

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

PRINTED: 02/22/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155834	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/26/2019
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER - WILLOW SPRINGS	STREET ADDRESS, CITY, STATE, ZIP COD 2002 WEST 86TH STREET INDIANAPOLIS, IN 46260
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00273378, IN00283975, IN00283820, IN00285227 and IN00280050.</p> <p>Complaint IN00273378 - Substantiated. Federal/State deficiencies related to the allegations are cited at F732, F761, F804 and F812.</p> <p>Complaint IN00283975 - Substantiated. Federal/State deficiencies related to the allegations are cited at F804, F812 and F732.</p> <p>Complaint IN00283820 - Substantiated. Federal/State deficiencies related to the allegations are cited at F732.</p> <p>Complaint IN00280050-Substantiated. Federal/State deficiencies related to the allegations are cited at F732.</p> <p>Complaint IN00285227 - Substantiated. Federal/State deficiencies related to the allegations are cited at F732.</p> <p>Survey dates: January 23, 24, 25 and 26, 2019.</p> <p>Facility number: 013738 Provider number: 155834 AIM number: 100272170</p> <p>Census Bed Type: SNF/NF: 79 Total: 79</p> <p>Census Payor Type: Medicare: 5 Medicaid: 59</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 The facility respectfully request paper compliance Thank you for your consideration,</p> <p>Respectfully, Holly Lee, 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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0732 SS=C Bldg. 00	<p>Other: 15 Total: 79</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on January 30, 2019.</p> <p>483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or</p>			

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	<p>written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview and record review, the facility failed to post the nursing staffing daily hours. This deficient practice had the potential to affect 79 of 79 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an observation on 1/23/2019, Wednesday 12:15 p.m., the daily posted nursing staffing reflected the date 1/16/2019.</p> <p>During an interview on 1/23/2019 at 12:18 p.m., with the Director of Nursing (DON), she indicated she was not aware the posted staffing had not been changed since 1/16/2019. She indicated the staffing should be posted daily. She indicated the posting had not been changed since 1/16/2019.</p> <p>During an interview on 1/23/2019 at 12:18 p.m., with the Executive Director (ED), she indicated she was not aware the posted staffing had not been changed since 1/16/2019. She indicated the staffing should be posted daily. She indicated the posting had not been changed since 1/16/2019.</p> <p>The policy titled "Nursing Staff Hours," dated 8/23/2018 received on 1/23/2019 at 3:00 p.m., from the DON indicated "... Nursing staff hours will be posted in accordance with state and federal regulations in all facilities...information shall be</p>	F 0732	<ul style="list-style-type: none"> <li>-DNS immediately updated the nurse staffing information to reflect the census and staffing and posted it</li> <li>-The DNS updated the nursing staffing information to reflect the census and staffing and posted on all 3 floors</li> <li>-The DNS was educated on the proper posting requirements by corporate manager RN. The DNS will educate the nursing admission team on the requirements of the posting. The ADNS will monitor the daily postings and ensure all 3 floors are current. A nursing designee will ensure daily postings are current on the weekend. Audits will be completed 5x/week for 6 weeks, then 3x/week for 6 weeks, then 2x/week for 6 weeks, then weekly for 6 weeks.</li> <li>-DNS or designee will report any negative findings of audits to QAPI.</li> </ul>	02/25/2019

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F 0761 SS=D Bldg. 00	<p>posted on a daily basis ...."</p> <p>This Federal tag relates to Complaints IN00273378, IN00283975, IN00283820, IN00280050, and IN00285227.</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review the facility failed to ensure the reconciliation of controlled drugs in 3 of 5 medication carts reviewed for controlled drugs.</p>	F 0761	<ul style="list-style-type: none"> <li>·The DNS immediately did a total narcotic count with the unit manager of the identified floor.</li> <li>·The DNS went to each floor and completed a narcotic count with</li> </ul>	02/25/2019

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	<p>Findings include:</p> <p>During an observation of controlled drug records on 1/26/2019 at 6:49 a.m., on the 300 Hall cart 2, with LPN 7, the medication cart was found to have no completed entries for the reconciliation of controlled drugs for the month of December, and no completed entries for the month of January until the 25th, 2019.</p> <p>During an observation of controlled drug records on 1/26/2019 at 6:50 a.m., on the 300 Hall cart 1, with LPN 7, the medication cart was found to have 4 completed entries for the reconciliation of controlled drugs for the month of December, and 2 completed entries for the month of January until the 25th, 2019.</p> <p>During an observation of controlled drug records on 1/26/2019 at 6:59 a.m., on the 100 Hall cart 2, with LPN 25, the medication cart was found to have 30 completed entries out of 51 entries for the month of January 2019.</p> <p>During an interview on 1/26/2019 at 6:50 a.m., with LPN 7, she indicated the reconciliation records for controlled drugs should have been signed when staff count the controlled drugs before each shift and after the shift, and if there are any discrepancies they reported to the supervisor.</p> <p>During an interview on 1/26/2019 at 7:05 a.m., with LPN 25, she indicated the reconciliation records for controlled drugs are signed when you count the controlled drugs before each shift and after the shift is over.</p> <p>During an interview on 1/26/2019 at 7:10 a.m., with the Director of Nursing, she indicated all staff must count the controlled drugs each shift and</p>		<p>the unit managers.</p> <ul style="list-style-type: none"> <li>-DNS educated all nursing staff of the proper shift to shift narcotic count. The unit managers will audit the narcotic count sheets to ensure that proper shift to shift narcotic sheets have been completed. Audits will be completed 5x/week for 6 weeks, then 3x/week for 6 weeks, then 2x/week for 6 weeks, then weekly for 6 weeks.</li> <li>-DNS or designee will report any negative findings of audits to QAPI.</li> </ul>	

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F 0804 SS=F Bldg. 00	<p>sign the record sheets. If the record sheets do not match then a supervisor is notified and an investigation is conducted. She indicated all the reviewed records should have been signed to confirm record counts were correct.</p> <p>The current policy titled "Medication Storage in the Facility Controlled Substance Storage " revised 6/2015, received on 1/26/2019 at 12:00 p.m., from the DON indicated "... G. T shift change , or when keys are transferred, a physical inventory of all controlled substances, including refrigerated items is conducted by two licensed nurses and is documented ....."</p> <p>This federal tag relates to the complaint IN00273378.</p> <p>3.1-25(m)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review and interview, the facility failed to ensure food was temperature checked for meal service in one of one kitchens and on 3 of 3 floors in the facility. This deficient practice had the potential to affect 78 of 78 residents receiving food from the kitchen.</p>	F 0804	·The facility does check temperatures for meal services on all floors to ensure food leaving the steam table or kitchen is at 135 degrees or greater for hot foods and 41 degrees or less for cold	02/25/2019

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	<p>Findings include:</p> <p>Record review of the dietary records for temperature testing of the food prior to distribution to the residents stopped after 9/20/2018.</p> <p>There were no records of food temperatures recorded for the steam table trays on the 200 and 300 hallways.</p> <p>There were no records of food temperatures taken prior to serving the 100 hall residents</p> <p>Observation for the dinner meal on 1/24/2019 at 6:09 p.m., on the 300 hall, the residents were being served meals and no temperatures had been taken prior to serving the meals. Dietary Aide 13 indicated he did not take the temperatures. He indicated he did not have a thermometer to take temperatures and no sanitary wipes to perform the procedure.</p> <p>Observation for the dinner meal on 1/24/2019 at 6:55 p.m., on the 200 hall, the residents were being served meals and temperatures had been taken prior to serving the meals. Dietary Aide 15 indicated she did take the temperatures. She indicated she did have a thermometer to take temperatures and sanitary wipes to perform the procedure.</p> <p>Readings indicated Spinach 140, cube steak 90, baked potato 100, sweet potato 120, mashed potatoes 100, fish 100, puree steak 120, gravy 100, pizza 90 and chicken 100 degrees. She indicated she had been educated to take temperatures and document them on a sticky note and give to the Assistant Dietary Manager each meal. She</p>		<p>foods. Facility offers residents the option to reheat food to their palliative preference temperature.</p> <ul style="list-style-type: none"> <li>-All meals are checked daily to identify potential issues</li> <li>-Dietary staff have been educated on Infection Control – Holding Serving Policy.</li> <li>-Monthly food committee will take place after Resident Council. Dietary Manager or designee will turn in steamtable temps daily for next 3 months to Executive Director to ensure all temps are appropriate. If no negative findings audits will be reviewed weekly with Executive Director. Any negative findings will be fixed immediately and reported to E.D. for the next 6 months and addressed in QAPI.</li> </ul>		

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	<p>indicated if the temperature was below 135 for any part of the meal she was supposed to put it in the microwave and reheat. She then indicated she tested the item again but did not document this temperature. She then indicated she then could serve the meal. She indicated she had not tested the cold items and had not been instructed to do the temperature testing for non heated items.</p> <p>During review of the logs received from the Dietary Manager on 1/24/2019 at 1:30 p.m., the records indicated that many meals had no temperature readings and many days had no temperature readings. The records indicated 29 days there were no meal temps recorded since 9/18/2018, and no dinner meals were recorded since 9/18/2018. These records reflected only the entree reading of the last dinner tray served on the 200 and 300 unit. No records were found for the 100 units.</p> <p>During an interview on 1/23/2019 at 4:10 p.m., with the Dietary Manager he indicated he was not aware he had to test the temperature of the resident food at the serving steam tables before serving residents. Since 9/20/2019 he indicated a new system was implemented that did not print out a daily temperature log for documentation. He indicated since the ISDH survey in August 2018 he has been tracking the temperature of the last tray served on the 200 hall and 300 hall of only the main entrée. No temperatures of food for the 100 hall had been tested. He indicated he did not test on the weekends or the evening meals.</p> <p>During an interview on 1/24/2019 at 2:30 p.m., with the Executive Director, she indicated she was not aware the meals were not being temperature checked prior to serving the residents. She indicated the food should be temperature checked</p>			

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	<p>on the steam trays prior to serving the residents the meal. The meals for the 100 hall needed to be checked in the kitchen before serving the residents.</p> <p>Interview on 1/25/2019 at 11:27 a.m., with Unit Manager 5, she indicated she was aware of dinner temperatures not meeting standards on the steam table when taken by Dietary Aide 15 on 1/24/2019. She observed Dietary Aide 15 taking temperatures on the steam table incorrectly and instructed her on how to correctly take the temperatures for the food. Her results indicated cube steak 140, baked potato 135, sweet potato 145, mashed potatoes 150, fish 140, puree steak 145, gravy 150, pizza 150 and chicken 140.</p> <p>Interview on 1/25/2019 at 10:35 a.m., with Registered Dietician (RD), she indicated she was aware of temperatures not documented from the food steam tables. She indicated the staff does temp food in the kitchen prior to distribution to steam tables on units but that those temperatures were not documented.</p> <p>The policy titled "Storing Prepared Foods," dated 11/7/2017, received 1/24/2019 at 2:40 p.m., from the Dietary Manager indicated "... Removal from Original Container any item removed from the original container (i.e., applesauce, cottage cheese, salad dressing or protein items removed from the dated manufacture's packaging ) must be stored in a sealed, airtight approved container labeled with used by date recorded on the container lid...."</p> <p>This Federal tag relates to Complaints IN00273378 and IN00283975.</p> <p>3.1-21(a)(2)</p>			

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F 0812 SS=F Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, record review and interview, the facility failed to ensure food was covered, labeled and dated in the refrigerators, pantry and the open kitchen area and the overhead vents above the prep area were cleaned, 1 of 1 kitchen in the facility. This deficient practice had the potential to affect 78 of 78 residents receiving food from the kitchen.</p> <p>Findings include:  During the tour of the kitchen on 1/23/2019 at 3:48 p.m., with the Dietary Manager, the following observations were made:</p>	F 0812	<p>·The facility does ensure food is covered, labeled, and dated in the refrigerators, pantry, and the open kitchen area. The facility does ensure overhead vents above the prep area are clean and free of dirt and debris. Vents were immediately cleaned. ·All foods are check daily to identify potential issues. ·Dietary staff will be educated on proper food storage and labeling. Maintenance Director will be educated on preventative maintenance &amp; air duct cleaning.</p>	02/25/2019	

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	<p>The reach in refrigerator on the right side of kitchen had a cranberry juice pitcher opened, not dated and an apple juice pitcher opened, not dated.</p> <p>The large walk in refrigerator had a large lettuce package opened, and not dated.</p> <p>The open kitchen area had a large bag of dry pasta opened and not dated.</p> <p>The kitchen pantry had 11 bun packages opened and not dated and 6 bread loafs opened and not dated.</p> <p>The over head fans in 2 of 2 prep areas in the kitchen was observed to have dirt and debris.</p> <p>Record review of the dietary records for temperature testing of food prior to distribution to residents stopped after 9/20/2018.</p> <p>There were no records of food temperatures recorded for the steam tables on the 200 and 300 hallways.</p> <p>There were no records of food temperatures taken prior to serving the 100 hall residents</p> <p>Observation for the dinner meal on 1/24/2019 at 6:09 p.m. on the 300 hall, the residents were being served meals and no temperatures had been taken prior to serving the meals. Dietary Aide 13 indicated he did not take the temperatures. He indicated he did not have a thermometer to take temperatures and no sanitary wipes to perform the procedure.</p> <p>Observation for the dinner meal on 1/24/2019 at 6:55 p.m. on the 200 hall, the residents were being</p>		<p>-Dietary Manager or designee will use daily DSM checklist on an ongoing basis to ensure all proper dating and labeling are on foods. Audits will be reviewed with Executive Director weekly for the next 6 months. Maintenance Director or designee will conduct quarterly or as needed cleaning of vents to ensure vents are free of dirt and debris.</p> <p>-Any negative findings will be immediately addressed and reviewed in QAPI for the next 6 months.</p>	

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	<p>served meals and temperatures had been taken prior to serving the meals. Dietary Aide 15 indicated she did take the temperatures. She indicated she did have a thermometer to take temperatures and sanitary wipes to perform the procedure. Readings indicated Spinach 140, cube steak 90, baked potato 100, sweet potato 120, mashed potatoes 100, fish 100, puree steak 120, gravy 100, pizza 90 and chicken 100 degrees. She indicated she had been educated to take temperatures and document them on a sticky note and give to the Assistant Dietary Manager each meal. She indicated if the temperature was below 135 for any part of the meal she was supposed to put it in the microwave and reheat. She then indicated she tested the item again but did not document this temperature. She then indicated she then could serve the meal. She indicated she had not tested the cold items and had not been instructed to do the temperature testing for non heated items.</p> <p>Interview on 1/25/2019 at 11:27 a.m., with Unit Manager 5, she indicated she was aware of dinner temperatures not meeting standards on the steam table when taken by Dietary Aide 15 on 1/24/2019. She observed Dietary Aide 15 taking temperatures on the steam table incorrectly and instructed her on how to correctly take the temperatures for the food. Her results indicated cube steak 140, baked potato 135, sweet potato 145, mashed potatoes 150, fish 140, puree steak 145, gravy 150, pizza 150 and chicken 140.</p> <p>During review of the logs received from the Dietary Manager on 1/24/2019 at 1:30 p.m., the records indicated that many meals had no temperature reading and many days had no temperature readings. There were no dinner meals were recorded since 9/18/2018. These records</p>			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155834	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/26/2019
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER - WILLOW SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 WEST 86TH STREET INDIANAPOLIS, IN 46260
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	<p>reflected only the entree reading of the last dinner tray served on the unit.</p> <p>During an interview on 1/23/2019 at 3:58 p.m., with Dietary Manager, he indicated the open items should have been dated upon opening but he was not aware the buns and loaves of bread needed dating after opening because they were delivered weekly.</p> <p>During an interview on 1/23/2019 at 4:10 p.m., with the Dietary Manager he indicated he was not aware he had to test the temperature of the resident food at the serving steam tables before serving residents. Since 9/20/2019 he indicated a new system was implemented that did not print out a daily temperature log for documentation. He indicated since the ISDH survey in August 2018 he has been tracking the temperature of the last tray served on the 200 hall and 300 hall of only the main entrée. No temperatures of food for the 100 hall have been tested. He indicated he did not test on the weekends or the evening meals.</p> <p>During an interview on 1/24/2019 at 2:30 p.m., with the Executive Director, she indicated she was not aware the meals were not being temperature checked prior to serving the residents. She indicated the food should be temperature checked on the steam trays prior to serving the residents the meal. The meals for the 100 hall needed to be checked in the kitchen before serving the residents.</p> <p>Interview on 1/25/2019 at 10:35 a.m., with Registered Dietician (RD), she indicated she was aware of temperatures not documented from the food steam trays. She indicated the staff did temp the food in the kitchen prior to distribution to steam trays on units but that those temperatures</p>			

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	<p>were not documented. She indicated the food in the kitchen when opened should have been dated.</p> <p>This Federal tag relates to Complaints IN00273378 and IN00283975.</p> <p>3.1-21(i)(3)</p> <p>3.1-21(a)(2)</p>				