

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155383	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2015
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NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN 46231
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00174848.</p> <p>Survey dates: June 7, 8, 9, 10, 11, & 12, 2015</p> <p>Facility number: 000393 Provider number: 155383 AIM number: 100289340</p> <p>Census bed type: SNF: 0 SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 12 Medicaid: 51 Other: 22 Total: 85</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1</p>	F 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review or Post Survey Review on or after 07/9/15.	

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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F 0242 SS=D Bldg. 00	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on record review and interview, the facility failed to ensure residents' preference for showering was maintained for 3 of 3 residents reviewed who met the criteria for choices. (Resident #82, #48, and #10)</p> <p>Findings include:</p> <p>1. During an interview with Resident #82, on 6/8/15 at 10:56 a.m., the resident indicated the shower schedule had been Saturdays and Wednesdays; the facility had not followed his preferences regarding frequency and time of showers.</p> <p>On 6/10/15 at 3:20 p.m., the Director of Nursing (DON) indicated, the admission nurse completed the resident preference sheet for all new admissions and asked the resident his or her preference on time of day for showers, but not how many showers per week.</p>	F 0242	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #82, #48 and #10 were showered per their preference. Resident care plans and profiles updated to reflect resident preferences.</p> <p>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected by this alleged deficient practice. An updated Preferences for Daily Routines will be completed on each resident.</p> <p>In service staff on residents' rights to choose shower frequency and times, as well as documentation of refusal when a resident refuses a shower by 7/9/2015.</p> <p>Resident's Preferences for Daily Routines will be completed and followed upon admission.</p> <p>What measures will be put in place or what systemic changes</p>	07/09/2015			

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	<p>Resident #82's clinical record was reviewed on 6/9/15 at 2:25 p.m. An admission assessment, dated 1/22/15, indicated the resident was without cognitive impairment and required assistance and/or monitoring of one person for personal hygiene care.</p> <p>A form, titled "DAYSHIFT SHOWERS EVENING SHOWERS," was received from the Unit Manager #1 on 6/10/15 at 9:45 a.m. The form indicated Resident #82 received two showers a week on the evening shift.</p> <p>Documentation, titled, "Point of Care History," provided by the Administrator on 6/10/15 at 2:00 p.m., indicated Resident #82 failed to receive three showers per week on the following weeks: the first week of April, 2015, the resident had not received any showers; the second week of April, 2015, the resident received a shower on April 15th; the third week of April, 2015, the resident received showers on April 20th and April 23rd; the fourth week of April, 2015, the resident did not receive any showers; the first week of May, 2015, the resident received a shower on May 2nd; the second week of May, 2015, the resident received a shower on May 16th; the third week of May, 2015, the resident received showers on May 19th and May</p>		<p>you will make to ensure that the deficient practice does not recur</p> <p>Staff will be educated on residents' rights to choose shower frequency and times, as well as documentation of refusal when a resident refuses a shower by 7/9/2015.</p> <p>Resident's Preferences for Daily Routines will be completed and followed upon admission and upon resident change in preference.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>To ensure compliance, the DNS/Designee is responsible for monitoring the Resident's Preferences for Daily Routine tool weekly times 4 weeks and monthly for six months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>21st; and the fourth week of May, 2015, the resident received showers on May 26th, May 27th, and May 30th; the first week of June, 2015, the resident received showers on June 3rd, June 5th, and June 6th.</p> <p>No documentation of shower refusal for Resident #82 was documented in the progress notes, events, or observations for April, May, or June 2015.</p> <p>A form, titled "Preferences for Daily Customary Routines," dated 4/24/15, received from the Administrator, on 6/12/15 at 11:00 a.m., indicated Resident #82's preference for time and frequency of bathing routine was, "Shower at least three times per week between 11 a.m. and 12 p.m."</p> <p>2. During an interview of Resident #48 on 6/8/15 at 9:20 a.m., the resident indicated staff did not ask how many showers per week she wanted, everyone received two assigned shower days per week and her shower schedule was set for Tuesdays and Fridays. Resident #48 indicated she would prefer to shower every day.</p> <p>On 6/10/15 at 9:40 a.m., the Unit Manager #1 indicated when a resident was admitted to the facility, they were</p>			

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	<p>placed on the shower schedule for twice a week.</p> <p>Resident #48's clinical record was reviewed on 6/10/15 at 10:37 a.m. An admission assessment, dated 4/27/15, indicated the resident was without cognitive impairment and required assistance and/or monitoring of one person for personal hygiene care.</p> <p>A form, titled "DAYSHIFT SHOWERS EVENING SHOWERS," was received from Unit Manager #1 on 6/10/15 at 9:45 a.m. The form indicated Resident #48 was scheduled for two showers a week on the day shift.</p> <p>Documentation, titled, "Point of Care History," provided by the Administrator on 6/10/15 at 2:00 p.m., indicated Resident #82 failed to receive two showers per week on the following weeks: the last week of April, 2015, the resident had received a shower on April 30th; the first and second week of May, 2015, the resident had not received any showers; the third week of May, 2015, the resident received showers on May 19th and May 23rd; the fourth week of May, 2015, the resident received showers on May 24th and May 29th; the first week of June, 2015, the resident received showers on June 2nd, June 3rd, and June</p>			

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F 0514 SS=D Bldg. 00	<p>5th; the second week of June, 2015 the resident received a shower on June 9th.</p> <p>No documentation of shower refusal for Resident #48 was documented in the progress notes, events, or observations for April, May, or June 2015.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure documentation of medication administration for 1 of 20 residents' records reviewed for accuracy of documentation Resident C).</p> <p>Findings include:</p> <p>The Resident C's record was reviewed on 6/10/15 at 9:29 a.m. The physician order, dated 5/21/15, indicated Resident C was</p>	F 0514	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Nurse corrected documentation of medication given.</p> <p>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. All nursing staff will be educated on proper documentation of medicines</p>	07/09/2015

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	<p>to take Lasix (diuretic) 20 milligrams (mg) tablet by mouth once a day for 3 days.</p> <p>The Medication Administration Record for Resident C, dated May 2015, indicated the resident did not receive a scheduled dose of Lasix (diuretic) 20 mg orally on 5/21/15.</p> <p>On 6/12/15 at 11:00 a.m., the administrator provided a form titled, "The Employee Coaching & Counseling," dated 6/12/15. The form indicated Registered Nurse (RN) #3 had received education on documenting a dose of medication in the computer system after the set administration time. The form indicated RN #3 had not documented a medication dose given to a resident on 5/21/15.</p> <p>A note from Registered Nurse (RN) #3 provided with the Employee Coaching & Counseling, dated 6/12/15, indicated on 5/21/15 she received an order for Resident C for Lasix 20 mg tablet to be given orally once a day for 3 days, and had initiated the first dose immediately.</p> <p>During an interview on 6/12/15 at 11:00 a.m., the Administrator indicated RN #3 had given the resident's dose of Lasix on 5/21/15, but did not document the dose</p>		<p>administered by 7/9/15.</p> <p>What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>MAR/TAR audit will be completed. All nursing staff will be educated on proper documentation of medicines administered by 7/9/15.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>To ensure compliance, the DNS/Designee is responsible for auditing of MAR/TAR daily for one week, weekly times 4 weeks and monthly for six months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>	

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F 9999 Bldg. 00	<p>was given. She indicated the RN had received education regarding the issue.</p> <p>On 6/12/15 at 2:22 p.m., the Administrator indicated there was no specific policy for documenting medication administration, and indicated medications were to be given as ordered by the physician.</p> <p>This Federal tag relates to complaint IN00174848.</p> <p>3.1-50(a)(2)</p> <p>3.1-14 PERSONNEL</p> <p>(t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording unless a previously positive reaction can be</p>	F 9999	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All staff received annual TB test.</p> <p>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. Staff who do not comply will be removed from schedule until test is given. All staff will be inserviced on the</p>	07/09/2015

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	<p>documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 1 out of 10 employees had tuberculosis screening upon hire. This deficiency had the potential to affect 85 out of 85 residents residing at the facility.</p> <p>Findings include:</p>		<p>importance of receiving TB test by 7/9/15.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>Staff who do not comply will be removed from schedule until test is given.</p> <p>All staff will be inserviced on the importance of receiving TB test by 7/9/15.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>To ensure compliance, the CEC/Designee is responsible for the completion of the TB CQI tool weekly times 4 weeks and monthly for six months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>CNA #2's employee record was reviewed on 6/12/2015 at 1:30 p.m. The record did not indicate tuberculosis (TB) screening had been completed prior to CNA #2 beginning employment.</p> <p>State form 5440, "Employee Records," provided on 6/11/15 by the Administrator, indicated CNA # 2 began employment on 1/13/15.</p> <p>On 6/12/15 at 3:10 p.m., the daily nursing assignment schedules from 6/7/15 to 6/12/15 were reviewed, and indicated CNA #2 had worked during this time frame.</p> <p>During an interview on 6/12/15 at 3:45 p.m., the Administrator (ADM) indicated she did not have a record of CNA #2's TB screening prior to employment or since hire. She further indicated employees were to have TB screening upon hire and annually per the state regulations.</p> <p>On 6/12/15 at 4:15 p.m., the ADM provided the Employee Screening - Tuberculosis (TB) policy, dated 12/2011. The policy indicated all employees will be screened for TB in accordance with state and federal regulations.</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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