

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155606	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2015
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NAME OF PROVIDER OR SUPPLIER WESTSIDE RETIREMENT VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 W 10TH ST INDIANAPOLIS, IN 46234
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00164714.</p> <p>Complaint IN00164714 - Substantiated. Federal/State deficiency related to the allegations is cited at F 315.</p> <p>Survey dates: February 16, 17, 2015</p> <p>Facility number: 000497 Provider number: 155606 AIM number: 100291530</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: SNF/NF: 104 Total: 104</p> <p>Census payor type: Medicare: 31 Medicaid: 38 Other: 35 Total: 104</p> <p>Sample: 4</p> <p>This deficiency cited also reflects state findings in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>This plan of correction is submitted under Federal and State regulations and status applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of this plan does not constitute agreement by the facility that the surveyors finding or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly. Please accept this plan as our credible allegation of compliance. Westside Village Health Center respectfully requests paper compliance for this survey.</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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F 315 SS=D Bldg. 00	<p>Quality review completed 02/18/2015 by Brenda Marshall, RN.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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.</p> <p>Based on record review and interview, the facility failed to provide recommended catheter care to prevent infections to the extent possible for 2 of 3 residents reviewed for urinary catheters in a sample of 4 (Residents B and E).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 2/16/15 at 11:05 a.m. Resident B's diagnoses included, but were not limited to, urinary retention, UTI (urinary tract infection) 1/6/15, and previous UTI.</p> <p>A health care plan, dated 11/11/14, indicated Resident B had a Foley catheter due to urinary retention. Interventions</p>	F 315	<p>Resident B no longer reside in facility. Resident E's catheter was change on 2/24/2015. Resident E has had no active UTI since 2/6/2015. Other residents with supra pubic and foley catheters have the potential to be effected, therefore those residents have had their treatment sheets reviewed for signatures related to catheter changes, irrigations, cleansing and treatments of catheter sites care, as well as routine catheter care by nursing administration by 3/16/2015. The SDC or designee will in-service licensed nursing staff on appropriate documentation for catheter changes, irrigations, cleansing and treatments of catheter sites, as well as routine catheter care, proper placement of catheter tubing and refusal. Resident</p>	03/16/2015

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	<p>included, but were not limited to, change catheter per policy, and change drainage bag per policy.</p> <p>The November, 2014, TAR (Treatment Administration Record) indicated the catheter was changed on 11/15/14 and did not indicate catheter care was provided on all 3 shifts on the following dates: November 1, 2, 8, 10, 14 15, 16, 20, 21, 24, 25, 2627, and 28, 2014.</p> <p>The December, 2014 TAR, did not indicate the catheter was changed and did not indicate catheter care was provided on all 3 shifts on the following dates:December 4, 5, 8, 9, 13, 18, 19, 20, 21, 25, 26, 27, 28, 29, and 31, 2014.</p> <p>The January, 2015 TAR did not indicate the catheter had been changed and did not indicate catheter care was provided on all 3 shifts on the following dates: January 5, 6, 15, 16, 19, and 20, 2015. The TAR did not indicate the catheter drainage bag had been changed the month of January.</p> <p>The January, 2015, Recapitulation of Physician Orders indicated an order to change the catheter bag/leg bag every 2 weeks, and catheter care three times daily, originally ordered 10/25/14. The Recapitulation of Physician Orders indicated the catheter was to be changed</p>		<p>refusals will be report to MD and family. In-serving to be completed by 3/16/15. Nursing administration to audit treatment sheets for appropriate, timely, and accurate documentation. Audits will be completed daily for 90-days. Results will be presented to PI monthly. PI to determine the need for further audits. Date of compliance 03/16/15. Due to the measures we have put in place above Westside Village respectfully requests the Department to consider Paper Compliance for the cited deficiency.</p>	

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	<p>on the 2nd of each month, with an original order date of 10/29/14.</p> <p>A laboratory ((lab) report for a urinalysis (UA) and culture and sensitivity (C&S) indicated a urine specimen was collected on 12/31/14, the culture was started on 1/1/15, and the results verified 1/5/15 and sent to the facility. This lab report indicated the resident had a UTI and the organism cultured from the specimen was Enterococcus faecium, also known as VRE (Vancomycin resistant Enterococcus).</p> <p>A physician's order, dated 1/6/15, indicated Resident B was to receive Zyvox (antibiotic) 600 mg (milligrams) by mouth daily for 14 days.</p> <p>During an interview with the DON (Director of Nursing) on 2/17/15 at 10:10 a.m., she indicated she expected a catheter to be changed as it was ordered to be changed by the physician, and if it was not changed, she expected the physician and family to be informed, and then to find out why it wasn't done as ordered.</p> <p>2. The record for Resident E was reviewed on 2/17/15 at 12:40 p.m. Resident E's diagnoses included, but were not limited to, urinary retention,</p>			

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	<p>unspecified UTI, and UTI 12/18/14.</p> <p>The February, 2015, Recapitulation of Physician's Orders, indicated S/P (suprapubic) catheter care 3 times daily, originally dated 4/29/14. The physician's orders indicated the S/P catheter was to be changed every 3rd Monday of the month, order originally dated 4/29/14. The Recapitulation of Physician's Orders indicated the catheter was to be instilled with acetic acid irrigation solution 60 milliliters every other day, and drained every 48 hours, originally ordered on 5/28/14. The order indicated the S/P insertion site was to be cleaned daily with sterile saline irrigation solution, original order date 5/28/14.</p> <p>The February, 2015, Recapitulation of Physician's Orders indicated Resident E received Keflex (antibiotic) 500 mg twice a day for 7 days for a week, originally ordered 11/14/14. The Recapitulation of Physician Orders also indicated amoxicillin (antibiotic) 500 mg was to be given twice daily, originally ordered 11/24/14.</p> <p>The September, 2014 TAR (Treatment Administration Record) indicated no catheter change was done. The September TAR indicated the every other day catheter irrigation was not performed</p>			

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	<p>on the following dates: September 2, 6, 8, 10, 14, 16, 20, and 22, 2014. The TAR also indicated the S/P catheter care at the insertion site was only performed once, on 9/21/14.</p> <p>The October, 2014 TAR indicated no daily cleansing of the insertion site was performed the entire month, and the irrigation with acetic acid every other day was not performed on the following dates: October 2, 4, 6, 10, 18, 20, and 30, 2014.</p> <p>The November, 2014 TAR indicated the acetic acid irrigation every other day was not performed on the following dates: November 14, 16, 20, 22, 24 or 30, 2014, and the daily cleansing of the insertion site was not performed on the following dates: November 3, 6, 9, 13, 14, 15, 16, 17, 19, 20, 22, 24, 29, or 30, 2014. The TAR also indicated no catheter change was performed.</p> <p>The December 2014, TAR indicated the every other day acetic acid irrigation being was not performed on the following dates: December 2, 10, 12, and 22, 2014, and the daily catheter insertion site cleansing was not performed on the following dates: December 12, 17, 22, 23, 25, or 31, 2014.</p>			

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	<p>A lab report, dated 12/19/14, indicated the urine specimen cultured the organism Pseudomonas aeruginosa (bacteria know to cause urinary tract infections).</p> <p>The December, 2014, MAR (Medication Administration Record) indicated an order, dated 12/15/14, to continue cycling the Keflex and amoxicillin.</p> <p>The January, 2015 TAR indicated the cleansing of the catheter insertion site was not performed on the following dates: January 2, 14, 18, 19, 23, 25, and 31, 2015, and the every other day irrigation was not performed on the following dates: January 11, 13, 15, 17, 19, 23, 25, 29, and 31, 2015</p> <p>A health care plan, dated 2/13/14, indicated the use of a suprapubic catheter (catheter inserted into the bladder through a small hole in the abdomen) due to urinary retention. Interventions included, but were not limited to, provide routine catheter care and change catheter as ordered and as needed.</p> <p>During an interview with the ADON (Assistant Director of Nursing) on 2/17/15 at 2:30 p.m., she indicated the expectation was for the physician's orders to be followed.</p>			

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	<p>A current facility policy titled "Indwelling Catheters" was provided by the DON on 2/17/15 at 8:50 a.m. The policy indicated: "...For a resident with an indwelling catheter: Staff must use appropriate infection control practices regarding hand washing, catheter care, tubing, and the collections bag..."</p> <p>This federal tag relates to Complaint IN00164714.</p> <p>3.1-41(a)(2)</p>				