

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  04/18/2011
NAME OF PROVIDER OR SUPPLIER  WESTPARK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP ROAD EVANSVILLE, IN47712		
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F0000	<p>This visit was for Investigation of Complaint IN00088425.</p> <p>Complaint IN00088425 - Substantiated. Federal/state deficiencies related to the allegations are cited at F156 and F242.</p> <p>Survey date: 4/18/11</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 20 SNF/NF: 87 Total: 107</p> <p>Census payor type: Medicare: 19 Medicaid: 76 Other: 12 Total: 107</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 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>Sample: 9</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/20/11 by Suzanne Williams, RN</p>				

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F0156 SS=E	<p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p>				

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	<p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p>						

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	<p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to ensure residents were informed in writing when the facility's rule related to use of personal microwave ovens in residents' rooms became effective. The deficient practice affected 9 of 9 residents whose personal microwave ovens were removed from their rooms from a sample of 9 residents. (Residents B, C, D, E, F, G, H, I, and J)</p> <p>Findings include:</p> <p>During interview completed on 4/18/11 at 12:55 p.m., the Director of Social Services (DSS) and Activities Director (AD) indicated microwaves of residents were</p>	F0156	F 156 The Center informed the residents and or responsible parties orally and in writing of the facilities rule/policy change on the use of microwaves in residents rooms. Current in-house residents and or responsible party were informed orally and in writing of the facilities rule/policy change of the use of microwaves in residents rooms. Future rule/policy changes and the affective date of changes will be reviewed and communicated to residents and or responsible party orally and in writing by the Administrator/Designee. Rule/policy changes are reviewed during monthly QA to ensure residents and or responsible parties were informed orally and in writing. Systemic changes will be completed by 5-18-11	05/18/2011	

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	<p>removed from their rooms on 12/3/10. The DSS indicated she and an aide or other staff on each hall removed the microwaves from residents' rooms on that hall. She indicated the removal was in accordance with a corporate directive. She indicated she had not made a note in the residents' records when the microwaves were removed, but she had completed complaint-grievance forms or progress notes for each resident. She indicated residents had signed the complaint/grievance form indicating understanding the microwaves had to be removed. She indicated the residents did not necessarily like it, but they had signed.</p> <p>During this interview, the Social Services Director provided the binder of complaint-grievance files related to removal of the microwaves. Review of the binder indicated the files included, but were not limited to:</p>				

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	<p>The Resident Concern Report for Resident C, dated 12/3/10, indicated,</p> <p>"Nature of concern...: DSS [Director of Social Services] explained to [name of Resident C] that Extendicare Corporate Office has given the Directive to remove all resident microwaves D/T [due to] safety concern and that I needed to take her microwave and place it behind locked door until her family can take it home. *[Name of Resident C] offered to have it unplugged rather than removed until family could take it Home.</p> <p>*DSS said - Directive was to Remove - [Name of Resident C] Agreed, but sighed in disappointment. DSS further explained to [Name of Resident C] that an incident involving a resident &amp; microwave in another Extendicare facility and it has become a safety concern for all Residents. Therefore, they have given the directive for all resident microwaves be removed for their</p>				

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	<p>safety &amp; the safety of their Rm. [room] mates and all Residents." The paragraph was signed by the DSS on 12/3/10.</p> <p>The form continued, "Resolution and disposition: *[Name of Resident C] agreed - said, 'OK' *DSS reminded Her microwave at the N.S. [nursing station] could be used as she needs something heated to put light on staff would do it for Her." The paragraph was signed by Resident C and the Administrator and dated 12/6/10.</p> <p>The form continued, "Follow-up: [Name of Resident C] said, 'I just wonder when this will [illegible word] Medicare &amp; Medicaid laws state [illegible words] a res of luxury items.' The paragraph was signed by the DSS and dated 12/6/10.</p> <p>Review of the facility's "Extencare Resource Guide," provided by the Administrator on 4/18/11 at 1:10 p.m., upon request</p>				

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	<p>for the Admission Packet, indicated in the section "Bill of Resident Rights...2. Notice of Rights and Services [bullet 1]," "You have the right to be informed...during your stay, both orally and in writing in a language you understand, of...all rules and regulations governing your conduct and responsibilities during your stay in the center...."</p> <p>Documentation failed to indicate the resident received a copy of the new facility rule in the corporate directive.</p> <p>The Complaint and Grievance files also included Resident Concern Reports related to the removal of the microwave ovens for Residents B, D, and J. For Residents E, F, G, H, and I, the files included a copy of a Progress Note signed by the Director of Social Services, describing the removal and resident and/or family response to the removal of the microwave.</p> <p>Documentation failed to indicate the residents were advised in</p>				

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F0242 SS=E	<p>writing of the new rule.</p> <p>During interview at the Exit Conference on 4/18/11 at 3:15 p.m., the Administrator indicated he was unable to locate a copy of corporate directive that indicated microwaves were to be removed from residents' rooms.</p> <p>This federal tag is related to Complaint IN00088425.</p> <p>3.1-4(a) 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 the resident had a choice about having a microwave oven in the resident's room. The facility removed microwave ovens from resident rooms before individually assessing and planning for the needs of the resident and others related to the microwave oven.</p>	F0242	<p>F 242</p> <p>Residents and or responsible parties were informed of the change in the rule/policy regarding microwaves in residents rooms due to the cognitive deficit of some Center residents that do not understand that the misuse of microwaves can cause harm.</p> <p>Current in-house residents and or responsible party were informed orally and in writing of the</p>	05/18/2011	

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	<p>The deficient practice affected 9 of 9 residents whose microwave ovens were removed, in a sample of 9 residents. (Residents B, C, D, E, F, G, H, I, and J)</p> <p>Findings include:</p> <p>During interview completed on 4/18/11 at 9:15 a.m., the facility's Resident Council President indicated the Resident Council met two times monthly. The President indicated issues of concern recently included the removal of microwave ovens from residents' rooms. The President indicated the removal was related to an incident with a microwave oven at a sister facility. He indicated the incident, and need to remove the microwaves, was explained before the ovens were removed, but some people didn't like it. He indicated the Administrator was polite about the problem when he addressed it, but some residents still did not like it at this time. The President indicated Resident D was a resident whose</p>		<p>rule/policy change of microwaves in residents rooms because of the potential harm to Center residents, families and staff.</p> <p>The residents have the right to choose to consume foods brought from outside sources. To accommodate residents choice and meet the needs of residents, the Center has placed a microwave in an area accessible to families, staff and visitors, but not accessible to cognitively impaired residents to provide a means of heating residents food and or drinks. Future changes in Center rule/policies will be reviewed by the Administrator/Designee to ensure residents have the right to make choices.</p> <p>Rule/policy changes are reviewed during monthly QA to ensure residents have the right to make choices.</p> <p>Systemic changes will be completed by 5-18-11</p>		

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	<p>microwave had been removed.</p> <p>1. During interview completed on 4/18/11 at 11:20 a.m., Resident C indicated she had lived at the facility for about three years. She indicated when she first arrived at the facility, a microwave oven had been provided for use in her room. She indicated when she moved to another room, the microwave was no longer provided, so she acquired her own. She indicated that before Christmas (2010), on a Friday evening, the Social Services Director came to her room with a cart, and told her the facility had received a directive from the corporate office that all personal microwaves were to be removed from residents' rooms. Resident C indicated she was told her microwave would be stored until family could pick it up. The resident indicated "someone somewhere nuked something" and that she thought a remote control device had been microwaved. The resident indicated she had not been</p>				

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	<p>physically able to use her own microwave, but the aides and family would use the microwave for her as needed. She indicated that aides now would microwave items for her or her family at a microwave in the facility, but she preferred the convenience of the microwave in her room. The resident indicated she and her family hesitated to ask for microwaving now, whereas in the past, when aides came to assist her with other activities of daily living, she would ask for microwaving of popcorn while they were in the room.</p> <p>The clinical record for Resident C was reviewed on 4/18/11 at 11:25 a.m. The record indicated the resident was admitted 3/17/08. The "Inventory of Personal Effects," dated 6/10/10, indicated the resident had personal property including, but not limited to, a white microwave.</p> <p>Progress Notes, signed by the Social Services Director and</p>				

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	<p>Activities Director and dated 3/9/11 (no time indicated), indicated, "Follow-up: Regarding [resident's name] request to keep her personal microwave in her room. We informed her that our Corporation's Legal Department is working on a resolution. A resolution considering flexibility [sic] for her request and her safety and the safety of all the residents. [Name of resident] stated that the staff is meeting her needs and are microwaving items as she wants. [Name of resident] also stated she was agreeable to not having a microwave until Corporate Legal can come up [symbol for with] a feasible resolution."</p> <p>During interview completed on 4/18/11 at 12:55 p.m., the Director of Social Services (DSS) and Activities Director (AD) indicated microwaves of residents were removed from their rooms on 12/3/10. The DSS indicated she and an aide or other staff on each hall removed the microwaves from</p>				

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	<p>residents' rooms on that hall. She indicated the removal was in accordance with a corporate directive. She indicated she had not made a note in the residents' records when the microwaves were removed, but she had completed complaint-grievance forms or progress notes for each resident. She indicated residents had signed the complaint/grievance form, indicating understanding the microwaves had to be removed. She indicated the residents did not necessarily like it, but they had signed. She indicated no safety assessments had ever been completed related to the residents' use of the microwaves - not before, not at the time of, and not after the removal. The DSS indicated no changes had been made to the residents' care plans related to the removal of the microwaves.</p> <p>During this interview, the Social Services Director provided the binder of complaint-grievance files related to removal of the</p>						

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	<p>microwaves. Review of the binder indicated the files included, but were not limited to:</p> <p>The Resident Concern Report for Resident C, dated 12/3/10, indicated,</p> <p>"Nature of concern...: DSS [Director of Social Services] explained to [name of Resident C] that Extendicare Corporate Office has given the Directive to remove all resident microwaves D/T [due to] safety concern and that I needed to take her microwave and place it behind locked door until her family can take it home. *[Name of Resident C] offered to have it unplugged rather than removed until family could take it Home. *DSS said - Directive was to Remove - [Name of Resident C] Agreed, but sighed in disappointment. DSS further explained to [Name of Resident C] that an incident involving a resident &amp; microwave in another Extendicare facility and it has</p>				

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NAME OF PROVIDER OR SUPPLIER  WESTPARK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP ROAD EVANSVILLE, IN47712		
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	<p>become a safety concern for all Residents. Therefore, they have given the directive for all resident microwaves be removed for their safety &amp; the safety of their Rm. [room] mates and all Residents." The paragraph was signed by the DSS on 12/3/10.</p> <p>The form continued, "Resolution and disposition: *[Name of Resident C] agreed - said, 'OK' *DSS reminded Her microwave at the N.S. [nursing station] could be used as she needs something heated to put light on staff would do it for Her." The paragraph was signed by Resident C and the Administrator and dated 12/6/10.</p> <p>The form continued, "Follow-up: [Name of Resident C] said, 'I just wonder when this will [illegible word] Medicare &amp; Medicaid laws state [illegible words] a res of luxury items.' The paragraph was signed by the DSS and dated 12/6/10.</p>				

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	<p>The binder also included an untitled form with Resident C's name at the top. The form was dated 3/9/11 and was signed by Resident C, the DSS, and the AD. The form indicated:</p> <p>"Regarding your concern of being permitted to have a personal microwave in your room, there are two points of focus:</p> <p>Our Corporation's Legal Department is working on a resolution. Our Legal department is considering your viewpoint and attempting to promote flexibility and your safety and the safety of all Resident's [sic].</p> <p>To recall our previous conversation. In the event that you want an item microwave [sic]; you know to ask staff to do this task for you. Have staff been consistently willing to meet your request: yes [handwritten in a blank space]. If ever a problem getting staff to do a microwave task, you will let Administrative staff know, for</p>						

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	<p>resolution.</p> <p>Although you prefer to have a microwave, you are agreeable to not having one knowing Our Corporation's Legal Department is working toward a feasible resolution for you that promoting [sic] safety of all resident's [sic]. yes [handwritten in]."</p> <p>During interview at the Exit Conference on 4/18/11 at 3:15 p.m., the Administrator indicated he was unable to locate a copy of corporate directive that indicated microwaves were to be removed from residents' rooms. The Administrator also indicated that to his knowledge, the corporation's legal department continued to work on the problem.</p> <p>2. The Resident Concern Report for Resident B, dated 12/3/10, indicated, "Nature of Concern...: [Name of Resident B] became angry when DSS explained that Administrator [Name of Administrator] had called and</p>				

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	<p>stated Corporate Office wants all resident microwaves removed D/T safety concern and that I needed to take her microwave and place behind locked door until her family can take Home. *[Name of Resident B] said, 'Oh no your [sic] not taking it.'" The paragraph was signed by Resident B, the DSS and Administrator.</p> <p>"Resolution and Disposition:" indicated, "1. [Name of Resident B] allowed for Microwave to be removed from Her Rm [room]. said, 'Go ahead &amp; take the d--- thing.' However, Remained Angry. 2. Reminded Her Microwave at N.S. if she needs it." The paragraph was signed 12/6/10 by the Administrator. Resident B's signature was undated.</p> <p>"Follow-up:" indicated, "[Name of resident] said, 'I don't give a sh-- about that.'" 3. The Resident Concern Report for Resident D, dated 12/3/11, in</p>						

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	<p>"Nature of Concern," indicated, "... [Name of Resident D] said 'OK' But shook her head in disbelief - disappointment. [Name of Resident D] states, 'I've had it for four years and just started using it.'"</p> <p>"Resolution and Disposition" indicated, [Name of Resident D] agreed to her microwave being Removed &amp; in Training Rm. until family can pick it up." The paragraph was signed by Resident D on 12/3/10 and the Administrator on 12/6/10.</p> <p>No "Follow-up:" paragraph was indicated.</p> <p>4. The Resident Concern Report for Resident J, dated 12/3/10, indicated, in "Nature of Concern... [Name of Resident J's] only concern was being able to get things heated up when she wants." The paragraph was signed 12/3/10 by Resident J, the DSS, and the Administrator.</p>				

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	<p>5. The Complaint and Grievance binder also included Progress Notes dated 12/3/10 for Residents E, F, G, H, and I, and signed by the Director of Social Services. The Progress Notes indicated microwaves had been removed from the residents' rooms, and the notes indicated the residents and/or families had no concerns related to the removal.</p> <p>6. The Complaint and Grievance binder also included a copy of the untitled form "Regarding your concern of being permitted to have a personal microwave in your room...", signed by the resident and dated 3/9/11 for Residents B, D, E, H, I, and J. Each of the residents had handwritten "Yes" in the appropriate place. During the interview on 4/18/11 at 12:55 p.m., the Social Services Director indicated no form "Regarding your concern of being permitted to have a personal microwave in your room..." was in the binder for Resident F, because she had expired.</p>				

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