

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2012
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NAME OF PROVIDER OR SUPPLIER WESTPARK REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712
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F0000	<p>This visit was for the Investigation of Complaints IN00107625, IN00108042 and IN00108261.</p> <p>Complaint IN00107625 Substantiated, Federal/State deficiencies related to the allegations are cited at F241, F253, F282, F312.</p> <p>Complaint IN00108042 Substantiated, Federal/State deficiencies related to the allegations are cited at F241, F253, F312.</p> <p>Complaint IN00108261 Substantiated, Federal/State deficiencies related to the allegations are cited at F241, F253, F282, F312.</p> <p>Survey dates: May 19 and 21, 2012</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 15 SNF/NF: 77 Total: 92</p>	F0000	<p>The Preparation or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>We respectfully request a desk review and this Plan of Correction serve as our allegation of compliance.</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.

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	<p>Census payor type: Medicare: 20 Medicaid: 63 Other: 9 Total: 92</p> <p>Sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/24/12 by Suzanne Williams, RN</p>				

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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on interview and record review, the facility failed to ensure call lights were answered timely and resident requests were responded to, for 3 of 3 alert and oriented residents interviewed, and 3 of 3 family members interviewed, in a sample of 7. Residents E, F, G</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 5/19/12 at 10:45 A.M., the Director of Nursing [DON] provided a list of residents, highlighting the interviewable residents. Residents E, F, and G were indicated as being interviewable. 2. On 5/19/12 at 10:40 A.M., during confidential interview with Resident E, Resident E indicated it frequently takes a long time for call lights to be answered. Resident E indicated, "It's not their fault, there just is not enough staff." Resident E indicated it took 50 minutes, "within the last month," for the call light to be answered. 3. On 5/19/12 at 11:45 A.M., during 	F0241	<p>F 241</p> <p>Resident call lights are answered in a timely manner to ensure residents needs are met. Alert and orientated residents per the MDS were interviewed to ensure call lights are answered timely.</p> <p>Facility Management will conduct audits and resident/family interviews daily x 14 days then 5 x weekly across all shifts to ensure residents call lights are answered timely and their needs are being met.</p> <p>Facility staff have been re-educated on the importance of answering resident call lights timely to ensure the residents needs are met and document any discrepancies residents have for the timeliness of the call light being answered. Social Service Director and Licensed nurses were re-educated on care plans and documentation of false statements by residents and families.</p> <p>Call light audits and or resident/family interviews will be conducted daily for 14 days then 5 x weekly for 6 months to ensure call lights are answered timely. Administrator/ designee will review audits and resident/family interviews 5 X weekly during mornings stand up meeting and the results of audits will be forwarded to the Quality Assurance (QA) Committee monthly for further review recommendations.</p> <p>Compliance date 6-18-12</p>	06/18/2012			

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	<p>confidential interview with Resident G, Resident G indicated it usually takes "15 minutes or longer" for call lights to be answered. Resident G indicated staff will sometimes answer the call light, but then "act aggravated and say they don't have time to do whatever I ask."</p> <p>4. On 5/19/12 at 11:55 A.M. during confidential interview with Resident F, Resident F indicated it "takes at least 15 minutes, sometimes longer," for call lights to be answered. Resident F indicated staff has never been mean or rude, but will sometimes answer the call light and not perform what the Resident requested, such as getting the resident up.</p> <p>5. During confidential interviews with 3 family members of past and current residents, each family member indicated there was not enough staff to care for the residents, and it frequently took a long time for staff to respond to call lights. One family member indicated, "They try hard, but there just isn't enough of them." One family member indicated, "The CNAs are great, there just isn't enough."</p> <p>6. On 5/21/12 at 12:30 P.M., during interview with the Administrator and Director of Nursing [DON], the DON indicated some residents will complain a call light was not answered, and she</p>			

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	<p>knows the call lights were answered.</p> <p>This federal tag relates to Complaints IN00107625, IN00108042 and IN00108261.</p> <p>3.1-3(t)</p>				

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F0253 SS=D	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Based on observation and interview, the facility failed to ensure resident sink faucets were not corroded and an outlet cover was not cracked, for 4 of 5 resident rooms observed (Rooms 213, 228, 232, 234).</p> <p>Findings include:</p> <p>On 5/19/12 at 2:00 p.m., the following was observed:</p> <p>Room 228: A black substance and corrosion around the sink faucets.</p> <p>Room 232: A black substance and corrosion around the sink faucets.</p> <p>Room 234: Grayish substance around the base of the faucets, and corrosion around the faucets.</p> <p>On 5/21/12, the following was observed:</p> <p>Room 213 A: An outlet cover that had the top right half cracked off, leaving a jagged edge.</p> <p>On 5/21/12 at 9:40 A.M., during</p>	F0253	<p>F 253</p> <p>The cracked electrical receptacle cover in room 213 was been replaced on 5-21-12. Faucets in rooms 228, 232, and 234 have been replaced and the sinks have been cleaned.</p> <p>An audit was conducted by the Maintenance Director to identify cracked electrical receptacle cover and faucets that have corrosion. Identified electrical receptacle cover and faucets have been replaced, cleaned or repaired.</p> <p>The Maintenance Director and Housekeeping Manager have been re-educated on sanitary, orderly and comfortable facility interior.</p> <p>Facility management will conduct daily audits 5 days a week to ensure housekeeping and maintenance services maintain a sanitary, orderly, and comfortable interior. Administrator/ designee will review audits 5 X weekly during mornings stand up meeting for 6 months and the results of audits will be forwarded to the Quality Assurance (QA) Committee monthly for further review recommendations.</p> <p>Compliance date 6-18-12</p>	06/18/2012			

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	<p>interview with the Maintenance Director, he indicated the faucets were "25 years old," and he had 15 new faucets ordered.</p> <p>On 5/21/12 at 10:15 A.M., LPN # 1 indicated she had informed the Maintenance Director about the cracked outlet cover, and he had "just replaced it."</p> <p>This federal tag relates to Complaints IN00107625, IN00108042, and IN00108261.</p> <p>3.1-19(f)</p>			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the plans of care were followed regarding dressings in place, and keeping heels off of the bed, for 2 of 2 residents reviewed with wounds requiring dressings, in a sample of 7. Residents A and C</p> <p>Findings include:</p> <p>1. On 5/19/12 at 9:50 A.M., during the initial tour, the Director of Nursing [DON] indicated Resident A had stasis ulcers on his lower legs, and was receiving hospice services.</p> <p>On 5/19/12 at 10:00 A.M., a skin assessment was requested. LPN # 2 indicated the resident had an ulcer on his right heel. A dressing was observed on the resident's right heel. Both of the resident's heels were observed to be lying flat on the air mattress.</p> <p>The clinical record of Resident A was reviewed on 5/19/12 at 12:15 P.M. Diagnoses included, but were not limited</p>	F0282	<p>F 282</p> <p>Resident A no longer resides at the facility. Resident C is receiving treatment on abrasion per physician's order.</p> <p>An audit was completed to identify residents that require dressings per physicians order. Residents that reside in the facility are receiving treatments per physicians orders.</p> <p>Licensed staff have been re-educated on providing treatment on residents as ordered by their physician. License staff will make rounds at the beginning of each to ensure residents dressings are in place and document accordingly on round sheets.</p> <p>The round sheet will be audited by the ADON/designee daily for 4 weeks and then 5 X weekly for 6 months. Administrator/ designee will review audits 5 X weekly during mornings stand up meeting and the results of audits will be forwarded to the Quality Assurance (QA) Committee monthly for further recommendations.</p> <p>Compliance date 6-18-12</p>	06/18/2012			

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	<p>to, coronary artery disease, peripheral vascular disease, and diabetic foot ulcers.</p> <p>Physician's orders, initially dated 3/6/12 and on the current May 2012 orders, indicated, "Z-flow boots to [bilateral] LE's [lower extremities] for pressure relief [and] positioning when in bed & up in w/c [wheelchair]" and "Santyl: Apply to wound Rt [right] & Lt [left] heels & Rt lateral ankle, C/W [cover with] gauze, secure [with] tape - island drsg [dressing], Nrsg [nursing] to do daily & PRN [as needed] soiled/dislodged."</p> <p>A "Skin Integrity Assessment" care plan, initially dated 3/5/12, indicated: "At risk related to:...Stasis ulcers/gangrene...Dementia." The Interventions included: "Position body with pillows and/or other support devices...Position calves on pillows to elevate heels off of the bed...Provide treatment per MD order...."</p> <p>A Minimum Data Set [MDS] assessment, dated 4/27/12, indicated the resident scored a 10 out of 15 for cognition, with 15 indicating no memory impairment, and required extensive assistance of two+ staff for bed mobility. The MDS assessment indicated the resident had 9 venous and arterial ulcers present.</p>						

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	<p>The most recent skin assessment, dated 5/15/12, included: "Site (Location): [Left] heel...Stage: U [unstageable], Length 0.7 (cm), Width 0.6 (cm), Depth 0.1 (cm), Color of drainage: S [serosanguinous], Color: B [black], tan..." and "Site (Location): [Right] heel...Stage: U, Length 2.2, Width 3.8, Depth 0.2 Color of drainage: P [purulent], Color: B, R [red], Tan, Odor: F [foul]."</p> <p>On 5/19/12 at 12:55 P.M., Resident A was observed lying in bed. His heels were observed flat on the bed. He was not wearing air boots, and did not have a wedge cushion under his heels.</p> <p>On 5/19/12 at 1:10 P.M., another skin assessment was requested. LPN # 2 indicated she was unsure if the resident had a wound on his left heel. LPN # 2 checked the chart, and indicated, "I guess he is supposed to have a dressing on his left heel." The left heel was observed to have a dry, scabbed-like area. A black wedge cushion and air boot was observed lying on the floor. LPN # 2 indicated she was unsure if the resident was supposed to have the boot on, and indicated, "He should probably have" the wedge cushion. A family member present indicated, "I usually try to put a pillow under his calves to keep his heels off of the bed."</p>			

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	<p>On 5/21/12 at 12:30 P.M., during interview with the Administrator and DON, the DON indicated Resident A "refused to wear the boots."</p> <p>2. The clinical record of Resident C was reviewed on 5/19/12 at 2:50 P.M. Diagnoses included, but were not limited to, dementia.</p> <p>A Progress Note, dated 5/19/12 at 7:30 A.M., indicated: "...Resident was lying in bed with resident's right leg between the all and bed with an abrasion noted on right knee...Has a 4.8 cm by 2.5 cm abrasion on right knee. Cleanse area with N/S [normal saline] and cover with dry drsg [dressing] times 14 days...Rolled blanket placed between bed and wall."</p> <p>On 5/21/12 at 9:30 A.M., Resident C was observed sitting up in a wheelchair in the activity room.</p> <p>On 5/21/12 at 9:50 A.M., a skin assessment was requested. An abrasion was observed on the resident's right knee, red with a slight yellow base. The abrasion was uncovered. LPN # 1 indicated that the area was supposed to have a dressing covering the area, and she would put a dressing on. LPN # 1 indicated she was unaware of why the resident did not have a dressing on the</p>			

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	<p>abrasion.</p> <p>On 5/21/12 at 10:15 A.M., the treatment record for Resident C was reviewed. The record indicated a dressing was placed on 5/20/12 on "7-3" shift.</p> <p>This federal tag relates to Complaint IN00107625 and Complaint IN00108261.</p> <p>3.1-35(g)(2)</p>			
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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review, the facility failed to ensure residents dependent for bathing received a bed bath or shower at least twice weekly, for 3 of 3 residents interviewed regarding bathing, in a sample of 7. Residents E, F, G</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 5/19/12 at 10:45 A.M., the Director of Nursing [DON] provided a list of residents, highlighting those that were interviewable. Residents E, F, and G were indicated as interviewable. On 5/19/12 at 10:40 A.M., during confidential interview with Resident E, Resident E indicated, "I'm supposed to get a bed bath 2 times a week, but it's not always done." Resident E indicated the facility "could not keep staff. Frequently things don't get done." On 5/19/12 at 11:40 A.M., during interview with Resident G, Resident G indicated he/she did not always receive showers or baths. Resident G indicated he/she would frequently receive 1 shower 	F0312	<p>F 312</p> <p>Residents E, F, and G are receiving bed baths or showers at least twice a week.</p> <p>ADL sheet have been reviewed to ensure residents are receiving bed baths or showers per "residents preferences." Documentation identified that facility residents have been receiving bed baths or showers at least twice a week. Residents care plans have been updated to reflect "preferences."</p> <p>Facility staff have been re-educated on the importance of competition and documentation of residents bed baths or showers. Licensed nurses review daily bath sheets to ensure residents are receiving bed baths or showers per "residents preferences." The electronic documentation is completed per facility policy by the nursing staff member that provides the bath or shower. Social Service Director and Licensed nurses were educated on care plans and documentation of false statements by residents and families. 10% of alert and orientated residents will be interviewed weekly to ensure they are getting their bed baths or showers per their preference.</p> <p>Documentation will be audited by the ADON/designee daily for 4 weeks and then 5 X weekly for 3 months. Administrator/ designee will review audits 5 X weekly during mornings stand up meeting and the results of audits will be forwarded to the Quality</p>	06/18/2012

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NAME OF PROVIDER OR SUPPLIER WESTPARK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712		
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	<p>and 1 bed bath weekly.</p> <p>4. On 5/19/12 at 11:45 A.M., during interview with Resident F, Resident F indicated he/she received a bed bath once a week. Resident F indicated he/she would like to take a shower 2 times a week.</p> <p>On 5/21/12 at 10:40 A.M., during interview with the MDS Coordinator, she indicated CNAs enter ADLs [activities of daily living], including bathing, in the computer. The MDS Coordinator indicated these reports are not printed routinely, but she prints them out during the MDS assessment period. The MDS Coordinator indicated she is able to enter coding in the computer if a CNA would forget to document something.</p> <p>On 5/21/12 at 12:30 P.M., during interview with the Administrator and DON, the DON indicated she knows she has residents who will complain they didn't receive their baths, when in reality, they did.</p> <p>This federal tag relates to Complaints IN00107625, IN00108042 and IN00108261.</p> <p>3.1-38(a)</p>		<p>Assurance (QA) Committee monthly for further.</p> <p>Compliance date 6-18-12</p>		