15 evening shift, 12/2/15 evening shift, 12/3/15 evening shift, 12/4/15/ evening shift, 12/5/15 evening shift, 12/6/15 day shift, 12/8/15 evening sift, 12/9/15 evening shift, 12/11/15 day shift, 12/14/15 day and evening shift, 12/15/15 evening shift, 12/17/15 evening shift, 12/22/15 night shift, and 12/28/15 night shift. Review, on 12/28/15 at 2:30 p.m.,of the nursing progress notes from 12/1/15 through 12/29/15, lacked documentation for the emptying and recording of urine		Unit Managers and ADNS responsible for oversight. Any nurse failing to be compliant with documentation MAR/TAR willhave progressive disciplinary action implemented.Unit Managers will report daily findings to member of the administration team during morning "Stand-Up" Meeting.ADNS will report to QAPI Committee findings of compliance monthly X 6 and quarterly thereafter.V. Date of compliance: 1/28/2016	

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	output for the dates listed or Resident B's refusal of care. A physician order, dated 11/21/13, indicated Resident B was to have the patency of the anchored urinary catheter checked every shift. Review of the MAR./TAR for December, 2015 indicated the patency was not checked on the following dates: 12/2/15 evening shift, 12/9/15 evening shift and 12/17/15 evening shift. Review, on 12/28//15 at 2:30 p.m., of the nursing progress notes from 12/1/15 through 12/29/15, lacked documentation for patency check of the urinary catheter for 12/2/15 evening shift and 12/17/15 evening shift or Resident B's refusal of care. A physician order, dated 11/23/15, indicated Resident B was to have the dressing to a surgical wound on the right ischium changed every evening shift on Mondays, Wednesdays and Fridays. Review of the MAR/TAR for December 2015 indicated no dressing change on the following dates: 12/2/15, 12/7/15, 12/9/15 and 12/28/15. Review, on 12/28/15 at 2:30 p.m., of the nursing progress notes from 12/1/15 through 12/29/15, lacked documentation			

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	of wound care being provided on the dates listed or Resident B's refusal of care. Review of the interventions for a current care plan titled "Alteration in elimination of bowel and bladder: Functional incontinence, Anchored 16fr (french)/10 cc catheter, Constipation, diarrhea", included, but were not limited to, the following interventions: "cath (catheter) care per orders and change catheter as per policy." The care plan was reviewed on 12/29/15 at 8:45 a.m. Review of the interventions for a current care plan titled "Alteration in elimination bladder 16fr/10cc A/C (anchored catheter) in place d/t (due to) urinary retention", included, but were not limited to, "catheter care as ordered and empty cath bag and document ml as ordered." Review of the interventions for a current care plan titled "surgical wound/flap and infection ischium", included, but were not limited to, "treatments as ordered." During an interview on 12/29/15 at 6:04 a.m., RN #9 indicated all medications and treatments should be documented on the MAR/TARs. During an interview on 12/29/15 at 6:26			

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	a.m., LPN #6 indicated treatments were to be documented on the resident's TAR and should follow the physician orders and resident care plans. During an interview on 12/29/15 at 7:30 a.m., the Assistant Director of Nursing Services (ADNS) indicated the missing documentation should have been present. "I don't know why the documentation wasn't done." The ADNS indicated the matter would be looked into and any further information found would be provided. The ADNS also indicated the facility charted by exception in the nursing progress notes, but the MAR/TARs should have been completed and the resident's care plans should have been followed. "If the resident refused a treatment or medication, it should be documented on the MAR/TAR and followed up with a nursing note." No further information was provided during the exit conference. An undated, current policy titled "Medical Record Content - Additional Content Requirements (Subject to Resident Needs)" was provided by the ADNS on 12/29/15 at 8:35 a.m. The policy indicated the following: "...Refusal of Care ...For any Resident that refuses care, documentation in the Medical Record should show, to the			

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	extent possible, the reason for the Resident's refusal, clarification and education as to the consequences of refusal and alternative treatments offered...." This federal tag relates to Complaint IN00189314. 3.1-35(g)(1)			