

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155191	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE N CLARKSVILLE, IN 47129
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00166575.</p> <p>Complaint IN00166575 - Substantiated. Federal/State deficiencies related to the allegation are cited at F279 and F315.</p> <p>Survey date: 2/20/2015</p> <p>Facility number: 000100 Provider number: 155191 AIM number: 100266130</p> <p>Survey team: Jenny Sartell, RN-TC</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 16 Medicaid: 42 Other: 27 Total: 85</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>Dear Ms. Rhodes, Please find the Form CMS-2567 with the plan of correction for the deficiencies sited during the Complaint Investigation Survey conducted at Westminster Health Care Center on February 20, 2015. I can be reached at 812-282-9691 ext. 119 if you would have any questions or comments regarding the enclosed documents. Sincerely, Sherry Haney, Director of Nursing Westminster Health Care Center's preparation and execution of this plan of correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. Allegation of Compliance: For the purposes of any allegation the Westminster Health Care Center ("facility") is not in substantial compliance with federal requirements of participation, this response and plan of correction constitute Westminister Health Care Center allegation of Compliance. Date of compliance by March 22, 2015.</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 279 SS=D Bldg. 00	<p>Quality Review completed on February 27, 2015, by Brenda Meredith RN.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview and record review, the facility failed to ensure a comprehensive care plan was in place for indwelling catheter use for 2 of 3 residents reviewed for urinary incontinence. (Resident #A and B)</p> <p>Findings include:</p>	F 279	<p>What corrective actions will be accomplished for those residents found to have been affected by deficient practice: Please consider paper compliance for F-279. Immediate corrective action taken and all residents were identified that have Foley catheters. Audit was completed on their care plans. Audit was completed by</p>	03/22/2015

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	<p>1. The Clinical Record for Resident #A was reviewed on 2/20/15 at 10:00 a.m. Diagnoses included, but were not limited to, urinary retention and chronic renal failure.</p> <p>The significant change Minimum Data Set assessment, dated 9/1/2014, indicated Resident #A had an indwelling catheter. The Care Area Assessment (CAA) indicated the following: "Will proceed to care plan to address indwelling F/C (Foley Catheter) along with goals and interventions."</p> <p>During an observation on 2/20/15 at 10:30 a.m., Resident #A was observed with a Foley catheter.</p> <p>During an interview with the Director of Nursing (DON) on 2/20/15 at 12:15 p.m., she indicated all resident's with a Foley catheter should have a care plan in place.</p> <p>During an interview with the Minimum Data Set Assistant on 2/20/15 at 1:00 p.m., she indicated she could not locate a Foley catheter care plan in Resident #A's clinical record.</p> <p>2. The Clinical Record for Resident #B was reviewed on 2/20/15 at 11:45 a.m. Diagnosis included, but was not limited</p>		<p>medical records manager. Comprehensive care plan audit verified that all medical, nursing, mental and psychosocial needs were identified with measurable goals. Staff development coordinator or designee will in-service all licensed staff by March 9, 2015 on initiating care plans on new admissions and readmissions, correct way to update care plans, care plan process, and care plan policy and procedures. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: Audits to be completed by unit managers or assigned personnel 24 to 48 hours after admission or re-admission. Medical records manager or assistant to perform audit on all new admissions or readmissions within 72 hours, unless on week-end at which time will be completed on 1st business day afterwards. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: All admissions or readmissions will be brought to weekly interdisciplinary meeting and care plans will be reviewed for accuracy by the care plan team. How the corrective actions will be monitored to ensure the deficient practice does not recur: All findings out of compliance will immediately be addressed and</p>		

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F 315 SS=D Bldg. 00	<p>to, urinary retention.</p> <p>The annual Minimum Data Set assessment, dated 7/23/14, indicated Resident #B was always incontinent of bladder.</p> <p>The physician order, dated 12/27/14 at 8:00 p.m., included the following: "T.O. [telephone order] per [physician name] - may insert F/C [Foley catheter] 16 F [french]/5cc [cubic centimeters] R/T [related to] urinary retention/no void."</p> <p>The readmission orders, dated 2/1/15, indicated Resident #B had an indwelling Foley catheter.</p> <p>The clinical record lacked a Foley catheter care plan.</p> <p>This Federal tag relates to Complaint IN00166575.</p> <p>3.1-35(a)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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</p>		<p>brought to monthly quality assurance meeting to be discussed and reviewed with appropriate recommendations if audits are found to be out of compliance and new interventions will be discussed. By what date the sytemic changes will be completed:Completion Date: March 22, 2015</p>		

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	<p>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 observation, interview and record review, the facility failed to provide appropriate medical diagnoses for Foley catheter use for 2 of 3 resident's reviewed for Foley catheters. (Resident #B and C)</p> <p>Findings include:</p> <p>1. The closed Clinical Record for Resident #B was reviewed on 2/20/15 at 11:45 a.m. Diagnosis included, but were not limited to, urinary retention.</p> <p>The annual Minimum Data Set assessment, dated 7/23/14, indicated Resident #B was always incontinent of bladder.</p> <p>The physician order, dated 12/27/14 at 8:00 p.m., included the following: "T.O. [telephone order] per [physician name] - may insert F/C [Foley catheter] 16 F [french]/5cc [cubic centimeters] R/T [related to] urinary retention/no void."</p> <p>The readmission orders, dated 2/1/15, indicated Resident #B had an indwelling Foley catheter. The clinical record lacked</p>	F 315	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: Please consider paper compliance for F-315. Immediate corrective action taken was a complete audit by medical records manager and assistant of all residents who have Foley catheters to verify a supporting Dx. Medical Director was also notified and supporting Dx were obtained for any residents who needed supporting Dx. Staff Development Coordinator to in-service all licensed staff on Foley catheter policy and procedures, on post void residents, and procedure for obtaining. In-service to include supporting Dx for Foley catheter and care plans for Foley catheters. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: Evaluation of medical justification for indwelling catheter use form to be put into place and added to our admission packet. This form will be completed on admission, readmission, and quarterly with all MDS assessments. Policy and procedures will be updated to include this document. What</p>	03/22/2015

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	<p>documentation of a post residual void and an appropriate medical diagnosis was not indicated.</p> <p>2. On 2/20/15 at 12:40 p.m., Resident #C was observed to have a Foley catheter to bedside drainage.</p> <p>The Clinical Record for Resident #C was reviewed on 2/20/15 at 12:30 p.m. Diagnoses included, but were not limited to, congestive heart failure, hypertension and dementia.</p> <p>Review of the admission Minimum Data Set assessment, dated 1/19/15, indicated Resident #C was occasionally incontinent of bladder.</p> <p>The readmission orders, dated 2/2/15, indicated Resident #C had an indwelling Foley catheter. The clinical record lacked documentation of a post residual void and an appropriate diagnosis for the indwelling Foley catheter.</p> <p>During an interview with the Minimum Data Set Coordinator on 2/20/15 at 1:07 p.m., she indicated she was not sure why Resident #C had a Foley catheter. She indicated Resident #C had been in and out of the hospital multiple times and the hospital may have inserted it because the resident had scabies.</p>		<p>measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: All new admissions and readmission charts will be brought to a weekly interdisciplinary meeting and will be reviewed for accuracy if resident has Foley catheter that all documentation is complete. MDS coordinator will check that documentation is complete on all quarterly assessments due there of. Unit managers will audit all admissions and readmissions within 24 to 48 hours for Foley catheter supporting documentation or to verify Foley was discontinued. How the corrective actions will be monitored to ensure that deficient practice will not recur: Any findings that are out of compliance will be addressed immediately and corrected, then findings will be brought to monthly quality assurance meeting to be reviewed and discussed with appropriate recommendations to follow. By what date the systemic changes will be completed: Completion Date: March 22, 2015</p>	

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	<p>The hospital discharge summary, dated 2/2/15, was reviewed on 2/20/15 at 2:00 p.m. Discharge summary lacked documentation regarding why an indwelling Foley catheter was inserted for Resident #C.</p> <p>This Federal tag relates to Complaint IN00166575.</p> <p>3.1-41(a)(1)</p>			