

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

PRINTED: 03/14/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155157		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/17/2017	
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-RICHMOND				STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374			
(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)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00214230, IN00214366 and IN00218515.</p> <p>Complaint IN00214230-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00214366-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00218515-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: January 10, 13 and 17, 2016</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census bed type: NF: 7 SNF/NF: 62 Total: 69</p> <p>Census payor type:</p>			F 0000			

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>Medicare: 1 Medicaid: 64 Other: 4 Total: 69</p> <p>Sample: 8</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on January 20, 2017</p> <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 observation, interview and record review, the facility failed to follow a resident's physician order to provide staff supervision while eating, for 1 of 3 residents reviewed for rehabilitation services. (Resident F)</p> <p>Findings include:</p> <p>Resident F's record was reviewed on</p>			F 0282	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident F suffered no adverse consequences from this alleged deficient practice. Resident F's records have been reviewed. Resident F has been re-evaluated by therapy. He now has orders that state he is to have supervision with meals but may</p>		01/27/2017

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	<p>1/3/17 at 1:45 p.m. His diagnoses documented on his January 2017 physician's recapitulation orders included but were not limited to, dementia, gastroesophageal reflux disease, trigeminal neuralgia (a chronic pain condition affecting the trigeminal nerve in the face), and a history of pneumonia.</p> <p>Resident F's diet documented on his January 2017 physician's recapitulation orders, initiated 11/14/16, included a regular mechanical soft diet with ground meat and one to one staff supervision at meals.</p> <p>An "ST-Therapist Progress &amp; Discharge Summary" for Resident F dated 1/13/17, included his precautions as one to one for all meals. He required cueing to swallow and to alternate food consistencies to clear his oral cavity. Resident F's discharge plan and instructions included supervision at meals to clear his oral cavity.</p> <p>On 1/3/17 at 9:55 a.m., Resident F was observed seated in his bed on a low air loss mattress and the head of his bed elevated 30 degrees. Unit Manager 1 was observed providing Resident F with a cup of chocolate ice cream. Unit Manager 1 opened the ice cream for Resident F and then left his bedroom. Resident F ate 100</p>		<p>have puree snacks and liquids without supervision. Resident F's plan of care has been updated to reflect the new order. The CNA assignment sheets have also been updated to reflect the order as well. Nursing staff has been re-educated on the need for this resident to have supervision with meals.</p> <p>·How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; The facility realizes that all residents have a potential to be affected by this alleged deficient practice. All resident records have been reviewed and those who have orders for any type of supervision with meals have been reviewed. All CNA assignment sheets were reviewed to ensure all resident who require supervision with meals was clearly stated on the assignment sheet. Nursing staff has been re-educated on those residents requiring supervision.</p> <p>·What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Nursing staff was re-educated on those residents requiring supervision with meals and also re-educated on where the information may be found for any other residents who may require</p>				

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	<p>percent of his ice cream independently with a spoon.</p> <p>On 1/3/17 at 10:20 a.m., Speech Therapist 2 voiced Resident F had been discharged from speech therapy services that day. Therapy staff had worked with Resident F related to his cognition, voice, and swallowing. He required supervision with staff when he ate in his bedroom to encourage him to clear his mouth and tongue from food and liquids. Staff had been educated Resident F required supervision when he ate.</p> <p>On 1/13/17 at 11:18 a.m., Unit Manager 1 voiced staff fed Resident F sometimes and other times he fed himself. Staff had been working with Resident F to feed himself independently. She was unaware Resident F required supervision while eating.</p> <p>3.1-35(g)(2)</p>		<p>supervision in the future. The Director of Nursing Services or her designee will conduct a review of all speech therapy orders to ensure of staff education, orders updated on the plan of care and the CNA assignment sheets. The results of said review will be documented on an audit tool five (5) times a week for thirty (30) days; then, two (2) times a week for sixty (60) days; then, weekly for ninety (90) days.(See attachment A)</p> <p>How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place; All audits will be forwarded to the Quality Assurance Committee monthly for the next six (6) months for further review and recommendations as warranted.</p>				