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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155278 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>03/30/2021 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>GOLDEN LIVING CENTER-BLOOMINGTON | STREET ADDRESS, CITY, STATE, ZIP CODE<br>155 E BURKS DR<br>BLOOMINGTON, IN 47401 |
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| F 0000<br><br>Bldg. 00     | <p>This visit was for the Investigation of Complaint IN00348200.</p> <p>Complaint IN00348200 - Substantiated. Federal/State deficiencies related to the allegations are cited at F802.</p> <p>Survey dates: March 29 and 30, 2021</p> <p>Facility number: 000177<br/>Provider number: 155278<br/>AIM number: 100289860</p> <p>Census Bed Type:<br/>SNF/NF: 105<br/>Total: 105</p> <p>Census Payor Type:<br/>Medicare: 5<br/>Medicaid: 93<br/>Other: 7<br/>Total: 105</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on April 01, 2021.</p> | F 0000 | <p>The submission of this Plan of Correction does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the residents of Golden Living—Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities (for Title 16/17 programs). To this end, this Plan of Correction shall serve as a credible allegation of compliance with all state and federal requirements governing the management of this Facility. It is thus submitted as a matter of statute only.</p> <p>We are respectfully requesting paper compliance for this survey (survey event ID GRHK11) and Complaint (IN00348200).</p> |  |
| F 0802<br>SS=E<br>Bldg. 00 | <p>483.60(a)(3)(b)<br/>Sufficient Dietary Support Personnel<br/>§483.60(a) Staffing<br/>The facility must employ sufficient staff with</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>the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.60(a)(3) Support staff.<br/>The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>§483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii).<br/>Based on observation, interview, and record review, the facility failed to ensure sufficient staff to ensure timely delivery of meals for 8 of 8 residents reviewed for meal service. This had the potential to affect 105 of 105 residents who were served meals from the kitchen. (Resident B, C, H, J, K, L, M, and N)</p> <p>Findings include:</p> <p>On 3/29/21 at 1:40 p.m., the Executive Director (ED) presented the Bloomington Care Center Meal Times. It indicated meal start times were 6:45 a.m., 11:45 a.m., and 4:45 p.m.</p> <p>On 3/29/21, the following delivery of meals were observed:</p> <p>-at 12:00 p.m.- 12:57 p.m., 9 residents were observed to be sitting in the rehabilitation (rehab) dining room waiting for lunch to be</p> | F 0802        | <p><b><u>F 802=E</u></b><br/><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b><br/>It shall be the practice of this facility to serve all meals to all residents in a timely manner. The policies of "Meal Service and Frequency of Meals" (exhibit A) and "Food Preparation Guidelines" (exhibit B) were reviewed with no changes made. Meal time serving was observed with changes made to the time trays will be delivered. Dietary staff have been educated on the proper time to start preparing trays for service and have been educated on a "Meal Times"</p> | 04/29/2021           |

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|                    | <p>served (which was 72 minutes past the scheduled start of the meal service time). A television (TV) was on in the room and the residents were facing the wall toward the TV. The residents were observed to not have drinks nor other nourishment and, no staff was observed to be in the room.</p> <p>-at 12:15 p.m.- 1:05 p.m., 19 residents were observed to be sitting in the Horizon's dining room listening to music while waiting for lunch to be served (which was 80 minutes past the scheduled start of meal service time). The residents were observed to not have drinks nor other nourishment.</p> <p>-at 1:15 p.m., Resident J was observed to propel himself in his wheelchair away from the Horizon's dining room table. He went back to his room to watch television.</p> <p>-at 1:30 p.m., a CNA was observed to assist Resident J back to the Horizon's dining room for lunch.</p> <p>-at 1:05 p.m. - 1:30 p.m., 7 residents were observed to be sitting in the Reminisce dining room listening to music while waiting for lunch to be served (which was 105 minutes past the scheduled start of meal service time). The residents were observed to not have drinks nor other nourishment.</p> <p>-at 1:30 p.m., the lunch hall trays were served to the Station 2 (which was 105 minutes past the scheduled start of meal service time).</p> <p>-at 1:40 p.m., the lunch hall trays were served to the E hall (which was 115 minutes past the scheduled start of meal service time).</p> <p>-at 1:40 p.m., the lunch hall trays were served to</p> |               | <p>(exhibit C) to follow for when each cart should leave the kitchen. We will continue to follow our Meal Service Schedule (exhibit D) which requires administration staff to monitor and assist with the efficiency of meal time. Meal Service Staff will also monitor and document times the carts leave the kitchen for each meal on the "Meal Service Delivery Audit Tool" (exhibit E). Meals Service staff will transport the hall carts from the Kitchen area to the appropriate location.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</b><br/>All Residents have the potential to be affected by the alleged deficient practice. It shall be the practice of this facility to serve all meals to all residents in a timely manner. The policies of "Meal Service and Frequency of Meals" (exhibit A) and "Food Preparation Guidelines" (exhibit B) were reviewed with no changes made. Meal time serving was observed with changes made to the time trays will be delivered. Dietary staff have been educated on the proper time to start preparing trays for service and have been educated on a "Meal Times" (exhibit C) to follow for when each cart should leave the kitchen. We</p> |                      |

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|                    | <p>the 100 hall (which was 115 minutes past the scheduled start of meal service time.</p> <p>-at 12:20 p.m., Director of Alzheimer's Care was observed to be serving meals on the serving line in the kitchen with 2 kitchen staff.</p> <p>On 3/30/21, the following delivery of meals were observed:</p> <p>-at 11:50 a.m. - 12:10 p.m., 8 residents were observed to be sitting in the rehab dining room waiting for lunch to be served (which was 25 minutes past the scheduled start of meal service time). The residents were facing the wall toward the TV. The TV volume was not turned up. 7 residents were observed to not have drinks nor other nourishment and, no staff was observed to be in the room.</p> <p>-at 12:12 p.m., Resident M was observed to be eating a cheeseburger. The patty was observed to be dry and the cheese was not melted.</p> <p>-at 12:15 p.m.- 12:35 p.m., 21 residents were observed to be sitting in the Horizons dining room listening to music while waiting for lunch to be served (which was 30 minutes past the scheduled start of meal service time). 16 residents did not have drinks nor other nourishment.</p> <p>-at 12:15 p.m., the staff in the main dining room was observed to start serving resident meals (which was 30 minutes past the scheduled start of meal service time). The Director of Alzheimer's Care was observed to serving resident meals on the serving line in the kitchen.</p> <p>-at 12:35 p.m., Resident N was observed to be</p> |               | <p>will continue to follow our Meal Service Schedule (exhibit D) which requires administration staff to monitor and assist with the efficiency of meal time. Meal Service Staff will also monitor and document times the carts leave the kitchen for each meal on the "Meal Service Delivery Audit Tool" (exhibit E). Meals Service staff will transport the hall carts from the Kitchen area to the appropriate location.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>Administration or designee will continue to monitor meal times 5x's/week for timeliness and document on the "Meal Service Audit Tool" (exhibit E). The facility will have a food committee meeting, documented on "Food Committee Meeting Minutes" (Exhibit F) weekly for 4 weeks and then bi-weekly for 1 month and then monthly if the issues have improved. If issues have not improved the meetings will be held weekly until resolved.</p> <p>Administration or designee will monitor for dietary applications (exhibit G) 5x/week and will have a weekly recruiting call.</p> <p>Administration or designee will monitor dietary staffing (Exhibit G) 5x's/week to ensure appropriate</p> |                      |

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|                    | <p>eating a cheeseburger. The patty was observed to be dry and the cheese was not melted.</p> <p>During an interview, on 3/29/21 at 9:50 a.m., Resident B indicated her dinner trays were served late. The dinner trays were being served at 7:00 p.m., at night.</p> <p>On 3/30/2021 at 11:07 a.m., Resident B's clinical record was reviewed. Diagnosis included, but were not limited to end stage renal disease and diabetes mellitus. The quarterly Minimum Data Set assessment, dated 2/17/2021, indicated Resident B was interviewable and cognitively intact.</p> <p>During an interview, on 3/2/9/21 at 12:00 p.m., Resident C indicated all kitchen staff had quit about 2-3 weeks ago. The lunch trays were not served until 2:00 p.m., and dinner trays were not served until 6:45 p.m.</p> <p>On 3/30/2021 at 11:15 a.m., Resident C's clinical record was reviewed. Diagnosis included, but were not limited to end stage renal disease and diabetes mellitus. The annual Minimum Data Set assessment, dated 2/13/2021, indicated Resident C was interviewable and cognitively intact.</p> <p>During an interview, on 3/29/21 at 12:07 p.m., Certified Nursing Assistant (CNA) 1 indicated resident's lunch trays have been served late for the last 2 weeks.</p> <p>During an interview, on 3/29/21 at 12:50 p.m., Resident H indicated lunch was served late every day.</p> <p>On 3/30/2021 at 11:30 a.m., Resident H's</p> |               | <p>staffing. Staff from other departments will be utilized as needed until dietary staff can be hired.</p> <p>Exhibits E, F, and G will be conducted 5x/week, then 3x's/week for four consecutive weeks, then weekly for four consecutive weeks. The audit tools will be presented to QAPI for 3 consecutive months and if compliance is achieved will stop. If compliance is not achieved, then the audit will continue until compliance is achieved.</p> <p><b>By what date the systemic changes for each deficiency will be completed. After submitting an acceptable plan of correction, it is determined that the correction will not be completed by the date previously submitted, The Division need to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date;</b></p> <p>4/29/2021</p> |                      |

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|                    | <p>clinical record was reviewed. Diagnosis included, but were not limited to cerebral palsy and anxiety. The quarterly Minimum Data Set assessment, dated 3/3/2021, indicated Resident H was interviewable and cognitively intact.</p> <p>During an interview, on 3/29/21 at 1:50 p.m., Resident K indicated meals were always running behind.</p> <p>On 3/30/2021 at 11:25 a.m., Resident K's clinical record was reviewed. Diagnosis included, but were not limited to cerebrovascular disease and hypertension. The annual Minimum Data Set assessment, dated 1/22/2021, indicated Resident K was interviewable and cognitively intact.</p> <p>On 3/29/21 at 3:30 p.m., the Ombudsman (an advocate for the residents who listens to and addresses their concerns) indicated in February 2021, she had an anonymous family member complain about the meals being served late.</p> <p>During an interview, on 3/29/21 at 3:34 p.m., CNA 2 indicated the kitchen was short of staff. CNA and front office administration staff have worked in the kitchen.</p> <p>During an interview, on 3/30/21 at 11:15 a.m., Resident L indicated he eats his meals in the main dining room. Meals were served late. For the last 2 weeks, lunch has been served an hour late.</p> <p>On 3/30/2021 at 11:33 a.m., Resident L's clinical record was reviewed. Diagnosis included, but were not limited to cerebrovascular disease and hypertension. The quarterly</p> |               |   |                      |

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|                    | <p>Minimum Data Set assessment, dated 2/16/2021, indicated Resident L was interviewable and cognitively intact.</p> <p>During an interview, on 3/30/21 at 1:20 p.m., Dietary Aide 1 indicated the facility has lost a few kitchen staff. On 3/29/21, a kitchen staff did not show up. The Director of Alzheimer's Care had served meals in the kitchen once a week.</p> <p>On 3/30/21 at 1:30 p.m., the Regional Certified Dietary Manager indicated the facility dietary manager resigned after working 3 weeks. They have open positions of 5 dietary aide, 1 cook, and 1 dietary manager position.</p> <p>On 3/30/21 at 1:58 p.m., the Director of Alzheimer's Care indicated he had served meals in the kitchen the last 2 days.</p> <p>On 3/30/21 at 3:45 p.m., the Corporate Nurse Consultant provided the facility's policy, "Meal Service &amp; Frequency of Meals", revision date 5/10/20, and indicated it was the policy currently being used by the facility. A review of the policy indicated,"...1. The facility has scheduled three regular meal times, comparable to normal mealtimes in the community, per day...."</p> <p>This Federal tag relates to Complaint IN00348200</p> <p>3.1-20(h)</p> |               |   |                      |