

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

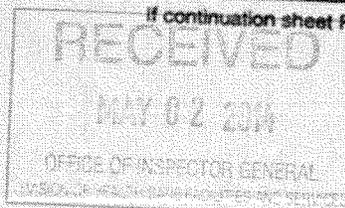
PRINTED: 04/25/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/27/2014
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - ST MATTHEWS	STREET ADDRESS, CITY, STATE, ZIP CODE 227 BROWNS LANE LOUISVILLE, KY 40207
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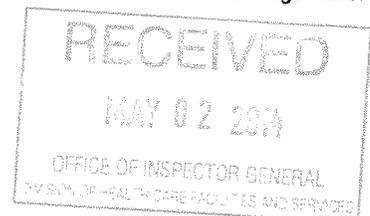
F 323	<p>Continued From page 60</p> <p>revealed one (1) WG was not working. Resident #7, and immediately replaced the WG. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she assessed all residents for risk of elopement on 03/10/14 through 03/12/14. She stated nine (9) residents were assessed at risk for elopement with a WG in place and working.</p> <p>9. Review of the facility daily census for 03/09/14 revealed all residents were accounted for on 03/09/14 by the UM. Interview with RN #3, on 03/27/14 at 2:01 PM, revealed she assisted on 03/09/14 to ensure all residents were present and accounted for in the facility. Interview with the UM, on 03/27/14 at 1:36 PM, revealed she ensured all residents were present and accounted for in the facility on 03/09/14.</p> <p>10. Review of the facility investigation revealed all seven (7) elopement binders were reviewed by the UM on 03/09/14. Interview, on 03/27/14 at 1:36 PM, with the UM revealed she checked all the elopement binders to ensure all residents that were supposed to be listed were in the binders. Review of the elopement binder revealed all nine (9) residents with a WG were included with a picture and informational face sheet.</p> <p>11. Review of the facility Daily Maintenance Rounds, dated 03/09/14, revealed the Maintenance Director checked all of the exit doors. Interview with the Maintenance Director, on 03/27/14 at 8:26 AM, revealed he was called to the facility and checked all of the exit doors on 03/09/14 and found all doors working.</p> <p>12. Review of the facility's Daily Maintenance Rounds, dated 03/09/14, revealed the Maintenance Director checked all of the exterior</p>	F 323		
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F 323	Continued From page 61 doors WG system with all doors verified to be working. Interview, on 03/27/14 at 8:26 AM, with the Maintenance Director revealed he checked the WG system on 03/09/14 and found the system working.  13. Review of the facility's Wanderguard List revealed the UM checked each resident with a WG to ensure it was working on 03/09/14. Resident #7's WG was replaced on 03/09/14. Interview with the UM, on 03/27/14 at 1:36 PM, revealed she checked each resident's WG for the red flashing light on 03/09/14. She stated Resident #7's WG was not flashing and was immediately replaced. Observation, on 03/24/14 at 9:04 AM, 9:27 AM, and 10:08 AM, revealed Resident #7 self-propelled in his/her wheelchair toward the 100 Unit entrance doors and looked out the windows. The resident had a WG to his/her left ankle with the red light blinking.  14. Review of the facility's Elopement Assessments revealed all residents were assessed for risk of elopement 03/10/14 through 03/11/14. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she conducted resident risk of elopement assessments beginning 03/10/14 and completed on 03/12/14 with nine (9) residents found at risk of elopement and no additional residents required the use of a WG.  15. Review of the facility's Wanderguard Audit Tool, dated 03/10/14 - 03/12/14, revealed the elopement binders were checked by the DON to verify each resident at risk for elopement with a WG was listed in the book. Review of the Elopement Book Audit Log, dated 03/11/14, revealed each book was checked for residents listed and if any new residents and who were	F 323			



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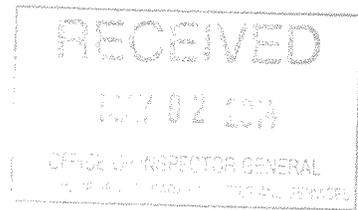
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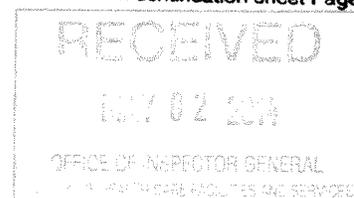
F 323	<p>Continued From page 62</p> <p>added. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she audited all seven (7) elopement binders on 03/11/12. She stated the elopement binders were up to date. Interview with the Director of Social Services, on 03/27/14 at 3:16 PM, revealed she assisted the DON to audit the elopement binders on 03/11/14 for resident picture, information sheet, and if anyone needed to be added.</p> <p>16. Review of the facility's education records and staff signature sheet, dated 03/11/14, revealed thirteen (13) staff participated in an elopement drill including LPN #2, CNA #10, and CNA #5. Interview, on 03/27/14 at 2:47 PM, with the DCE revealed she conducted an elopement drill on 03/11/14. Interviews with LPN #2 on 03/27/14 at 9:28 AM; CNA #10 on 03/27/14 at 9:46 AM; and CNA #5 on 03/27/14 at 9:53 AM revealed they had been trained on the WG system and the Elopement policy and knew what to do if a resident eloped from the facility.</p> <p>17. Observations, on 03/27/14 at 11:00 AM, revealed all nine (9) residents and designated wheelchairs for two (2) of the residents listed on the facility's Wanderguard List had WGs in place. Interview with RN #3, on 03/27/14 at 9:02 AM, revealed she was in-serviced on 03/09/14 to check that the resident WGs were in place and functioning, document that on the eTAR, and resident care plans and CNA assignment sheets should be reviewed and revised for new orders or any type of incident. Interview with CNA #5, on 03/27/14 at 9:53 AM, revealed she was working 03/09/14 and received training that day about elopement procedures and the CNA assignment sheet which would have pertinent information about the resident. Interview with the UM, on</p>	F 323		
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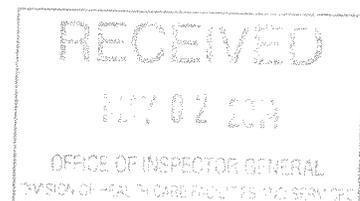
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F 323	<p>Continued From page 63</p> <p>03/27/14 at 1:36 PM, revealed she immediately began training with staff on 03/09/14 with nurses and CNAs that WG devices should be in place and monitored each shift and documented on the resident's eMAR/eTAR. Interview, on 03/27/14 at 2:10 PM, with the DON revealed CNA assignment sheets and resident care plans were updated for six (6) of nine (9) residents who were at risk of elopement.</p> <p>Observation, 03/13/14 at 4:42 PM, revealed a WG with a red blinking light was on the wheelchair for Resident #4. On 03/14/14 at 9:06 AM, observation revealed Resident #4 had a WG on the right ankle and on the wheelchair, both with a red blinking light. Observation on 03/14/14 at 11:37 AM, revealed the resident was in an exercise group in the west dining room, a WG was visible on the right ankle over the resident's sock. Continued observation of Resident #4, at 11:33 AM, revealed the resident self-propelled him/herself independently from the exercise group to the north dining room for lunch service. The resident was again observed to self-propel from the north dining room at 12:29 PM past the front doors and was observed to look in the direction of the front doors; however, continued past the entrance toward the resident's hallway.</p> <p>18. Review of staff education revealed training continued on 03/10/14 and was completed on 03/14/14 by the DCE for one hundred fifteen (115) employees, with one (1) staff on a leave of absence. Education included elopement guidelines, the WG system, placement of the WG, and documentation on the eMAR/eTAR. Interviews with the CNA #9 on 03/27/14 at 8:44</p>	F 323		



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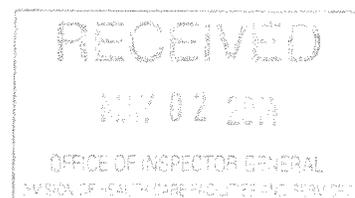
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F 323	<p>Continued From page 64</p> <p>AM; RN #5 on 03/27/14 at 8:52 AM; LPN #2 on 03/27/14 at 9:28 AM; CNA #10 on 03/27/14 at 9:46 AM; Dietary Aide #1 on 03/27/14 at 3:51 PM; and Housekeeper #4 on 03/27/14 at 3:56 PM, all revealed they had been trained on the WG system and elopement procedures, ensuring the WG was in place and the nurses were to document on the eMAR/eTAR. Interview with the DCE, on 03/27/14 at 2:47 PM, revealed all staff were educated by 03/14/14, including PRN staff educated by telephone, except for one CNA on medical leave who would be in-serviced prior to working. The DCE stated staff education included elopement guidelines, elopement binders, the WG system, checking the WG for placement and function each shift, documentation in the eMAR/eTAR, updating and implementing the resident's elopement care plans. She indicated all staff who received training received an elopement packet that included the policy, including staff who were educated by phone and staff who were trained on 03/09/14 by the UM.</p> <p>19. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she participated in review of the facility's elopement policy on 03/10/14 with no changes made.</p> <p>20. Review of the care plans for residents at risk of elopement on 03/10/14 revealed six (6) residents with care plans for risk of elopement were updated by 03/14/14. Interview with the DON, on 03/27/14 at 2:01 PM, revealed she reviewed resident care plans for risk of elopement for all nine (9) residents and revised six (6) resident care plans, completed by 03/12/14.</p> <p>21. A. Review of the Wanderguard Audit Tools,</p>	F 323			



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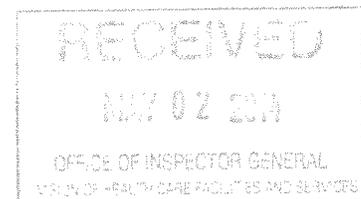
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F 323	<p>Continued From page 65</p> <p>dated 03/10/14, 03/12/14, 03/13/14, 03/14/14, 03/18/14, 03/19/14, 03/20/14, 03/21/14, 03/22/14, 03/24/14 revealed they were completed by the DON and ADON. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she completed WG audit checks of individual residents beginning 03/10/14 and at least five (5) times a week for four (4) weeks, then three (3) times a week for four (4) weeks, then weekly.</p> <p>B. Review of the eMAR/eTAR Medication Admin Audit Report revealed audits for missed documentation were conducted five (5) times a week beginning 03/12/14. Interview, on 03/27/14 at 2:10 PM, with the DON revealed eMAR/eTAR audits were begun on 03/12/14 and would be conducted five (5) times a week for four (4) weeks, then three (3) times a week for four (4) weeks, and then weekly.</p> <p>C. Review of the facility's Daily Maintenance Rounds and Weekend Manager Checklist, dated 03/08/14 through 03/23/14, revealed the exterior doors were checked to ensure the doors were working daily by Maintenance or the Manager on Duty.</p> <p>22. Review of the facility's Medication Administration Audit Report, dated 03/10/14, revealed all residents eMARs/eTARS were reviewed for missing documentation by the DON. Interview with RN #5 on 03/27/14 at 8:52 AM; RN #3 on 03/27/14 at 9:02 AM; and LPN #3 on 03/27/14 at 9:28 AM, revealed the nurses were responsible to check the resident's WG placement and function each shift and document on the eMAR/eTAR.</p> <p>23. Review of the facility's education records revealed thirteen (13) staff participated in an elopement drill on 03/11/14. Interview, on</p>	F 323			



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F 323	Continued From page 66 03/27/14 at 8:26 AM, with the Maintenance Director revealed he was responsible to conduct elopement drills quarterly, beginning 03/11/14.  24. Review of the facility's Elopement Guidelines revealed the checklist included the elopement binder, care plans, staff able to verbalize elopement procedures, door alarms checked, and WG checked daily and documented. Review of six (6) resident care plans for residents at risk of elopement revealed care plans were updated by 03/14/14. Interview with the UM on 03/27/14 at 1:26 PM; the DON on 03/27/14 at 2:10 PM; the DCE 03/27/14 at 2:47 PM; the Social Worker on 03/27/14 at 3:16 PM; and the Social Service Director on 03/27/14 at 3:16 PM, revealed they participated in the IDT meetings and reviewed resident care plans for risk of elopement beginning 03/10/14 and would be reviewed by the IDT quarterly, with significant changes, or as needed using the checklist.  25. Review of the facility's QAPI attendee signature sheet revealed an Ad Hoc QA&A meeting was held on 03/10/14. Interview with the Administrator, on 03/27/14 at 10:10 AM revealed she called the Medical Director for the QAPI meeting on 03/10/14. Interview with the Administrator on 03/27/14 at 10:10 AM; the UM on 03/27/14 at 1:26 PM; the DON on 03/27/14 at 2:10 PM; the DCE 03/27/14 at 2:47 PM; the Social Worker on 03/27/14 at 3:16 PM; and the Social Service Director on 03/27/14 at 3:16 PM, revealed they participated in the facility's QAPI meetings and attended a meeting on 03/10/14 to discuss the elopement, with meetings schedule weekly for four (4) weeks, then bi-weekly for four (4) weeks, then monthly. The UM stated a QAPI meeting was also held on 03/27/14 with the	F 323			



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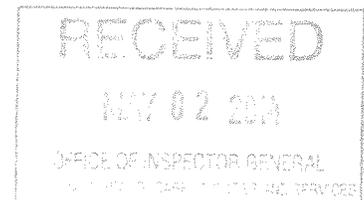
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F 323	Continued From page 67 Medical Director on speaker phone. Review of the QAPI signature sheet, dated 03/20/14, revealed the Medical Director attended the meeting. The signature sheet, dated 03/27/14, indicated the Medical Director participated via conference call.  26. Review of the facility's QAPI signature sheet, dated 03/20/14, revealed an ADHOC QA&A meeting was conducted. A QAPI meeting held on 03/20/14 indicated the Medical Director was in attendance. Interview with the Administrator, on 03/27/14 at 10:10 AM revealed she called the Medical Director for the QAPI meeting on 03/20/14. Interview with the Administrator on 03/27/14 at 10:10 AM; the UM on 03/27/14 at 1:26 PM; the DON on 03/27/14 at 2:10 PM; the DCE 03/27/14 at 2:47 PM; the Social Worker on 03/27/14 at 3:16 PM; and the Social Service Director on 03/27/14 at 3:16 PM, revealed they participated in the facility QAPI meetings and attended a meeting on 03/20/14 to discuss the elopement, with meetings schedule weekly for four (4) weeks, then bi-weekly for four (4) weeks, then monthly. The UM stated a QAPI meeting was also held on 03/27/14 with the Medical Director on speaker phone. Review of the QAPI signature sheet, dated 03/20/14, revealed the Medical Director attended the meeting. The signature sheet, dated 03/27/14, indicated the Medical Director participated via conference call.	F 323			
F 490 SS=K	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING  A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial	F 490	F490  Criteria I 3/9/14 <ul style="list-style-type: none"><li>The resident was returned safely to Living Center by the Licensed Nurse.</li><li>Assessment completed to rule out injury by the Licensed Nurse.</li></ul>		



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F 490	Continued From page 68 well-being of each resident.  This REQUIREMENT is not met as evidenced by: Based on interview and review of the facility's policy, it was determined the facility's Administration failed to ensure the facility's policies and procedures were implemented in order to attain the highest practicable physical, mental, and psycho-social well-being of five (5) of fourteen (14) sampled residents (Resident #4, #5, #6, #7, and #8).  The facility's Administration failed to have an effective system in place to ensure policy and procedures were implemented to protect residents at risk from elopement. The Administration failed to ensure supervision of residents at risk of elopement and monitoring of the WanderGuard (WG) bracelet battery life. The Administration failed to ensure staff followed care plans and revised the care plans to ensure all aspects of the WanderGuard safety devices were provided and the potential expiration dates tracked. (Refer to F282 and F323)  Resident #4 was assessed by the facility to be at risk for elopement and was care planned to have a WanderGuard applied. On 03/09/14, Resident #4 was found by staff, at approximately 10:30 AM, with the WanderGuard (WG) device off. However, staff failed to replace the WG, and the resident exited the building without staff knowledge. The resident was observed by staff outside the facility on the sidewalk propelling self in the wheelchair at approximately 1:00 PM. The resident was returned to the facility and assessed	F 490	3/9/14 The Unit Manager was immediately notified of the incident and initiated the investigation. Verbal instructions were given to the Licensed Nursing Staff per Unit Manager. The DNS and ED were notified per Unit Manager. <ul style="list-style-type: none"><li>• Immediate investigation was initiated by the Unit Manager.</li><li>• Wanderguard was replaced by the Licensed Nurse. The device was verified to be in working order by the flashing light as indicated by manufacturer's directions per the Licensed Nurse. The Licensed Nurse documented incident with interventions on the DQI per policy.</li><li>• Care plan was reviewed by the Unit Manager. No revisions were needed.</li><li>• System review, i.e., the Unit Manager manually checked all doors to ensure they were locking properly. All doors were working correctly. The Unit Manager checked the Wanderguard system by taking each resident with a device to an exit door. The system was working properly. Per manufacturers instructions the flashing light on the devise ensures the battery is working properly. All wanderguards in use was checked for the flashing light. A flashing light was not visible on one wanderguard and the device was immediately replaced by the Unit Manager. The License Nurse checked all 7 Elopement binders to ensure this resident was included. The resident was included in all 7 binders.</li><li>• Family and MD were immediately notified by the Licensed Nurse.</li></ul> A physician order for checking Wanderguard placement and functioning was obtained and implemented on the EMAR per Unit Manager for Resident #7 on 3/12/14. The DNS verified that resident # 5, 6, 7 & 8 had a functioning wanderguard in place, order present for checking placement and functioning and care plans were in place by 3/12/14.		



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F 490	<p>Continued From page 69 to have no injury. The facility identified the resident did not have the WG on upon return to the facility.</p> <p>The facility's failure to have an effective system in place to ensure residents were adequately supervised for risk of elopement placed residents in a situation that has caused or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate Jeopardy (IJ) was identified on 03/17/14 and determined to exist on 03/09/14. The facility was notified of the Immediate Jeopardy on 03/17/14.</p> <p>An acceptable Allegation of Compliance (AOC) was received on 03/24/14 alleging the IJ was removed on 03/15/14 and the State Survey Agency (SSA) validated the Immediate Jeopardy was removed on 03/15/14, as alleged. The scope and severity was lowered to an "E" while the facility develops and implements the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>1. Review of the facility's policy regarding Elopement Guidelines, revised 2013, revealed the facility would develop a resident care plan that addressed the resident's potential to wander or exit the center, with the measures taken to prevent the elopement. The WG device would be checked to ensure the device was in place. Additionally, the resident would have a care plan for elopement in place and would have interventions confirmed through physical observation.</p>	F 490	<p><b>Criteria 2</b></p> <p>All residents have the potential to be affected. 3/10/14 The DNS conducted an audit on all current residents for elopement risk using the Golden Living Elopement Assessment Form, section K of the Clinical Health Status Form. The audit findings/assessments were documented and placed in the medical records.</p> <p><b>Criteria 3</b></p> <p>3/9/14:</p> <p>The Unit Manager initiated immediate education for the Licensed Staff and Nursing Assistants: The Licensed Nurse is responsible to ensure:</p> <ul style="list-style-type: none"> <li>Wanderguards are in place every shift or more often if care plan indicates the need for more frequent checks.</li> <li>Documentation occurs every shift on MARS/TARS or according to care plan.</li> <li>Care plan updated quarterly, with significant change or as needed on an ongoing basis.</li> </ul> <p>3/10/14: The Director of Clinical Education (DCE) continued education initiated by the Unit Manager. All licensed staff excluding PRN did receive education by 3/13/14. PRN staff will be in-serviced prior to working. The center does not use agency staff.</p> <p>3/10/14: The Executive Director and Director of Nursing reviewed the Elopement Policy and Procedures and determined to be in plan and without need for revision.</p> <p>3/10/14: The Executive Director and/or the Director of Nursing will monitor the education daily, until all staff receive re-education, by reviewing the in-service sign in sheets with the Director of Clinical Education. A review of the in-service attendance roster reflected 12 completed on 3/9/14, 28 completed on 3/10/14, 18 completed on 3/11/14, 31 completed on 3/12/14, 7 completed on 3/13/14 and 26 completed on 3/14/14. 100% of all working staff including PRN were educated by the end of the day, 3/14/14. One employee is on Medical Leave of Absence and will receive training prior to returning to work.</p>		

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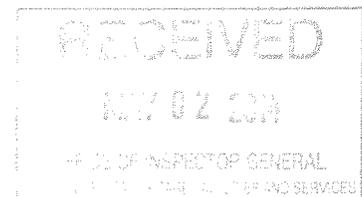
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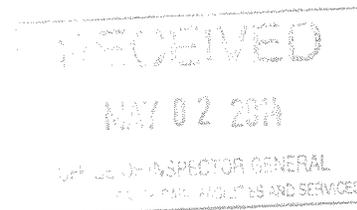
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F 490	<p>Continued From page 70</p> <p>Review of the facility's policy regarding Interdisciplinary Care Plans, revised October 2009, revealed the care plan was implemented to guide the facility in providing necessary care and services for a resident's well-being. The resident care plan would include historical issues that were currently being managed with interventions.</p> <p>Interview and record review, revealed the facility failed to have an effective system in place to ensure the staff followed the care plan for Resident #4 and failed to ensure supervision of Resident #4, whom the facility assessed as an elopement risk. The facility's elopement care plan for Resident #4 included interventions for the resident to have a WanderGuard (WG). However, the WG was not applied and the resident exited the facility without staff knowledge.</p> <p>Interview with the Administrator, on 03/17/14 at 1:33 PM, revealed Resident #4 had talked about going home in the past. She stated the resident's judgement was altered and the care plan identified the use of the WG. She further indicated if the WG was not in place then the resident could leave the facility. She indicated the nurses were responsible to check the resident's WG was in place and functioning. Continued interview with the Administrator, on 03/25/14 at 9:33 AM, revealed the nurses were responsible to monitor the resident care plans for use of the WG. She stated the Unit Coordinators and the DON monitored the implementation of the resident care plans. The Administrator indicated if the facility assessed the resident to require the WG, the resident's behavior and use of the WG would be discussed in the morning clinical meeting. She further indicated she usually</p>	F 490	<p>All staff received written elopement policy with verbal in-service and an elopement drill was performed per the DCE by 3/14/14. Upon questioning, staff verbalized elopement policy, after completion of training.</p> <p>The DCE will continue to educate new hires during orientation and re-educate staff as needed on an on-going basis.</p> <p><b>Criteria 4</b></p> <p>3/11/14: The Director of Nursing is response to ensure the wanderguards and MAR/TARS are completed, initiated 3/12/14. The audits will be reviewed in QA meeting by members of the QA committee.</p> <ul style="list-style-type: none"> <li>Audit placement of wanderguard devices on individual residents 5 times a week x 4 weeks starting 3/10/14, 3 times a week x 4 weeks and once a week ongoing by Director of Nursing or Assistant Director of Nursing.</li> <li>Audit MARS/TARS to ensure elopement documentation is complete 5 times a week x 4 weeks, starting 3/12/14, 3 times a week x 4 weeks, once a week ongoing by Director of Nursing or Assistant Director of Nursing.</li> </ul> <p>The DNS will report any issues identified from these audits to the IDT/Start up team at the next meeting. Re-education will be provided by the DCE or DNS on a one on one basis.</p> <p>3/9/14: The Maintenance Director was and is responsible to ensure door audits are completed daily. This process was in place prior to 3/9/14 and is ongoing. The Executive Director will review the log weekly, started 3/12/14.</p> <p>3/10/14: The Executive Director is responsible to ensure QA meetings are held and members sign in. QA members include: Executive Director, Director of Nursing, Assistant Director of Nursing, Unit Managers, Director of Clinical Education, MDS Coordinator, Social Services, Dietary, Activities, Business Office, Consultant Pharmacy and Medical Director.</p>		



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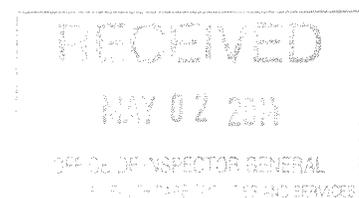
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F 490	<p>Continued From page 71</p> <p>did not attend the clinical portion of the morning meeting.</p> <p>2. Record review revealed the facility did not check for placement and function of Resident #7's WG each shift when initially applied and did not update the resident's care plan to reflect that staff should check that the WG was in place and functioning for Residents #5, #6, #7, and #8.</p> <p>Interview with the Administrator, on 03/25/14 at 9:33 AM, revealed care plans were updated by the MDS Coordinator, Unit Managers, or DON. She stated the morning meeting with the Interdisciplinary Team (IDT) would review when a WG was placed on a resident. The Administrator indicated the resident care plan would be updated during the clinical portion of the meeting, which she did not usually attend.</p> <p>A post survey interview with the Administrator, on 04/23/14 at 11:41 AM, revealed care plans could be updated by nursing, social services, ADON, or DON. She stated the care plan intervention which included a WG in place did not need to specify where the WG was placed or to check function. She indicated the care plans for the residents did not need additional information related to checking the WG for function. However, she stated if the care plan was not updated for risk of elopement, the potential outcome could be a break in communication. The Administrator indicated she monitored care plan updates through the morning meeting with the IDT. However, a previous interview revealed the care plan updates would be discussed in the clinical portion of the morning meeting, which she had stated she did not attend.</p>	F 490	<p>The Elopement binders will be reviewed weekly by Social Services on an ongoing basis to ensure residents at elopement risk are identified.</p> <p>03/12/14 The DNS created and initiated an audit tracking form. Information included on audit form: resident name with tag, date wander guard tag applied, site, weekly check of battery using the hand held device, date of last assessment, IPOC/care plan, MD order, and is resident information in the Elopement Nook. The use of this audit form is ongoing. 3/12/14 spare wander guard tags, bands, and the hand held device used for activation of the wander guard tang have been placed in the North med caret to facilitate access for nursing. Social Services created and continues to review and update the Elopement Binder weekly and as needed. Social Services created and continues to utilize an audit tool. Information included: resident name, serial number for ID tag, and where tag is placed. Maintenance or Manager on Duty continues to monitor all doors and Wander Guard System for proper functioning daily. The DCE continues to complete education with all newly hired staff related to the Wander Guard System and care Plans. The DNS will re-educate staff as needed.</p> <p>QA Committee meeting will be held weekly x4 weeks, then bi-weekly x 4 wks then monthly thereafter. QA meetings were held weekly. No problems identified. Elopement Binders, Door &amp; Wander Guard System Audits, and Nursing Audits are reviewed at each meeting. The QA meeting held on 3/27/14 recommended creation of an Elopement Emergency Kit. 4/3/14 the DNS created the emergency kit as recommended. 4/3/14 the committee recommended to the removal of wander guard tags for two residents due to change of condition and were removed per Nursing. 4/10/14 QA meeting was held. No issues were identified. 4/17/14 No issues were identified. The QA Committee will review compliance with education related to care plan training. The DCE will monitor and report percentages of training completed to the QA Committee quarterly. 3/17/14 the DCE reported that all nursing staff have completed Care Plan training. If the Medical Director is unavailable in person on a weekly basis, he will review progress by telephone with the Executive Director and/or DNS. To date the Medical Director has been either present for all meetings or on phone conference line during the meeting.</p>	F490 5/10/2014	



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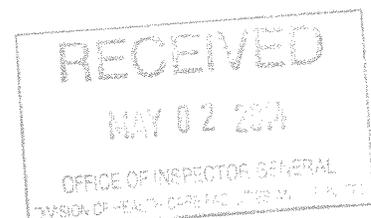
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F 490	<p>Continued From page 72</p> <p>3. Review of the facility's Elopement Guideline, revised 2013, revealed device batteries would be checked according to manufacturer's directions. Additionally, a roster of bracelet battery expiration dates would be maintained and replaced prior to expiration.</p> <p>Review of the Accutech Manual (referred to as bracelet per facility policy and WG per facility records), not dated, revealed the tags (bracelet per facility policy) were engineered for greater than twelve (12) months usage and could be activated and deactivated. The tags were reusable and could be stored turned off to preserve battery life. Additionally, over the course of normal operation the tags would eventually lose power and need to be replaced. The tag battery was not replaceable.</p> <p>Record review and interview revealed the facility did not monitor the WG bracelets for length of use in relation to the WG battery's twelve (12) month warranty period for Residents #4, #5, #6, #7, and #8. The WG devices were not tracked by any date to determine the available life of the battery before placing on another resident for use.</p> <p>Interview with the Administrator, on 03/25/14 at 9:33 AM, revealed the facility could reuse WGs for other residents. She stated the WG would be deactivated when a resident was discharged from the facility. When the WG was reused, activating the bracelet would indicate if there was a low battery and it would not be reused at that time. She further stated a WG would be activated when placed on a resident and would not be deactivated until officially removed from the resident. The Administrator stated the WG list did</p>	F 490			



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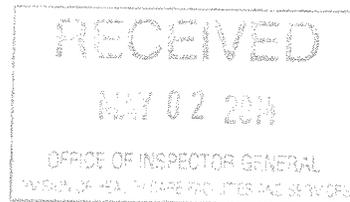
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F 490	<p>Continued From page 73</p> <p>not have a date of activation listed. She stated the date of use of the WG would be the date the WG was placed on the resident. She indicated the facility would know when a WG was placed on a resident based on the start date on the eMAR or the care plan.</p> <p>A post survey interview with the Administrator, on 04/23/14 at 11:41 AM, revealed she was aware of the twelve (12) month life of the WG battery. She stated the batteries could last up to two (2) years and depended on how frequently the WG triggered the doors to lock. She further stated the facility had only begun to track the dates of the device since the elopement of Resident #4.</p> <p>The facility provided an Allegation of Compliance (AOC) on 03/24/14 alleging the Immediate Jeopardy (IJ) was removed on 03/15/14; the facility took the following immediate steps to remove the IJ:</p> <ol style="list-style-type: none"> <li>1. The resident was immediately returned to the facility on 03/09/14.</li> <li>2. An assessment was completed on 03/09/14 by LPN #3 with no injuries reported.</li> <li>3. An investigation was started on 03/09/14 by the Unit Manager.</li> <li>4. The WG was replaced by LPN #3 on 03/09/14. The device was verified to be working by the flashing red light and documented the incident on the incident report (DQI).</li> <li>5. The care plan was reviewed by the Unit Manager (UM) on 03/09/14.</li> </ol>	F 490			



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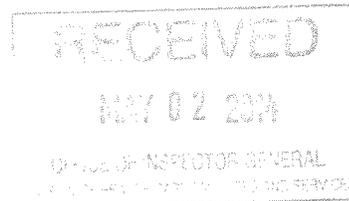
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F 490	<p>Continued From page 74</p> <p>6. The UM checked all doors to ensure they were locking properly on 03/09/14. The UM checked the WG system taking each resident with a WG to an exit door and found the system to work properly. All WG in use were checked for the red flashing light. The red flashing light was not visible on one (1) WG device and was immediately replaced by the UM. All elopement binders were checked by the UM to ensure the resident was included.</p> <p>7. The resident's family and physician were notified by RN #3 on 03/09/14.</p> <p>8. All residents were assessed on 03/09/14 for risk of elopement with nine (9) residents currently at risk and WG verified in place and working.</p> <p>9. All residents were confirmed in the facility by the UM on 03/09/14.</p> <p>10. All elopement binders were reviewed by the nursing staff on 03/09/14 to ensure all identified residents were in the binder.</p> <p>11. The Maintenance Director checked all doors on 03/09/14.</p> <p>12. The Maintenance Director checked the WG system on 03/09/14.</p> <p>13. All resident WGs were checked by the UM on 03/09/14 for the red flashing light.</p> <p>14. The DON assessed all residents on 03/10/14 for risk of elopement with no new residents added.</p> <p>15. The DON and Social Services staff verified</p>	F 490		



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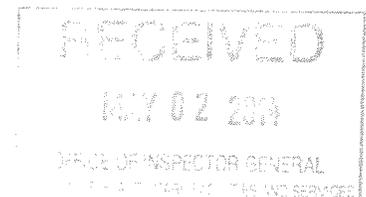
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F 490	Continued From page 75 elopement binders were correct on 03/10/14.  16. The Director of Clinical Education (DCE) initiated an elopement drill on 03/11/14.  17. Education was initiated by the UM on 03/09/14 for nurses and CNAs that included: A. Care plans were to ensure resident safety B. Care plans were followed as developed for each resident and monitored every shift or more frequent if indicated with documentation on the eMAR/eTAR. Care plans were updated quarterly, with significant changes, or as needed. CNA assignment sheets were updated daily and as needed. C. WG devices in place if indicated and monitored each shift and more frequent if indicated with documentation on the eMAR/eTAR or according to the care plan.  18. The DCE continued education on 03/10/14 initiated by the UM. All licensed staff except PRN staff received education by 03/13/14. PRN staff will be in-serviced prior to working.  19. The Administrator and DON reviewed the Elopement Policy and Procedures on 03/10/14 with no changes made.  20. The DON verified on 03/10/14 the resident care plans were in place for residents at risk for elopement. The care plans were reviewed for accuracy 03/10/14 through 03/12/14 with six (6) of nine (9) revised.  21. The DON, ADON, and/or UM will: A. Audit placement of the WG on individual residents five (5) times a week for four (4) weeks to begin 03/10/14, followed by three (3) times a	F 490			



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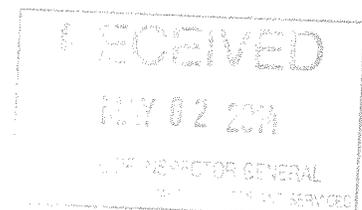
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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - ST MATTHEWS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>227 BROWNS LANE</b> <b>LOUISVILLE, KY 40207</b>		
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F 490	Continued From page 76 week for four (4) weeks, and weekly ongoing.  B. Audit of eMARs/eTARs to ensure elopement documentation is complete five (5) times a week for four (4) weeks beginning 03/12/14, followed by three (3) times a week for four (4) weeks, and weekly ongoing.  C. Check doors daily and ongoing by Maintenance or Manager on Duty to ensure the system was working.  22. Licensed staff are responsible to check WG placement and function each shift or as stated on the resident care plan with the device identified as functioning by evidence of a flashing red light on the resident's individual WG device.  23. The Maintenance Director will be responsible to conduct elopement drills quarterly, beginning 03/11/14.  24. The Interdisciplinary Team (IDT) will monitor all care plans quarterly, with significant changes, or as needed and will utilize the checklist with the elopement policy.  25. A QAPI meeting was held on 03/10/14 to discuss the incident on 03/09/14 and develop a plan to prevent re-occurrence. The plan included re-education of all staff regarding the elopement policy. All staff re-education was completed on 03/14/14. Elopement binders were reviewed 03/09/14; all care plans for resident with WGs were reviewed on 03/10/14; audit of eMARs/eTARs was completed 03/10/14; WG placement and function was completed 03/09/14; an elopement drill was completed 03/11/14 and will be quarterly thereafter. Details were	F 490			



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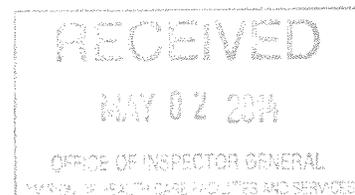
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F 490	<p>Continued From page 77</p> <p>discussed with the Medical Director by phone on 03/10/14.</p> <p>26. A QAPI meeting will be held weekly x4, then bi-weekly x4, then monthly. The committee will review compliance with education related to care plan training. If the Medical Director was not available, he would receive progress by telephone from the Administrator or DON. QAPI members include the Administrator, DON, ADON, UM, DCE, MDS Coordinator, Social Services, Dietary, Activities, Business Office, Consultant Pharmacist, and Medical Director.</p> <p>Through observation, interview, and record review the State Survey Agency (SSA) validated the AOC, on 03/26/14 through 03/27/14 prior to exit as follows:</p> <ol style="list-style-type: none"> <li>1. Review of the clinical record for Resident #4 and the DQI revealed the resident was last seen at 12:35 PM leaving the north dining room. The resident was seen at 12:45 PM outside the building by the steps. Interview with RN #3, on 03/27/14 at 9:02 AM, revealed Resident #4 was returned to the facility at 12:45 PM.</li> <li>2. Review of Resident #4's clinical record revealed a head to toe assessment was completed on 03/09/14 with no injuries noted. Interview with RN #3, on 03/27/14 at 2:01 PM, revealed she conducted a head to toe assessment for Resident #4 upon return to the facility with no injuries found.</li> <li>3. Review of the facility DQI, dated 03/09/14, revealed an investigation was begun on 03/09/14. Interview with the UM, on 03/27/14 at 1:36 PM, revealed she initiated the elopement investigation</li> </ol>	F 490			



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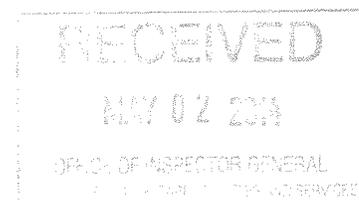
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F 490	Continued From page 78 immediately after Resident #4 was returned to the facility.  4. Review of the clinical record revealed RN #3 completed the DQI on 03/09/14. Interview, on 03/27/14 at 2:01 PM, with RN #3 revealed she placed the WG back on the resident and verified the WG was functioning, and completed the DQI after Resident #4 was returned to the facility. Review of the facility's Daily Maintenance Rounds, dated Monday 03/03/14 through Friday 03/07/14, revealed all the exit doors were checked and operating correctly. Review of the Weekend Manager Checklist, dated 03/08/14 and 03/09/14, revealed door alarms and the WG system were working. Duties completed on 03/09/14 by the Weekend Manager included a tour for potential customers, assist to monitor call lights, dining room oversight during meals, seek out and interact with residents and families, and assist with answering the telephone.  5. Interview with the UM, on 03/27/14 at 1:36 PM, revealed she reviewed Resident #4's care plan on 03/09/14. Review of the risk for elopement care plan for Resident #4 revealed the care plan was revised on 03/09/14.  6. Review of the facility's Daily Maintenance Rounds and the WanderGuard List revealed the UM checked all exit doors and individual resident WG devices on 03/09/14. One (1) WG was replaced for Resident #7 by the UM. The UM reviewed all seven (7) elopement binders. Review of the elopement binder revealed all nine (9) residents with a WG were listed with a picture and informational face sheet. Interview with the UM, on 03/27/14 at 1:36 PM, revealed she checked all the doors after the elopement and	F 490			



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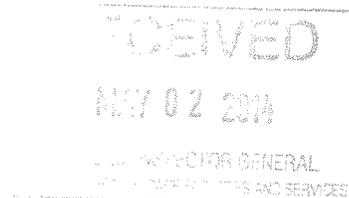
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F 490	<p>Continued From page 79</p> <p>found all doors to be working. The UM stated she checked all the residents with a WG and found Resident #7's WG was not working and immediately replaced the WG. She indicated she also checked all the elopement binders and verified all residents at risk of elopement were in the binders.</p> <p>7. Review of Resident #4's clinical record revealed the physician and family were notified of the elopement on 03/09/14. Interview, on 03/27/14 at 2:01 PM, with RN #3 revealed she notified the physician and family about the elopement on 03/09/14.</p> <p>8. Review of the facility's Elopement Assessments revealed all residents were assessed 03/10/14 and 03/11/14 by the DON. Interview with the UM, on 03/27/14 at 1:26 PM, revealed one (1) WG was not working, Resident #7, and immediately replaced the WG. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she assessed all residents for risk of elopement on 03/10/14 through 03/12/14. She stated nine (9) residents were assessed at risk for elopement with a WG in place and working.</p> <p>9. Review of the facility daily census for 03/09/14 revealed all residents were accounted for on 03/09/14 by the UM. Interview with RN #3, on 03/27/14 at 2:01 PM, revealed she assisted on 03/09/14 to ensure all residents were present and accounted for in the facility. Interview with the UM, on 03/27/14 at 1:36 PM, revealed she ensured all residents were present and accounted for in the facility on 03/09/14.</p> <p>10. Review of the facility investigation revealed all seven (7) elopement binders were reviewed by</p>	F 490			



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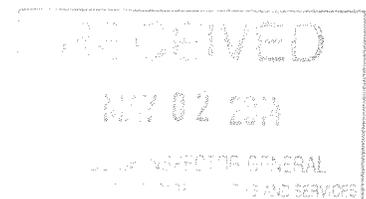
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F 490	<p>Continued From page 80</p> <p>the UM on 03/09/14. Interview, on 03/27/14 at 1:36 PM, with the UM revealed she checked all the elopement binders to ensure all residents that were supposed to be listed were in the binders. Review of the elopement binder revealed all nine (9) residents with a WG were included with a picture and informational face sheet.</p> <p>11. Review of the facility Daily Maintenance Rounds, dated 03/09/14, revealed the Maintenance Director checked all of the exit doors. Interview with the Maintenance Director, on 03/27/14 at 8:26 AM, revealed he was called to the facility and checked all of the exit doors on 03/09/14 and found all doors working.</p> <p>12. Review of the facility's Daily Maintenance Rounds, dated 03/09/14, revealed the Maintenance Director checked all of the exterior doors WG system with all doors verified to be working. Interview, on 03/27/14 at 8:26 AM, with the Maintenance Director revealed he checked the WG system on 03/09/14 and found the system working.</p> <p>13. Review of the facility's WanderGuard List revealed the UM checked each resident with a WG to ensure it was working on 03/09/14. Resident #7's WG was replaced on 03/09/14. Interview with the UM, on 03/27/14 at 1:36 PM, revealed she checked each resident's WG for the red flashing light on 03/09/14. She stated Resident #7's WG was not flashing and was immediately replaced. Observation, on 03/24/14 at 9:04 AM, 9:27 AM, and 10:08 AM, revealed Resident #7 self-propelled in his/her wheelchair toward the 100 Unit entrance doors and looked out the windows. The resident had a WG to his/her left ankle with the red light blinking.</p>	F 490			



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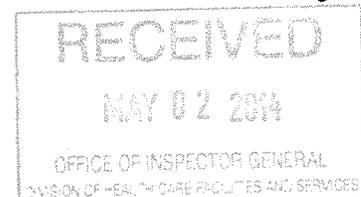
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F 490	Continued From page 81  14. Review of the facility's Elopement Assessments revealed all residents were assessed for risk of elopement 03/10/14 through 03/11/14. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she conducted resident risk of elopement assessments beginning 03/10/14 and completed on 03/12/14 with nine (9) residents found at risk of elopement and no additional residents required the use of a WG.  15. Review of the facility's WanderGuard Audit Tool, dated 03/10/14 - 03/12/14, revealed the elopement binders were checked by the DON to verify each resident at risk for elopement with a WG was listed in the book. Review of the Elopement Book Audit Log, dated 03/11/14, revealed each book was checked for residents listed and if any new residents and who were added. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she audited all seven (7) elopement binders on 03/11/12. She stated the elopement binders were up to date. Interview with the Director of Social Services, on 03/27/14 at 3:16 PM, revealed she assisted the DON to audit the elopement binders on 03/11/14 for resident picture, information sheet, and if anyone needed to be added.  16. Review of the facility's education records and staff signature sheet, dated 03/11/14, revealed thirteen (13) staff participated in an elopement drill including LPN #2, CNA #10, and CNA #5. Interview, on 03/27/14 at 2:47 PM, with the DCE revealed she conducted an elopement drill on 03/11/14. Interviews with LPN #2 on 03/27/14 at 9:28 AM; CNA #10 on 03/27/14 at 9:46 AM; and CNA #5 on 03/27/14 at 9:53 AM revealed they had been trained on the WG system and the	F 490			



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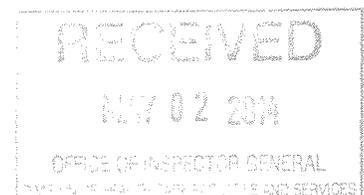
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F 490	Continued From page 82 Elopement policy and knew what to do if a resident eloped from the facility.  17. Observations, on 03/27/14 at 11:00 AM, revealed all nine (9) residents and designated wheelchairs for two (2) of the residents listed on the facility's WanderGuard List had WGs in place. Interview with RN #3, on 03/27/14 at 9:02 AM, revealed she was in-serviced on 03/09/14 to check that the resident WGs were in place and functioning, document that on the eTAR, and resident care plans and CNA assignment sheets should be reviewed and revised for new orders or any type of incident. Interview with CNA #5, on 03/27/14 at 9:53 AM, revealed she was working 03/09/14 and received training that day about elopement procedures and the CNA assignment sheet which would have pertinent information about the resident. Interview with the UM, on 03/27/14 at 1:36 PM, revealed she immediately began training with staff on 03/09/14 with nurses and CNAs that WG devices should be in place and monitored each shift and documented on the resident's eMAR/eTAR. Interview, on 03/27/14 at 2:10 PM, with the DON revealed CNA assignment sheets and resident care plans were updated for six (6) of nine (9) residents who were at risk of elopement.  Observation, 03/13/14 at 4:42 PM, revealed a WG with a red blinking light was on the wheelchair for Resident #4. On 03/14/14 at 9:06 AM, observation revealed Resident #4 had a WG on the right ankle and on the wheelchair, both with a red blinking light. Observation on 03/14/14 at 11:37 AM, revealed the resident was in an exercise group in the west dining room, a WG was visible on the right ankle over the resident's sock. Continued observation of Resident #4, at	F 490			



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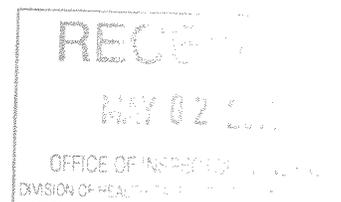
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F 490	<p>Continued From page 83</p> <p>11:33 AM, revealed the resident self-propelled him/herself independently from the exercise group to the north dining room for lunch service. The resident was again observed to self-propel from the north dining room at 12:29 PM past the front doors and was observed to look in the direction of the front doors; however, continued past the entrance toward the resident's hallway.</p> <p>18. Review of staff education revealed training continued on 03/10/14 and was completed on 03/14/14 by the DCE for one hundred fifteen (115) employees, with one (1) staff on a leave of absence. Education included elopement guidelines, the WG system, placement of the WG, and documentation on the eMAR/eTAR. Interviews with the CNA #9 on 03/27/14 at 8:44 AM; RN #5 on 03/27/14 at 8:52 AM; LPN #2 on 03/27/14 at 9:28 AM; CNA #10 on 03/27/14 at 9:46 AM; Dietary Aide #1 on 03/27/14 at 3:51 PM; and Housekeeper #4 on 03/27/14 at 3:56 PM, all revealed they had been trained on the WG system and elopement procedures, ensuring the WG was in place and the nurses were to document on the eMAR/eTAR. Interview with the DCE, on 03/27/14 at 2:47 PM, revealed all staff were educated by 03/14/14, including PRN staff educated by telephone, except for one CNA on medical leave who would be in-serviced prior to working. The DCE stated staff education included elopement guidelines, elopement binders, the WG system, checking the WG for placement and function each shift, documentation in the eMAR/eTAR, updating and implementing the resident's elopement care plans. She indicated all staff who received training received an elopement packet that included the policy, including staff</p>	F 490			



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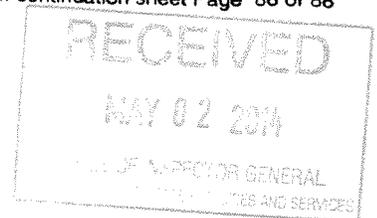
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F 490	Continued From page 84 who were educated by phone and staff who were trained on 03/09/14 by the UM.  19. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she participated in review of the facility's elopement policy on 03/10/14 with no changes made.  20. Review of the care plans for residents at risk of elopement on 03/10/14 revealed six (6) residents with care plans for risk of elopement were updated by 03/14/14. Interview with the DON, on 03/27/14 at 2:01 PM, revealed she reviewed resident care plans for risk of elopement for all nine (9) residents and revised six (6) resident care plans, completed by 03/12/14.  21. A. Review of the WanderGuard Audit Tools, dated 03/10/14, 03/12/14, 03/13/14, 03/14/14, 03/18/14, 03/19/14, 03/20/14, 03/21/14, 03/22/14, 03/24/14 revealed they were completed by the DON and ADON. Interview with the DON, on 03/27/14 at 2:10 PM, revealed she completed WG audit checks of individual residents beginning 03/10/14 and at least five (5) times a week for four (4) weeks, then three (3) times a week for four (4) weeks, then weekly. B. Review of the eMAR/eTAR Medication Admin Audit Report revealed audits for missed documentation were conducted five (5) times a week beginning 03/12/14. Interview, on 03/27/14 at 2:10 PM, with the DON revealed eMAR/eTAR audits were begun on 03/12/14 and would be conducted five (5) times a week for four (4) weeks, then three (3) times a week for four (4) weeks, and then weekly. C. Review of the facility's Daily Maintenance Rounds and Weekend Manager Checklist, dated	F 490		



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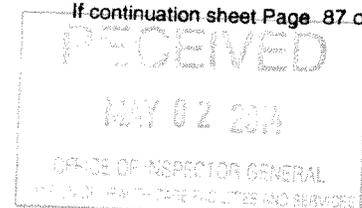
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F 490	<p>Continued From page 85</p> <p>03/08/14 through 03/23/14, revealed the exterior doors were checked to ensure the doors were working daily by Maintenance or the Manager on Duty.</p> <p>22. Review of the facility's Medication Administration Audit Report, dated 03/10/14, revealed all residents eMARs/eTARS were reviewed for missing documentation by the DON. Interview with RN #5 on 03/27/14 at 8:52 AM; RN #3 on 03/27/14 at 9:02 AM; and LPN #3 on 03/27/14 at 9:28 AM, revealed the nurses were responsible to check the resident's WG placement and function each shift and document on the eMAR/eTAR.</p> <p>23. Review of the facility's education records revealed thirteen (13) staff participated in an elopement drill on 03/11/14. Interview, on 03/27/14 at 8:26 AM, with the Maintenance Director revealed he was responsible to conduct elopement drills quarterly, beginning 03/11/14.</p> <p>24. Review of the facility's Elopement Guidelines revealed the checklist included the elopement binder, care plans, staff able to verbalize elopement procedures, door alarms checked, and WG checked daily and documented. Review of six (6) resident care plans for residents at risk of elopement revealed care plans were updated by 03/14/14. Interview with the UM on 03/27/14 at 1:26 PM; the DON on 03/27/14 at 2:10 PM; the DCE 03/27/14 at 2:47 PM; the Social Worker on 03/27/14 at 3:16 PM; and the Social Service Director on 03/27/14 at 3:16 PM, revealed they participated in the IDT meetings and reviewed resident care plans for risk of elopement beginning 03/10/14 and would be reviewed by the IDT quarterly, with significant changes, or as</p>	F 490			



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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/27/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - ST MATTHEWS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>227 BROWNS LANE</b> <b>LOUISVILLE, KY 40207</b>		
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F 490	Continued From page 86 needed using the checklist.  25. Review of the facility's QAPI attendee signature sheet revealed an Ad Hoc QA&A meeting was held on 03/10/14. Interview with the Administrator, on 03/27/14 at 10:10 AM revealed she called the Medical Director for the QAPI meeting on 03/10/14. Interview with the Administrator on 03/27/14 at 10:10 AM; the UM on 03/27/14 at 1:26 PM; the DON on 03/27/14 at 2:10 PM; the DCE 03/27/14 at 2:47 PM; the Social Worker on 03/27/14 at 3:16 PM; and the Social Service Director on 03/27/14 at 3:16 PM, revealed they participated in the facility's QAPI meetings and attended a meeting on 03/10/14 to discuss the elopement, with meetings schedule weekly for four (4) weeks, then bi-weekly for four (4) weeks, then monthly. The UM stated a QAPI meeting was also held on 03/27/14 with the Medical Director on speaker phone. Review of the QAPI signature sheet, dated 03/20/14, revealed the Medical Director attended the meeting. The signature sheet, dated 03/27/14, indicated the Medical Director participated via conference call.  26. Review of the facility's QAPI signature sheet, dated 03/20/14, revealed an ADHOC QA&A meeting was conducted. A QAPI meeting held on 03/20/14 indicated the Medical Director was in attendance. Interview with the Administrator, on 03/27/14 at 10:10 AM revealed she called the Medical Director for the QAPI meeting on 03/20/14. Interview with the Administrator on 03/27/14 at 10:10 AM; the UM on 03/27/14 at 1:26 PM; the DON on 03/27/14 at 2:10 PM; the DCE 03/27/14 at 2:47 PM; the Social Worker on 03/27/14 at 3:16 PM; and the Social Service Director on 03/27/14 at 3:16 PM, revealed they	F 490			



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F 490	Continued From page 87 participated in the facility QAPI meetings and attended a meeting on 03/20/14 to discuss the elopement, with meetings schedule weekly for four (4) weeks, then bi-weekly for four (4) weeks, then monthly. The UM stated a QAPI meeting was also held on 03/27/14 with the Medical Director on speaker phone. Review of the QAPI signature sheet, dated 03/20/14, revealed the Medical Director attended the meeting. The signature sheet, dated 03/27/14, indicated the Medical Director participated via conference call.	F 490			

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