

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155234	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/21/2012
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NAME OF PROVIDER OR SUPPLIER  WESTRIDGE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 125 W MARGARET AVE TERRE HAUTE, IN 47802
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 17-21, 2012</p> <p>Facility number: 000139 Provider number: 155234 AIM number: 100266410</p> <p>Survey team: Teresa Buske RN-TC Mary Weyls RN Laura Brashear RN Debra Skinner RN</p> <p>Census bed type: SNF/NF: 48 Total: 48</p> <p>Census payor type: Medicare: 5 Medicaid: 38 Other: 5 Total: 48</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 9/27/12 by Suzanne Williams, RN</p>	F0000	<p>Please find enclosed the plan of correction for the survey ending October 21, 2012. Due to the low scope and severity of the survey findings, please also find enclosed sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me. Respectfully, Sally Robertson Administrator</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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F0322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation and record review, the facility failed to ensure the proper placement of the gastrostomy tube prior to administration of medication through the tube, for 1 of 2 residents observed receiving medications through a gastrostomy tube. (Resident #27).</p> <p>Findings include:</p> <p>On 9/20/12 at 12 p.m., LPN #1 was observed to administer medication through the gastrostomy tube of Resident #27. The LPN was observed to crush and dissolve the Ditropan 5 milligram tablet in 30 milliliters of water. The LPN was observed to access the gastrostomy tube and flush the gastrostomy tube with 60 milliliters of water and then administer the medication. The LPN did not check proper placement of the gastrostomy tube prior to instilling the water and administering the</p>	F0322	<p>1. LPN #1 was re-educated upon notification of failure to check g-tube placement prior to instillation of water flush and of administration of medications via g-tube.</p> <p>2. As all residents with g-tubes are at risk, the following corrective actions will be taken.</p> <p>3. The facility's policy and procedure for medication administration via g-tube has been reviewed with no changes indicated at this time. As a means to ensure ongoing compliance, all nurses have been inserviced on enteral medication administration and check-offs, with return demonstration will be completed to confirm compliance with facility policy.</p> <p>4. As a means of quality assurance, the DON/designee will monitor checking g-tube placement prior to flushing and/or medication administration 5x/weekly x 2 weeks, then, 5x's every 2 weeks, then 5x's monthly x 2 months, and quarterly thereafter to monitor for</p>	10/14/2012			

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	<p>medication.</p> <p>Upon review of the facility's current policy and procedure titled "Enteral Feeding Tube-Medication Administration" dated 9/05, on 9/21/12 at 9:15 a.m., the documentation indicated "...3. If feeding is by continuous or drip, close off roller clamp and turn pump on hold. 4. Check tube placement as per procedure. 5. Flush feeding tube with ordered amount of water..."</p> <p>Upon review of the facility's current policy and procedure titled "Enteral Residual Checks and/or Placement Checks" dated 9/05, on 9/21/12 at 9:15 a.m., the documentation indicated "Purpose: To monitor gastric emptying and prevent complications and to ensure proper tube placement prior to administration of fluids...Procedure...4. Using an asepto syringe or 60 cc [cubic centimeters] syringe, aspirate for stomach contents. If less than 50 cc, return contents to stomach and resume feeding. 5. If more than 50 cc is aspirated, or amount specified by physician, call physician for further feeding instructions. 6. If no stomach contents are obtained, to ensure proper placement, inject 20-30 cc of air thru [sic] enteral tube while auscultating stomach with</p>		<p>compliance. Findings of the observations and any corrective actions taken will be discussed during monthly Quality Assurance Meetings, and the frequency of monitoring amended, if warranted.</p> <p>5. Completion date 10/14/12</p>	

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	<p>stethoscope. If air bubbles are audible, tube is properly placed in the stomach.</p> <p>Upon review of Resident #27's clinical record on 9/21/12 at 3:35 p.m., care plan documentation indicated the problem of the resident required to be fed via gastrostomy tube, dated 3/21/12 and updated 9/18/12. The approaches included, but were not limited to, check placement and residual per facility policy.</p> <p>3.1-44(a)(2)</p>				

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F0328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were assessed properly per facility policy prior to administration of nebulizer respiratory treatments for 1 of 2 residents observed to receive respiratory nebulizer treatments. (Resident #64).</p> <p>Findings include:</p> <p>On 9/20/12 at 12:22 p.m., LPN #1 was observed to initiate a respiratory nebulizer treatment to Resident #64. The LPN was observed not to assess the resident's lung sounds, respiratory rate or heart rate prior to initiation of the treatment.</p> <p>Upon interview of LPN #1 on 9/20/12 at 12:23 p.m., the LPN indicated vital signs were taken before the nebulizer treatment and after the treatment. The LPN indicated she had not</p>	F0328	<ol style="list-style-type: none"> <li>LPN #1 was re-educated upon notification of failure to assess the resident's lung sounds, respiratory rate and heart rate prior to initiation of nebulizer respiratory treatment.</li> <li>As all residents receiving nebulizer treatments remain at risk, the following corrective actions will be taken.</li> <li>In an effort to ensure ongoing compliance, the facility's policy and procedure for Administration of Nebulizer Treatments was reviewed with no changes indicated. All nurses have been inserviced on administering Nebulizer Treatments, including the assessment of lung sounds, respiratory rate and heart rate prior to initiation of treatment.</li> <li>As a means of quality assurance, the DON/designee will monitor administration of Nebulizer Treatments 5x/weekly x 2 weeks, then, 5x's every 2 weeks, then 5x's monthly x 2 months, and quarterly thereafter.</li> </ol>	10/14/2012	

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	<p>assessed the resident's respiratory rate, heart rate or lung sounds. The LPN stated she could hear audible wheezing from the resident.</p> <p>Upon review of Resident #64's clinical record on 9/21/12 at 1 p.m., documentation indicated the current physician orders of Atrovent 0.5 milligram in 2.5 milliliter every 4 hours per nebulizer and Proventil 0.083 % in 3 milliliter every 4 hours per nebulizer.</p> <p>Upon review of the facility's current policy and procedure titled "Hand Held Nebulizer" dated 8/09, on 9/21/12 at 9:10 a.m., documentation indicated "...6. Position the resident upright at a 45-90 degree angle (semi-Fowler position) to facilitate deep breathing, if possible, based on the patient's condition...7. Assess the resident, establishing baseline respiratory rate, heart rate, and breath sounds...."</p> <p>3.1-47(a)(6)</p>		<p>Findings of the observations and any corrective actions taken will be discussed during the monthly Quality Assurance Meeting, and frequency of monitoring amended, if warranted.</p> <p>5. Completion date 10/14/12</p>		

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F0411 SS=D	<p><b>483.55(a)</b> ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on record review and interview, the facility failed to ensure a resident needing dental intervention received a timely follow up appointment for 1 of 1 resident reviewed, requiring dental services. (Resident #50)</p> <p>Findings include:</p> <p>During interview of Resident #50 on 9/18/12 at 11:41 a.m., the resident indicated "It hurts when I bite down, sometimes aches. I've been to the dentist and he indicated they (teeth) need to be pulled. I don't have any top teeth just bottom teeth. I went to the dentist in July, but haven't had anything done yet."</p>	F0411	<p>1. Upon notification of the delay in dental services, the resident's primary care physician was contacted. The physician informed the facility that they were to contact the resident's POA and dentist to schedule the extractions. An appointment has been made for the resident to have a consultation regarding tooth extraction on 10/2/12. Any further action shall be taken pending the results/recommendations from this visit.</p> <p>2. The most recent visit made by Primesource to all residents of the facility shall be reviewed, in an effort to ensure any recommendation, referral, or necessary follow up has been completed. Should concern be noted, immediate corrective action shall be taken. As all</p>	10/14/2012	

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	<p>Resident #50's clinical record was reviewed on 9/21/12 at 10:29 a.m.</p> <p>Documentation of an oral surgeon was noted on a progress note dated 6/19/12. The progress note indicated the resident "presents with gross caries of all 25 remaining teeth," indicating the resident would need the remaining teeth removed along with another procedure to prepare the resident for dentures. The progress note indicated the oral surgeon would "discuss with [resident's personal physician] regarding Plavix (anti-coagulant) and antibiotic..."</p> <p>An admission RAI (resident assessment instrument) with an observation end date of 10/21/11, indicated the resident had "obvious broken natural teeth per interview."</p> <p>Further assessments concerning Resident #50's oral status was lacking until a dentist appointment on 5/22/12.</p> <p>A nurses note, dated 7/3/12, indicated the resident's personal physician called the facility requesting a list of the resident's medications and diagnoses so the medical physician could respond to the oral surgeons request for authorization of tooth</p>		<p>residents could be affected by failing to secure timely follow up to recommendations from consultations, the following corrective actions shall be taken.</p> <p>3. Primesource visits will be monitored upon every visit to ensure that all referrals have been identified and scheduled. The SSD will notify the DON of dates for Primesource upcoming visits. The DON will then ensure the review of any recommendations and scheduling of necessary services/follow up. As a means to ensure ongoing compliance, all licensed nurses were inserviced on assessment and follow up of residents seen by Primesource, including continued monitoring until completion to ensure scheduled follow up to recommendations is, in fact, completed.</p> <p>4. As a means of quality assurance, the DON/designee will audit consult reports of Primesource clients on an ongoing basis to ensure that all referrals are made/scheduled, and the resident receives the recommended services.</p> <p>5. Completion date 10/14/12</p>		

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	<p>extraction.</p> <p>During Interview of Consultant RN on 9/21/12, at 11 a.m. the consultant indicated the RAI concerning the resident's dental status was the facility's initial assessment of the resident's dental status.</p> <p>During interview of the SSD (Social Service Designee) on 9/21/12, at 9:34 a.m., the SSD indicated Resident #50 went out to an oral surgeon on 6/19/12.</p> <p>During further interview of the SSD on 9/21/12, at 3:23 p.m., the SSD indicated the resident was seen by a dentist on 5/22/12, then by an oral surgeon on 6/19/12, and again on 7/24/12 by a different dental provider dentist. The SSD indicated the resident had refused initial dentist exams prior to 5/22/12. The SSD indicated, after the resident's appointment with the oral surgeon, the resident indicated she would be willing to have her teeth out. The SSD was unaware of why follow up was lacking to follow the oral surgeon's recommendation.</p> <p>3.1-24(b)</p>						

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F0465 SS=F	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to maintain a comfortable environment for 3 of 3 nursing units observed. This had the potential to affect 48 of 48 residents.</p> <p>Findings include:</p> <p>1. On 9/18/12 at 4:10 p.m. Resident room 213 was observed with marred paint on the exterior of the room door, the bathroom door, and the closet doors.</p> <p>2. On 9/19/12 at 1:06 p.m. Room 219 was observed with the interior surface of the room door with heavy dark fingerprint type areas on the surface. A large rust stain was observed in the resident's bathroom sink below the overflow drain.</p> <p>3. On 9/19/12 at 11:53 a.m. Resident Room 220 was observed with scraped paint on the door to the room.</p> <p>4. On 9/19/12 at 11: 58 a.m. Resident Room 218 was observed with scraped paint areas on the door</p>	F0465	<p>1.</p> <p>1. Room 213 door, bathroom door and closet doors will be re-painted.</p> <p>2. Room 219 room door will be re-painted; rust stain will be cleaned.</p> <p>3. Room 220 door will be re-painted.</p> <p>4. Room 218 door will be re-painted.</p> <p>5. Room 215 door, bathroom door and closet doors will be re-painted, and window mini blinds replaced.</p> <p>6. The door to the East men's shower room will be re-painted.</p> <p>7. The kitchen door leading to hall 100 will be re-painted.</p> <p>8. The ceiling area between the respiratory therapy room and resident room 200 will be repaired.</p> <p>9. The ceiling over the East Nurse's Station and lounge area will be repaired.</p> <p>10. The North Wing medication door will be thoroughly cleaned. The storage room off the nurse's station will have floor thoroughly cleaned and missing floor tiles replaced. Wall cove base will be repaired. Ceiling light covers will be replaced and bulb replaced.</p> <p>11. Bathroom door and walls of Room 302 will be re-painted.</p>	10/14/2012			

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	<p>to the resident's room.</p> <p>5. On 9/18/12 at 3:20 p.m. Resident Room 215 was observed with scraped paint on the door to the room, the closet doors and bathroom doors. The window mini blind slats toward the end of the blind were observed with bent and broken slats.</p> <p>6. On 9/21/12 at 5:00 p.m. The door to the East men's shower door was observed with heavily scuffed areas on the exterior of the door.</p> <p>7. On 9/21/12 at 5:00 p.m. a door from the kitchen to the 100 hall was observed with heavily scuffed paint.</p> <p>8. An area of the ceiling between the Respiratory Therapy room and Resident Room 200 was observed with a crack and water damage.</p> <p>9. Two areas of the ceiling over the East Nurses' station and lounge area for residents was observed with unfinished patched areas measuring 2 feet by 3 feet and 4 feet by 2 feet. The Maintenance Supervisor was interviewed on 9/21/12 at 12:00 p.m. The Maintenance Supervisor indicated the areas were patched due to water damage from air conditioning</p>		<p>12. Wall in Room 103A will be repaired and walls and doors re-painted.</p> <p>13. Handrails will be repaired and/or replaced, as necessary. Cove base will be repaired/replaced, as necessary.</p> <p>14. The ice machine drain pipe no longer drains into the floor drain, rather, now has its own drain system, so as not to emit odors.</p> <p>2. In an effort to identify any other areas of the facility in need of repair, house-wide inspection will be conducted to identify any other similar concerns and corrective action planned accordingly.</p> <p>3. As a means to ensure ongoing compliance with maintaining a comfortable environment, the Administrator, or her designee, shall complete weekly rounds to assess for continued repair and re-painting as per schedule and as warranted when new areas/concerns arise. For areas noted to be heavily soiled, cleaning schedules shall be reviewed and frequency of cleaning increased, if necessary.</p> <p>4. As a means of quality assurance, results of weekly rounds and corrective actions taken (as well as planned repairs) shall be reviewed during the monthly Quality Assurance meeting. Frequency of rounds and/or cleaning shall be revised, as warranted, on the basis of findings.</p> <p>5. Completion date 10/14/12</p>		

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	<p>condensation and it wasn't done well.</p> <p>10. On 9/21/12 at 1:45 p.m., the North wing medication door was observed to be heavily soil with a brown substance. The floor of the storage room, off the north unit nursing station, was heavily soiled with dirt and had several missing floor tiles. The wall cove was loose. Two ceiling light bulbs lacked a cover, and one bulb was not working.</p> <p>11. On 9/18/12 at 11:20 a.m., Resident room 302 was observed to have black scuff marks and marring in the bathroom door and walls throughout the room.</p> <p>12. On 9/18/12 at 11:18 a.m., Resident room 103A was observed to have large hole in the wall plaster behind the head of the bed. In addition, black scuff marks and marring were observed on the walls and doors in the room.</p> <p>13. Observation on 9/21/12 at 11:50 a.m.:</p> <p>South hall:</p> <p>Handrails near the left side of entry door to rooms 315, 318, and 302 were found with chipped ends.</p> <p>Observation on 9/21/12 at 11:55 a.m.:</p>			

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	<p>North hall:</p> <p>Room 112 left side doorway handrail was found with a chipped end.</p> <p>Room 117 handrail on both sides of doorway was found chipped on both ends.</p> <p>Room 105 handrail was found to be rough on the end on the left side of the entry doorway.</p> <p>Also, the lower wall approximately 6 inches above a baseboard heater located on the left side of the double exit doors was found with 2 irregularly shaped holes in the drywall surface. Both holes had been painted over.</p> <p>Observation on 9/21/12 at 12:03 p.m.:</p> <p>East hall:</p> <p>Rooms 209 and 212 were found with chipped ends to the handrails on the left side of the entry door.</p> <p>Room 205 was found to have chipped end to the handrail on the left side of the entry door and also with rough woodwork on left side of door at the level of the handrail.</p> <p>Also, near the intersection with the</p>				

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	<p>main hall approximately 4 ft from intersection on left side, the floor base cove was found to be poorly fitting as it had been spliced in multiple places. The short section was partially loose with gaps between all areas spliced with the wall found to be uneven where it met the floor under the short piece and its adjoining piece.</p> <p>During completion of the environmental tour on 09/21/12 at 12:30 p.m., the Environmental Supervisor indicated the East wing was currently undergoing renovation work.</p> <p>14. During observation on 09/17/12 at 6 p.m., a sewer smell was noted near the front entry way, which seemed to emanate from an alcove area containing the ice machine. When questioned on 09/17/12 at 7 p.m., the facility's Nurse Consultant indicated this problem "had been going on for a while and had seemed to only occur in the evening."</p> <p>Upon interview of the Administrator on 9/17/12 at 6 p.m., the Administrator indicated they had noticed the smell in the evenings at times. The Administrator indicated the drain had been capped recently [no specific date given] and the smell had</p>			

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	<p>been occurring after that.</p> <p>During environmental tour on 09/21/12 at 2 p.m., the Environmental Supervisor indicated the ice machine drain pipe no longer drained into the floor drain as of 09/18/12, but now had its own drain system, with the floor drain having been capped so as not to emit odors.</p> <p>3.1-19(f)</p>				

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F0468 SS=E	<p>483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS</p> <p>The facility must equip corridors with firmly secured handrails on each side.</p> <p>Based on observation, the facility failed to maintain firmly secured handrails on 1 of 3 halls in the facility (East hall). This had the potential to affect 16 of 17 residents residing on East hall.</p> <p>Findings include:</p> <p>On 9/21/12 at 12:03 p.m., the following areas on the East hall were found to have loose handrails:</p> <p>Clean linen room: An approximately 18 inch long area of the handrail on the left side of the door frame was loose on both ends.</p> <p>Room 218: Handrail was loose on the left side of the entry door.</p> <p>Room 217: Handrail was loose on both sides of the entry door.</p> <p>The handrail between Room 213 and the respiratory equipment room was loose on both ends.</p> <p>3.1-19(f)(3)</p>	F0468	<ol style="list-style-type: none"> <li>Handrails identified on the 2567 will be repaired/replaced, as warranted.</li> <li>Handrails throughout the entire facility shall be inspected and be repaired/replaced, as warranted.</li> <li>As a means to ensure ongoing compliance, the Administrator, or her designee, shall complete weekly rounds to assess for continued compliance with maintaining firmly secured handrails, and shall initiate corrective action should concern be noted.</li> <li>As a means of quality assurance, results of the weekly rounds and corrective actions taken (as well as planned repairs/replacement) shall be reviewed during the monthly Quality Assurance meeting. Frequency of rounds shall be revised, as warranted, on the basis of findings.</li> <li>Completion date 10/14/12</li> </ol>	10/14/2012
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