NAME OF PROVIDER OR SUPPLIER: GOLDEN LIVING CENTER - UNION CITY

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<td>F 280 SS=D</td>
<td>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE: REVISE CP</td>
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The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, it was determined the facility failed to revise the care plan for range of motion (ROM) for 1 of 18 (Resident #45) sampled residents reviewed of the 26 residents included in the stage 2 review.

The findings included:

Medical record review for Resident #45 documented an admission date of 3/28/11 with diagnoses of Cerebrovascular Disease.

The resident's care plan should be revised to reflect the resident's current status.

F280 D Care plan for resident #45 has been updated to accurately reflect residents status. Residents in the facility have the potential to be affected by this deficient practice. Audit completed 9/17/12 to ensure all resident's care plans accurately reflect resident's Range of Motion limitations. IDT will review all care plans upon admission to ensure care plans for limitations in ROM are in place. DNS will randomly check care plans X 2 months. Any issues noted will be corrected & findings reported to QA&A X 3 months.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature]

TITLE: [Title]

DATE: 9/14/12
**Statement of Deficiencies and Plan of Correction**

**Provider/Supplier/Clinic Identification Number:** 445138

**Name of Provider or Supplier:** GOLDEN LIVING CENTER - UNION CITY

**Street Address, City, State, Zip Code:** 1105 SUNSWEEP DR
UNION CITY, TN 38281

**ID Prefix Tag:** F 280

**Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information):**

- **F 280:**
  From page 1, continued:
  
  Depressive Disorder, Restless Leg Syndrome, Allergic Rhinitis, Dysphagia, Diabetes, Constipation, Generalized Pain, Urinary Frequency, Neurogenic Bladder, Hypertension, Atherosclerosis and Hypokalemia.

  Review of the annual Minimum Data Set (MDS) with an assessment reference date (ARD) of 3/19/12 and the quarterly MDS with an ARD of 6/8/12 documented, "...G0400 Functional Limitation in Range of Motion... A. Upper extremity..." coded as a 1, indicating an impairment on 1 side and "...B. Lower extremity..." coded as a 1, indicating an impairment on 1 side.

  Review of the admission assessment dated 3/28/11 documented, "...RANGE OF MOTION... Limitations [circled]... L [left] sided hemiparesis...".

  Review of the care plan dated 3/27/12 documented, "...Focus... have a physical functioning deficit related to Self care impairment, Mobility impairment, hx [history of] cva [Cerebrovascular Accident] with left sided hemiparesis ROM loss L side..." There was no intervention for limitation in ROM documented on the care plan.

  Observations in Resident #45's room on 9/4/12 at 2:25 PM and on 9/8/12 at 8:30 AM, revealed Resident #45 seated in a high back wheelchair, with L arm/hand contracted.

  Observations in front of the main dining room on 9/5/12 10:00 AM, revealed Resident #45 seated in a high back wheelchair, with L arm/hand contracted.
| F 280 | Continued From page 2  
During an interview on the north hall on 9/6/12 at 11:55 AM, Certified Nursing Assistant (CNA) #1 was questioned concerning Resident #45's daily care and ROM. CNA #1 stated "...unable to move his arm, is too stiff, but do move his fingers and hand daily with his AM care."  

During an interview in the MDS office on 9/6/12 at 12:00 PM, MDS Coordinator #1 was questioned concerning no intervention for ROM on Resident #45's care plan. MDS Coordinator #1 stated, "...we have not been putting the intervention for ROM on care plans, is on the ADL [activity of daily living] sheets for the CNAs, but not on the care plan. I will do it now though..." |