

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LIVING CENTER-LINCOLN HILLS		STREET ADDRESS, CITY, STATE, ZIP 402 19TH STREET TELL CITY, IN 47586	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents requiring assistance with ADL's (Activities of Daily Living) received adequate assistance with bathing for 4 of 5 Residents reviewed for ADL's. Residents did not receive assistance to shower/bathe at least two times a week. (Resident D, Resident E, Resident B, Resident C)</p> <p>Findings include: 1. On 8/3/20 at 11:06 A.M., Resident D was observed in bed wearing a hospital gown and his hair appeared greasy and was not combed. Resident D indicated that he normally received bed baths but he used to be bathed in the shower room. A record review conducted on 8/4/20 at 9:55 A.M., indicated Resident D had [DIAGNOSES REDACTED]. An Admission MDS (minimum data set), dated 7/15/20, indicated Resident D had severely impaired cognition. Resident D required extensive assistance of two for bed mobility, transfers, dressing, toileting, hygiene, and two person physical assist with bathing. A current care plan, initiated on 7/9/20, was provided and indicated Resident D required staff assistance with deficits of ADL's (activities of daily living) with a current intervention of Assist with self-care. A CNA assignment sheet, provided by the DON (Director of Nursing) on 8/4/2020 at 12:45 P.M., indicated Resident D was scheduled to be showered every Wednesday and Saturday. On 8/4/20 at 12:15 P.M., Resident D's shower record from 7/9/20 to 8/3/20 was reviewed. Resident D received zero showers, three full bed baths, and several partial bed baths in the past 30 days. No refusals of care were documented. From 7/19/20 to 8/3/20, Resident D did not receive a full bed bath or shower. 2. On 8/3/20 at 10:22 A.M., Resident E was observed sitting in her wheelchair in her room. Resident E indicated her preferred shower days were on Tuesdays and Fridays. A sign was noted on Resident E's wall that stated, Shower day is Tuesday and Friday. On 8/4/20 at 8:40 A.M., Resident E's clinical record was reviewed. An Annual MDS, dated [DATE], indicated Resident E had no cognitive impairment. Resident E required staff assistance for bed mobility, dressing, hygiene, and one person physical assist with bathing. [DIAGNOSES REDACTED]. Resident E's care plan, revised on 6/5/19, was reviewed on 8/4/20 at 9:30 A.M. and indicated that the Resident required, help of 1-2 assist from staff with the following ADL's: bathing, transfers (with) 1 assist with gait belt, personal care, toileting, bed mobility, and dressing. A CNA assignment sheet, provided by the DON on 8/4/20 at 12:45 P.M., indicated Resident E's assigned shower days were every Tuesday and Friday. On 8/4/20 at 12:15 P.M., the shower record for Resident E from 7/6/20 to 8/3/20 was reviewed. Resident E received two showers and several partial bed baths in the past 30 days. No refusals of care were documented. The resident did not receive a full bed bath or shower from 7/19/20 to 8/3/20. 3. On 8/3/20 at 12:25 P.M., Resident C was observed in bed, eating lunch, wearing a hospital gown. During record review on 8/4/20 at 10:10 A.M., Resident C's most recent MDS, dated [DATE], indicated the Resident required extensive assistance for bed mobility, transfers, dressing, toileting, hygiene, and required one person physical assist with bathing. The resident had no cognitive impairment. Resident C's [DIAGNOSES REDACTED]. Resident C's care plan included, but was not limited to, I require staff assistance with deficits of ADL's of toileting, transfers, bed mobility, and eating/drinking ., assist with self care. A CNA assignment sheet, provided by the DON on 8/4/20 at 12:45 P.M., indicated Resident C was scheduled to be showered every Monday and Thursday evening. On 8/4/20 at 12:15 P.M., the shower record for Resident C from 7/6/20 to 8/3/20 was reviewed. Resident C received five showers, one full bed bath, and several partial bed baths in the past 30 days. No refusals of care were documented. The resident did not receive a full bed bath or shower from 7/24/20 to 8/3/20. 4. During record review 8/4/20 at 11:05 A.M., Resident B's most recent Quarterly MDS, dated [DATE], indicated the Resident had moderately impaired cognition, and required extensive assistance with bed mobility, dressing, toileting, hygiene, and was totally dependent with bathing. Resident B's [DIAGNOSES REDACTED]. Resident B's care plan indicated the Resident required staff assistance with deficit of ADL's of toileting, transfers, and bed mobility due to post laminectomy syndrome kyphosis. The care plan included, assist with self care. A CNA assignment sheet, provided by the DON on 8/4/20 at 12:45 P.M., indicated Resident B was scheduled to be showered every Monday and Thursday evening. On 8/4/20 at 12:20 P.M., the shower record for Resident B from 7/8/20 to 8/3/20 was reviewed. Resident B received one shower and several partial bed baths in the past 30 days. No refusals of care were documented. The resident did not receive a full bed bath or shower from 7/8/20 to 7/22/20 and no full bed baths or showers from 7/24/20 to 8/3/20. During a confidential interview, a lack of staff and time had resulted in several residents not receiving full bed baths or showers over the past several weeks. Resident's should receive at least two full bed baths or showers per week, and if a Resident refused their bathing, a refusal should be documented. On 8/4/20 at 12:50 P.M., the DON supplied a facility policy, dated 8/3/18, and titled, Bath, Shower. The policy included, Procedure purpose: To cleanse and refresh the resident. To observe the skin. To provide increased circulation . Documentation guidelines . Documentation may include: Amount of assistance required. Reports of unusual observation to the charge nurse. Signature and title. This Federal tag relates to Complaints IN 208, IN 372, IN 567 and IN 854. 3.1-38(b)(2)</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.