

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155389	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/19/2012
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NAME OF PROVIDER OR SUPPLIER WESTPARK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 N TIBBS AVE INDIANAPOLIS, IN 46222
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: January 9, 10, 11, 12, 13, 17, 18, 19, 2012</p> <p>Facility number: 000473 Provider number: 155389 AIM number: 100290410</p> <p>Survey team: Diana Zgonc RN, TC Connie Landman RN (January 9, 10, 11, 12, 13, 19, 2012)</p> <p>Census bed type: SNF/NF: 54 Total: 54</p> <p>Census payor type: Medicare: 16 Medicaid: 30 Other: 8 Total: 54</p> <p>Stage 2 sample: 26</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 1/24/12</p>	F0000		
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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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	Cathy Emswiler RN			

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F0282 SS=D	<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 resident's medications were administered as ordered by the physician for 1 of 11 residents observed for medication administration in a Stage 2 sample of 26 (Resident #47 & LPN #1).</p> <p>Findings include:</p> <p>During observation of medication administration on 1/17/12 at 4:00 P.M., LPN #1 administered Fish Oil to Resident # 47. No food was offered to the resident at that time. During an interview with the LPN at that time, she indicated the order was with meals and she did not provide the resident with anything to eat.</p> <p>During observation on 1/17/12, Lunch was served in the West Dining Room at 11:55 A.M. and in the East Dining Room at 12:10 P.M. Dinner was served in the West Dining Room at 5:45 P.M. and in the East Dining Room at 6:10 P.M.</p> <p>The current physician's order indicated Fish Oil 2400 mg BID (twice</p>	F0282	<p>(1.) An in-service has been conducted for all nursing staff that administers medications regarding the importance of following the pharmacy's instructions on offering food with medications as ordered. The policy titled "Medication Administration-General Guidelines" has also been reviewed with all nursing staff that administers medications.</p> <p>(2.) Medication administration will be observed by the DON/ADON over the next six weeks to ensure that this deficient practice is not affecting any other residents. During this period of time, all staff who administer medications will be randomly observed during medication administration. Following the initial six week period, one random medication pass will be observed each week for six months. Any staff member found not to be administering medications as prescribed</p>	01/20/2012

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	<p>a day) with meals.</p> <p>A current undated facility policy titled "Medication Administration-General Guidelines" and provided by the Director of Nursing (DON) on 1/18/12 at 10:00 A.M., indicated, "Policy Medications are administered as prescribed in accordance with good nursing principles ... Procedure ... 2. Medications are administered in accordance with written orders of the attending physician...</p> <p>3.1-35(g)(2)</p>		<p>and in accordance with good nursing principles, will be counseled and re-educated.</p> <p>(3.) To ensure that the deficient practice does not recur nursing staff has been in-serviced and will be randomly observed for compliance to the facility's policy.</p> <p>(4.) The corrective action will be monitored by the DON/ADON. All staff members will be randomly observed during medication administration over a six week period. Following that six weeks, one random medication pass will be observed every week for a period of six months. Any employee found to not be administering medications as prescribed and in accordance with good nursing principles, will be counseled and re-educated.</p>		

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F0334 SS=D	<p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p>	F0334		

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	<p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>Based on record review and interview, the facility failed to ensure Influenza Vaccine Consents were obtained annually prior to the administration of the flu vaccine for 3 of 5 residents reviewed for consents in a Stage 2 Sample of 26 (Residents #4, #13, and #19).</p> <p>Findings include:</p> <p>Records were reviewed for Influenza vaccine and Pneumonia vaccine administration and consents on 1/13/12 at 2:00 P.M. The following records lacked signed consents for the administration of the flu vaccine:</p> <p>Resident #4 received the flu vaccine on 9/22/11. The flu vaccine consent in the</p>		<p>(1.) Resident #4, Resident #13, and Resident #19 were spokento regarding their most recent immunizations. They stated that they wereoffered the flu and pneumococcal immunizations, and received education aboutboth, but were not asked to sign a new consent. These three residents' did signa form stating that they had verbally given their consent at the time of theimmunizations. (2.) Every resident's chart in the facility has been reviewed,and after education has been given regarding the benefits and potential sideeffects new consents will be obtained annually. (3.) The facility policy on influenza and pneumococcalimmunizations has</p>	01/20/2012			

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	<p>record was signed and dated 3/19/1999.</p> <p>Resident #13 received the flu vaccine on 12/16/11. The flu vaccine consent in the record was signed and dated 10/2/05.</p> <p>Resident #19 received the flu vaccine on 9/22/11. The flu vaccine consent in the record was signed and dated 12/4/09.</p> <p>During an interview with the ADON (Assistant Director of Nursing) on 1/12/12 at 2:25 P.M., she indicated the signed immunization consents were located in the individual records under the Admission/Advanced Directive tab.</p> <p>During an interview with the DON and ADON on 1/19/12 at 10:05 A.M., they indicated they had not found further information concerning the consents, but they were still looking.</p> <p>A current facility policy, undated, titled "Westpark Healthcare", provided by the DON (Director of Nursing) on 1/12/12 at 2:35 P.M., indicated: "It is the policy of Westpark Healthcare to offer each resident an influenza and pneumococcal immunization, unless the immunization is contraindicated, or the resident's immunization status is current. The influenza immunization will be offered annually ...</p>		<p>been updated to include the following: "Each year everyresident, or their legal representative will complete an informed consent andeither accept or decline an influenza and pneumococcal immunization. Along withthis consent, each resident, or their legal representative will receivededucation regarding the benefits and potential side effects of theimmunizations. (4.) From this time forward, the DON/ADON will revieweveryone's chart prior to immunizations being given to ensure that the informedconsent is current, and education has been provided to the resident or theirlegal representative.</p>				

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	<p>... Each resident or their legal representative will be provided education regarding the benefits and potential side effects of immunizations each time they are offered...."</p> <p>As of exit 1/19/12 no further evidence of a consent current at the time of the flu vaccine administrations for Residents #4, #13, and #19 was provided.</p> <p>3.1-13(a)</p>			
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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on record review and observation, the facility failed to ensure staff washed their hands according to the facility policy for 1 of</p>	F0441	(1.) Nursing staff who administer medications werein-serviced on infection control and the importance of	01/20/2012

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	<p>11 resident's observation for 1 of 6 medication passes in a Stage 2 sample of 26 (Resident # 47 & LPN #1).</p> <p>Findings include:</p> <p>During observation of medication administration on 1/17/12 at 4:00 P.M., LPN # 1 left an unidentified resident's room and did not wash her hands or use gel. She proceeded to Resident # 47's medications, putting them into the medication cup and providing them to the resident along with water.</p> <p>During an interview with LPN #1 at that time, she indicated she should have used hand gel or washed her hands before giving any more medications.</p> <p>A current undated facility policy titled "Handwashing" and provided by the Director of Nursing (DON) on 1/18/12 at 10:00 A.M., indicated: "Purpose: To provide guidelines to employees for proper and appropriate handwashing techniques that will aid in the prevention of the transmission of infections. Objectives: To prevent the spread of infectious</p>		<p>washing your hands or using an approved alcohol hand gel prior to medication administration and between each resident.</p> <p>(2.) No other residents' were found to be affected during this isolated incident.</p> <p>(3.) Nursing staff who administer medications were in-service regarding infection control. The current policy, "Hand Washing," has also been reviewed with all nursing staff that administers medication.</p> <p>(4.) The corrective action will be monitored by the DON/ADON. All staff members will be randomly observed during medication administration over a six week period. Following that six weeks, one random medication pass will be observed every week for a period of six months. Any employee found to not be practicing proper infection control during medication administration will be counseled and re-educated.</p>				

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	<p>disease...</p> <p>When to Wash Hands: ... Before preparing or handling medications. ... After having contact with a resident.</p> <p>3.1-18(l)</p>			
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