

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2015
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5801 W BETHEL AVE MUNCIE, IN 47304
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F 0000 Bldg. 00	<p>This survey was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: September 14, 15, 16, 17, 18, 21, 2015</p> <p>Facility number: 000086 Provider number: 155170 AIM number: n/a</p> <p>Census bed type: SNF: 56 Total: 56</p> <p>Census payor type: Medicare: 16 Other: 41 Total: 56</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Qr completed by 11474 on September 23, 2015.</p>	F 0000		
F 0174 SS=D Bldg. 00	<p>483.10(k) RIGHT TO TELEPHONE ACCESS WITH PRIVACY The resident has the right to have</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>reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>Based on interview and record review, the facility failed to allow a resident to maintain personal cash for 1 of 2 residents reviewed regarding personal property. (Resident #104)</p> <p>Findings include:</p> <p>During an interview on 9/16/15 at 9:26 a.m., Resident #104, who was deemed reliable during the stage 1 survey process, indicated she had money disappear from her eyeglass case on her night stand less than 2 weeks ago. She indicated the staff had been informed of the missing money and had looked for it in her room.</p> <p>The clinical record for Resident #104 was reviewed on 9/17/15 at 10:24 a.m. Diagnoses for Resident #104 included, but were not limited to, left hip fracture, diabetes, hypertension, and pain.</p> <p>During an interview with the Assistant Administrator on 9/21/15 at 8:56 a.m., she indicated the facility discouraged the residents from keeping any cash in their rooms. The residents were encouraged to keep any cash in the petty cash on the unit. The residents could request money from the petty cash on the unit any time</p>	F 0174	<p>Westminster Village Muncie, Inc.</p> <p>Provider ID#155170</p> <p>Plan of Correction</p> <p>ISDH Survey 2015</p> <p>F174 RIGHT TO PRIVACY (483.10 TELEPHONE and PERSONAL PROPERTY-CASH)</p> <p>1) What corrective actions (s) will be accomplished for those Residents found to have been affected by the alleged deficient practice:</p> <p>Res # 104 was offered a secure lock box to secure personal funds/property.</p>	10/21/2015			

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	<p>they wished. If they could not or did not want to go retrieve the cash themselves, she indicated a lock box would be provided if requested by the resident.</p> <p>During an interview with the Assistant Administrator on 9/21/15 at 12:29 p.m., she indicated she had spoken with the activity and the social services departments. The activity and social services staff indicated they would provide or speak with the residents regarding lock boxes if brought to their attention. The Assistant Administrator indicated a safe could be purchased and installed for the residents at the cost of the resident.</p> <p>During an interview with the Bristol Unit Manager on 9/21/15 at 12:47 p.m., she indicated Resident #104 had ten dollars in her room. The Bristol Unit Manager offered to put the cash in the petty cash on the unit. Resident #104 had fifty dollars in her petty cash fund and could not add any additional cash to the account (fifty dollars is the maximum amount allowed in the petty cash account). Resident #104 was asked if she wanted the social services department to keep the ten dollars and send the excess cash in a money order to her son the next day. Resident #104 indicated she did not want to keep the cash in her room because she</p>		<p>2) How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective actions (s) will be taken:</p> <p>The facility has determined that all residents within the skilled facility have the potential to be affected by the alleged deficient practice. Prior to the alleged deficient practice, no concerns had been expressed within the skilled resident population. All residents within the skilled facility will have the opportunity to purchase, at the cost of the resident, a lock box for their room to secure personal funds/property. (SEE ATTACHMENT A)</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur:</p>	

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	<p>did not feel comfortable leaving the cash in her room due to the previous cash disappearing. She allowed social services to keep the cash after providing a receipt for the cash to the resident. The Bristol Unit Manager indicated she did not offer Resident #104 a lock box during either one of the cash interactions. She indicated the resident "seemed alright with petty cash."</p> <p>A Westminster Village admission packet was provided by the Quality Assurance nurse on 9/21/15 at 10:07 a.m. Included in the packet was an untitled document, dated 5/26/06, and indicated, but was not limited to the following:</p> <p>"...Valuables, such as expensive jewelry and large amounts of money, should not be kept in the resident's room. If you wish to keep these items at the Village, please see the Director of Nursing to make secure arrangements. A petty cash fund may be maintained on the unit for the resident's use. We encourage no larger amount than \$25 be left in the room with a resident. This is necessary for the safety and security of their personal belongings...."</p> <p>3.1-9(a)</p>		<p>The Preferences for Living Form (SEE ATTACHMENT B) will be revised to include the option to utilize a secure lock box for personal funds/property at the cost of the resident. The Preferences for Living Form will be completed upon admission and will be reviewed for revisions quarterly with MDS assessments/Care Plan sessions. The skilled facility admission packet will be updated to include the Personal Funds Permission/Consent regarding the provisions of the secure lock box. (SEE ATTACHMENT A)</p>	
			4) How the corrective actions	

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			<p>(s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place:</p> <p>The Unit Manager or designee will review the Preferences for Living Form during the admission audit process. If the resident has opted to obtain a secure lock box, the unit manager or designee will ensure the process has been completed and one has been provided.</p> <p>Nursing staff will be in-serviced regarding the revised Preferences for Living Form and the policy regarding the provisions of the secure lock box.</p> <p>The Unit Manager and/or designee will report the results of the audit monthly for nine months to the Quality Assurance Committee.</p> <p>The Quality Assurance Committee will review the results, on a monthly basis, and modify the monitoring system as necessary to maintain compliance.</p>	

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F 0242 SS=D Bldg. 00	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES 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 observation, interview and record review, the facility failed to honor resident choices regarding bathing and wake up times for 3 of 15 residents interviewed regarding choices (#104, #63 and #46).</p> <p>Findings include:</p> <p>1. During an interview on 9/16/15 at 9:09 a.m., Resident #104, who was deemed reliable during the stage 1 survey process, indicated she preferred to have her showers in the morning. Resident</p>	F 0242	<p>5) All components of the systematic adjustments for notification of changes will be implemented by: <u>October 21, 2015.</u></p> <p>Westminster Village Muncie, Inc.</p> <p>Provider ID#155170</p> <p>Plan of Correction</p> <p>ISDH Survey 2015</p> <p>F 242 RESIDENT CHOICES - SHOWERS</p>	10/21/2015	

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	<p>#104 indicated she was placed on the evening shower schedule. When she asked staff about it, the staff told her she was scheduled for evening showers.</p> <p>The clinical record review for Resident #104 was reviewed on 9/17/15 at 10:24 a.m. Diagnoses for Resident #104 included, but were not limited to, left hip fracture, diabetes, hypertension, and pain.</p> <p>Resident #104 had a health care plan problem of requiring assistance with Activities of Daily Living (ADLs). Interventions for this problem indicated Resident #104 preferred to get up around 7:00 a.m., and preferred day time showers, effective 8/31/15.</p> <p>During an interview with CNA #3 on 9/17/15 at 1:41 p.m., she indicated resident care information was on the "CNA Assignment Sheet" and in the computer. She indicated the ADL information including showers were on the assignment sheets and updated weekly on Fridays.</p> <p>The "CNA Assignment Sheet" for Bristol Court, provided by CNA #3 on 9/17/15, at 1:41 p.m., indicated Resident #104 was scheduled for showers on Tuesday and Friday evenings.</p>		<p>1) What corrective actions (s) will be accomplished for those Residents found to have been affected by the alleged deficient practice:</p> <p>Clinical records have been reviewed and updated as necessary for residents: #104, #63, and #46. The Preferences for Living Forms have been reviewed and updated as necessary. The CNA assignments within the EHR have been reviewed and updated as necessary.</p> <p>2) How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective actions (s) will be taken:</p> <p>The facility has determined that all residents within the skilled facility have the potential to be affected by the alleged deficient</p>	

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	<p>The "Preferences for Living" form, completed on 8/21/15 for Resident #104, indicated she preferred to get up at 7:00 a.m., and have her showers in the morning.</p> <p>Resident #104's bathing report from 8/21/15 to 9/18/15, indicated she had showers on 9/1/15 entered at 12:06 a.m., on 9/4/15 entered at 9:59 p.m., on 9/9/15 entered at 3:07 p.m., and on 9/10/15 entered at 9:47 p.m.</p> <p>During an interview with the Bristol Unit Manager on 9/18/15 at 10:23 a.m., she indicated Resident #104 had stopped her on 9/17/15 as she was leaving the unit. Resident #104 indicated she wanted her showers in morning and had told staff this before but was receiving her showers in the the evenings. The Bristol Unit Manager indicated she had "missed it on her preferences," and was not aware of Resident #104 receiving showers in the evenings instead of in the mornings per resident's preferences.</p> <p>2. Resident #63 was determined to be reliable during the Stage 1 survey process. During a 9/16/15, 9:03 a.m., interview, Resident #63 indicated she would like a minimum of 2 showers per week. She indicated her true preference would be a daily shower. She indicated, of late, she had washed herself up or had</p>		<p>practice. All Preferences for Living Forms have been reviewed and updated as necessary. All CNA assignments within the EHR have been reviewed and updated as necessary.</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur:</p> <p>The Preferences for Living Form will be revised. The Preferences for Living Form will be completed upon admission and will be reviewed for revisions quarterly with MDS assessments/Care Plan sessions. The CNA assignments within the EHR will be initiated upon admission and will be reviewed for revisions quarterly with MDS assessments/Care Plan sessions. (SEE ATTACHMENT B)</p>		

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	<p>a bed bath. Wash ups and bed baths did not leave her feeling as clean as a shower. Lastly, she indicated when she had asked for a shower, the staff told her they did not have the time, so she just took what was offered.</p> <p>Resident #63's clinical record was reviewed on 9/16/15 at 1:32 p.m. Resident #63's current diagnoses included, but were not limited to, hypertension, dementia and generalized pain.</p> <p>Resident #63 had a current, 8/16/15, quarterly, Minimum Data Set (MDS) assessment which indicated the resident understood others, was understood by others, had only mild cognitive limitations, required some cueing in new situations only and required assistance of one staff member in part of shower activities.</p> <p>Resident #63 had a current, 3/12/15, care plan problem/need which indicated the resident required assistance with activities of daily living. An approach to this problem was "[Name] prefers to be gotten up 6 a and to bed between 6-7p...She prefers day showers."</p> <p>Resident #63's record lacked any indication she refused showers or any</p>		<p>4) How the corrective actions (s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place:</p> <p>The Unit Manager or designee will review the Preferences for Living Form during the admission audit process to ensure the preferences for living and CNA assignments coincide and have been set accordingly.</p> <p>Nursing staff will be in-serviced regarding the revised Preferences for Living Form and initiating/updating CNA</p>		

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	<p>other form of care.</p> <p>Resident #63 had a, 3/6/15, "Preference for Living" form, which indicated she would like a shower as her preferred method of bathing. In addition she preferred to shower on day shift.</p> <p>Resident #63's bathing report, from 8/18/15 to 9/17/15, indicated the resident was only offered 2 showers in the 33 day period. All other bathing was listed as bed baths. The form did not have a method to indicate if the bed bath was a partial bed bath or full bed bath. Sixteen of the bed baths were offered in the evening which was not the resident's preference.</p> <p>The current, 9/17/15, CNA assignment sheet for Abbey Court, which was provided by CNA #1 on 9/17/15 at 7:30 a.m., indicated Resident #63 resided on Abbey Court, was assigned evening showers on Tuesdays and Fridays and bed time was 6 p.m. to 7 p.m.</p> <p>During a 9/17/2015, 2:01 p.m., interview, CNA #2 indicated residents were assigned a shower a minimum of 2 times a week; but should be able to be worked in to the shower schedule any time they requested. She indicated she did not currently have any resident on Abbey</p>		<p>assignments.</p> <p>The Nurse Manager and/or designee will report the findings monthly for nine months to the Quality Assurance Committee.</p> <p>The Quality Assurance Committee will review the results, on a monthly basis, and modify the monitoring system as necessary to maintain compliance.</p> <p>5) <i>All components of the systematic adjustments for notification of changes will be implemented by: --- October 21, 2015.</i></p>		

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	<p>Court who regularly refused showers.</p> <p>During a 9/17/2015, 2:02 p.m., interview, CNA #1 indicated residents were assigned 2 showers a week but could always have more upon request. She indicated she did not have any current residents on Abbey Court who refused showers.</p> <p>During a 9/18/2015, 8:53 a.m., interview, the Abbey Court Unit Manager indicated every resident should be bathed by their chosen method according to their preference.</p> <p>3. Resident #46 was determined to be reliable during the Stage 1 survey process. During a 9/15/2015 at 1:21 p.m., Resident #46 indicated he did not get to choose the time he got up in the morning. Staff just came in and woke him up. He indicated he would rather stay in bed and sleep. He indicated staff often woke him before 8:00 a.m.</p> <p>Resident #46's clinical record was reviewed on 9/16/15 at 1:01 p.m. Resident #46's current diagnosis included, but were not limited to, depression, hypertension and degenerative disc disease.</p> <p>Resident #46 had a current, 8/16/15,</p>			

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	<p>quarterly, Minimum Data Set (MDS) assessment which indicated the resident understood others, was understood by others, had no cognitive limitations, required staff assistance with personal hygiene and required staff assistance to transfer from one location to another (such as bed to chair).</p> <p>Resident #46 had a current, 8/16/15, care plan problem/need regarding required assistance for activities of daily living. An approach to this problem was, "[Name] likes getting up late am, stated, '11 am,'...."</p> <p>Resident #46 had a current, 10/1/14, "Preference for Living" form, which indicated the resident desired to sleep until 11:00 a.m.</p> <p>The current, 9/17/15, CNA assignment sheet for Abbey Court, which was provided by CNA #1 on 9/17/15 at 7:30 a.m., indicated Resident #46 resided on Abbey Court and did not want to get up until 11:00 a.m.</p> <p>During a 9/17/2015 at 7:30 a.m., observation, CNA #1 knocked on Resident #46's door to wake the resident. She asked to turn on the lights. She carried in a breakfast tray and set up the resident's breakfast on the over the bed</p>			

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	<p>table. She encouraged the resident to sit on the side of his bed and eat.</p> <p>During a 9/17/2015, 8:39 a.m., interview, Resident #46 indicated he did not desire to be awakened for breakfast. He indicated, when he said 11:00 a.m. wake up, he knew it would be after breakfast time. He indicated, if the staff woke him for breakfast, he ate it because he was already awake.</p> <p>During a 9/18/2015, 8:53 a.m., the Abbey Court Unit Manager indicated perhaps the staff did not understand Resident #46 wanted to truly sleep until 11:00 a.m. and thought it meant get out of bed.</p> <p>During a 9/18/15, 9:40 am, interview, CNA #1 indicated she knew Resident #46 was on a late wake up schedule. However, she thought he was to eat in bed in his room and go back to bed. She indicated she thought it was an "out of bed" late not truly wake up late. She indicated she must have misunderstood.</p> <p>The undated, "Nursing Staff Procedure for Preferences of Daily Living" policy was provided by the Quality Assurance Nurse on 9/18/15 at 12:25 p.m. The policy indicated the following: "...Nursing staff will be responsible for implementing the Preferences for Living</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	<p>form on admission to the facility as part of the nursing admission process. This form is designed to honor resident preferences. The Preferences for Living form will be utilized when initiating CNA assignments. Please take the residents information into consideration when making decisions regarding care. Please attempt to meet desired needs and wishes...."</p> <p>3.1-3(u)(1)</p> <p>This visit was for a State Licensure Survey.</p> <p>Survey Dates: September 14, 15, 16, 17, 18, 21, 2015</p> <p>Facility number: 000086 Provider number: 155170 AIM number: n/a</p> <p>Census bed type: Residential: 167 Total: 167</p> <p>Census payor type: Other: 167</p>	R 0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/21/2015
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5801 W BETHEL AVE MUNCIE, IN 47304		
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	Total: 167 Residential sample: 10 Westminster Village was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.				