STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE MUNCIE INC	5801 W BETHEL AVE MUNCIE, IN 47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint IN00143951. Complaint IN00143951-Substantiated. Federal/State deficiencies related to the allegations are cited at F315 and F371. Survey dates: February 24 and 25, 2014 Facility number: 000086 Provider number: 155170 AIM number: N/A Survey team: Betty Retherford RN Census bed type: SNF: 58 Residential: 166 Total: 224 Census payor type: Medicare: 16 Other: 208 Total: 224 Sample: 4 These deficiencies also reflect state findings cited in accordance with	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	410 IAC 16.2. Quality review completed by Debora Barth, RN.			
F000315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Based on observation, interview, and record review, the facility failed to ensure catheter urinary drainage tubing was maintained off of the floor to prevent possible contamination and infection for 1 of 2 residents reviewed with an indwelling Foley catheter in a sample of 4. (Resident #C) Findings include: During an observation on 2/24/14 at 9:55 a.m., an unidentified staff member was observed to be pushing Resident #C in his	F000315	Westminster Village Muncie, Inc. Plan of Correction F- 315 1) What corrective actions(s) will be accomplished for those Residents found to have been affected by the alleged deficient practice: Resident #C has been observed on numerous occasions and catheter tubing has not been dragging on the floor. 2) How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective actions(s) will be taken: All residents with catheters have been observed on numerous occasions and catheter tubing has not been dragging on the floor.	03/14/2014

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	wheelchair from his room to the physical therapy room. The urinary drainage tubing for the resident's suprapubic catheter was observed to be dragging on the floor under the seat of the wheelchair. The staff member pushed the resident into the physical therapy room. During observation of Resident #C in the physical therapy room on 2/24/14 at 10:15 a.m., Resident #C was participating in leg lift exercises while sitting in his wheelchair. The catheter drainage tubing was making contact with the floor every time the leg was raised and lowered. During an observation of Resident #C and an interview, conducted with RN#2 on 2/24/14 at 10:20 a.m., RN#2 indicated the resident's urinary drainage tubing should not be making contact with the floor and she would have the tubing readjusted off of the floor. The clinical record for Resident #C was reviewed on 2/24/14 at 10:40 a.m. Diagnoses for Resident #C included, but were not limited to, acute cerebrovascular accident, neurogenic bladder, and benign prostate hypertrophy.		3) What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur: In-services will occur for all Nursing and Therapy Staff by March 14, 2014 on the appropriate techniques in the care and maintenance of Foley catheters. Including bags being covered and tubing kept off of the floor. 4) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place: RN Managers will do random observations of residents with catheters and report monthly to the Quality Assurance Committee for nine (9) months. Quality Assurance Committee will review the results monthly and modify the audit system after nine (9) months as the information warrants. 5) All components of the systematic adjustments for notification of changes will be implemented by March 14, 2014.	

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	Admission orders for Resident #C, dated 2/21/14, indicated the resident had an order for a size 16 french suprapubic catheter with a 15 cubic centimeter bulb due to his diagnosis of a neurogenic bladder. Review of the current facility policy, dated 2004, provided by the Assistant Administrator on 2/24/14 at 5:05 p.m., titled "Urinary Catheters", included, but was not limited to, the following: "Purpose: To insure appropriate techniques in the care and maintenance of Foley catheters. Policy: ...IV. Secure catheter properly to prevent movement. A leg strap or tape may be used. ...VII. Keep the collection bag off the floor...." This federal tag relates to Complaint IN00143951. 3.1-41(a)(2)			

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F000371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to ensure the dietary staff wore hairnets in an appropriate manner to contain their hair and prevent possible contamination of food and drink during tray preparation for 1 of 2 meals observed. This had the potential to affect 57 of 58 residents who receive trays prepared in the Victoria kitchen. Findings include: During an observation of dipping and serving on the food line for the lunch meal on 2/24/14 at 11:20 a.m., the following was observed: Four female (Dietary Assistants #3, 4, and Dietary Cooks #6, and 7) and 1 male (Dietary Assistant #5) dietary staff employees were working on the tray line in the Victoria kitchen. The five dietary staff members were either setting up the trays, dipping food from the steam tables, adding	F000371	Westminster Village Muncie, Inc. Plan of Correction F - 371 1) What corrective actions(s) will be accomplished for those Residents found to have been affected by the alleged deficient practice: There were no residents found to have been affected by the alleged deficiency. It should be noted that the entire issue was verbally addressed with staff on duty on the date of the alleged incident. 2) How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective actions(s) will be taken: The alleged deficiency had the potential to affect all residents who received trays prepared in the Victoria kitchen. However, it was again determined that no actual harm occurred. It should be noted that the entire issue was verbally addressed with staff on duty on the date of the alleged incident. 3) What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur: Hairnets will be worn by dietary staff in the Victoria kitchen	03/06/2014

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	cold food items to the trays, or transferring the tray from the food line to the food cart. The four female staff members all had hair that was pulled up into a bun on the top of their heads. No portion of a hair net could be observed on their heads at the neckline or forehead area. Two of the four had long loose strands of hair hanging down around the sides of their face and some loose hair at the neckline. During interviews with all four female dietary staff, on 2/24/14 at 11:35 a.m., they indicated they were wearing hair nets. They indicated the hair net was only on the bun portion of their hair and was not covering the hair on the back and sides of their head. The male dietary staff member, Dietary Assistant #5, was wearing a hair net which covered the hair on his head. He had facial hair consisting of a mustache and full beard. The facial hair was not covered with any type of protective device. During an interview with the Administrator, Assistant		in an appropriate manner to contain their hair/facial hair and prevent possible contamination of food and drink during tray preparation. The policy relevant to hair restraints was updated and independently drafted on 3-3-14 to reflect guidelines of proper application and an educational in-service was completed with all kitchen staff by 3-6-14. It should be noted that the entire issue was verbally addressed with staff on duty on the date of the alleged incident. (See Attachment 1) 4) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place: Dietary management will submit monthly audit findings pertaining to policy compliance to the Quality Assurance Committee for nine (9) months. 5) All components of the systematic adjustments for notification of changes will be implemented by March 6, 2014.	

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	Administrator, and DoN on 2/24/14 at at 4:05 p.m., additional information was requested related to the facility policy for covering of hair and facial hair in the dietary department. During a review of the current, but undated, facility policy, provided by the Assistant Administrator on 2/24/14 at 5:05 p.m., titled, "Employee Sanitary Practices", the following was noted: "Policy: All kitchen employees will practice standard sanitary procedures. Procedure: All employees shall: 1. Wear hair restraints (hairnet, hat, and/or beard restraint) to prevent hair from contacting exposed food...." This federal tag relates to Complaint IN00143951. 3.1-21(i)(3)			