

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 09/04/2015
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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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00180450 and IN00181202.</p> <p>Complaint IN00180450 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00181202 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F323.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: September 2, 3 and 4, 2015.</p> <p>Facility number: 000100 Provider number: 155191 AIM number: 100266130</p> <p>Census bed type: SNF/NF: 74 Total: 74</p> <p>Census payor type: Medicare: 18 Medicaid: 33 Other: 23 Total: 74</p> <p>Sample: 3</p>	F 0000	<p>This plan of correction is prepared and executed because it is required by the provisions of state and federal law. Westminster Health Care Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor are they of such character so as to limit its ability to render adequate care. This plan of correction shall operate as Westminster Health Care Center's credible allegation of compliance. This plan of correction is not meant to establish a standard of care, contract, obligations or position and Westminster Health Care Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action, or proceeding.</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 0157 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 401 IAC 16.2-3.1.</p> <p>Quality Review completed by 34849 on September 10, 2015.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as</p>			

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	<p>specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the physician of the onset of edema (swelling) to the bilateral lower extremities and failed to follow up with a significant change in condition, resulting in a hospitalization (Resident #C) for 1 of 3 residents reviewed for physician notification.</p> <p>Findings include:</p> <p>The clinical record for Resident #C was reviewed on 9/3/15 at 11:11 a.m. Diagnoses included, but were not limited to, congestive heart failure and status post kyphoplasty.</p> <p>1. The nurses note, dated 8/9/15 at 11:00 p.m., included, but was not limited to, the following: "...BLE [bilateral lower extremity] swelling noted (3+) [severity of swelling]. Will give report to day nurse in the morning to call MD [medical doctor]...."</p> <p>The clinical record for Resident #C lacked documentation of physician notification related to the onset of BLE edema noted on 8/9/15.</p>	F 0157	<p>F157-Notify of Changes (Injury/Decline/Room/Ect)</p> <p>1. Please consider paper compliance for F157. Corrective action taken for resident "C". Resident "C" has been discharged from the facility.</p> <p>2. To prevent this deficiency practice from happening, all resident charts have been audited for physician notification and family notification of change of condition for last 30 days.</p> <p>3. All licensed staff were in-serviced on 9/22/15, 9/23/15, and 9/24/15 on physician notification and change of condition. Staff were also in-serviced on pertinent charting, policy and procedures, and doing 24 hour report sheets. At daily Monday thru Friday clinical data meetings report sheets, new orders, change of conditions, falls, and incidents will be discussed. On weekends, house supervisors will review. Staff will be in-serviced on fax log and implementing fax log. 24 hour report will be monitored daily by unit coordinators, or weekend supervisors. Staff in-services for all</p>	10/02/2015

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	<p>2. The nurses note, dated 12/25/14 at 6:30 p.m., indicated the following: "Resident showed s/s [signs and symptoms] of tardive Dyskinesia [sic]. [Physician name] notified. Family aware. Will cont [continue] to monitor...."</p> <p>The nurses note, dated 12/25/14 at 10:00 p.m., included the following: "Carbadopa levodopa [sic] [Sinemet] 10p.m [sic] dose held r/t [related to] twitching and clenching of the hands, feet and facial muscles...."</p> <p>The nurses note, dated 12/27/14 at 6:00 p.m., indicated the following: "N.O. [new order] per [name of physician] CBC [complete blood count], BMP [basic metabolic panel], CXR [chest x-ray] and UA [urinalysis] [c with line over it] [with] C+S [culture and sensitivity] r/t [related to] [arrow pointing up] [increased] lethargy and confusion. B/P [blood pressure] 94/56 HR [heart rate] 68...."</p> <p>The nurses note, dated 12/27/14 at 7:30 p.m., included, but was not limited to, the following: "...resident was resting in bed...P [pulse] 58 B/P 86/54...ALERT [sic]/ lethergic [sic] [c with line over it] [with] confusion. got [sic] an order to send resident to [name of hospital] for Tx</p>		<p>licensed staff were held on 9/22/15, 9/23/15, and 9/24/15.</p> <p>4. Audits will be performed daily by Director of Nursing or designee of pertinent charting, 24 hour report sheets, change of conditions, SBARS, and fax log. All data will be brought to clinical data meeting and findings will be brought to monthly Quality Assurance meetings to be discussed and reviewed for any changes needed. This will be monitored until 100% complete.</p> <p>5. Date changes will be complete: October 2, 2015.</p>	

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	<p>[treatment]/evaluation...."</p> <p>The clinical record for Resident #C lacked physician notification regarding the holding of medication related to twitching. The nurses notes also indicated the physician was not notified or updated on Resident #C's condition from 12/25/14 at 6:30 p.m. through 12/27/14 at 6:00 p.m.</p> <p>During an interview on 9/3/15 at 2:30 p.m., LPN (Licensed Practical Nurse) #1 indicated twitching and clenching of the hands, feet and facial muscles would be a significant change and the physician should be notified.</p> <p>During an interview on 9/3/15 at 2:40 p.m., LPN #2 indicated the physician should be notified if a resident shows signs twitching and clenching their hands because that would be a significant change in condition.</p> <p>This Federal tag relates to complaint IN00181202.</p> <p>3.1-5(a)(2)</p>						

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F 0323 SS=D Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed identify the root cause analysis for 4 falls and failed to ensure interventions were in place to prevent falls (Resident #C) for 1 of 3 residents reviewed for accidents.</p> <p>Findings include:</p> <p>The clinical record for Resident #C was reviewed on 9/2/15 at 2:45 p.m. Diagnoses included, but were not limited to, Parkinson's disease and congestive heart failure.</p> <p>Fall #1. The nurses note, dated 11/24/14 at 3:45 a.m., included the following: "at [sic] about 3 am [sic] Resident placed his call light on. CNA [Certified Nursing Assistant] responded + [and] called for this nurse. upon [sic] entry resident was fount [sic] sitting position w\ [with] back against side of bed. No bed alarm sounding. Alarm was unplugged. Resident had one regular sock on + [and] other foot barefoot...."</p>	F 0323	<p>F323-Free of Accident</p> <ol style="list-style-type: none"> Please consider paper compliance for F323. Corrective action taken for resident "C". Resident "C" has been discharged from facility. All residents have the potential to be effected. All residents will have a falls risk completed and those residents that are identified as high risk for falls will have care plans reviewed and updated as necessary. IDT will evaluate all falls within 48 hours of fall to ensure care plans and falls assessments are updated and physician and responsible party are notified of time of fall. After root cause of fall is determined appropriate interventions will be implemented. If a fall occurs on a weekend it will be evaluated by weekend house supervisor. All staff were in-serviced on 09/22/15, 09/23/15, and 09/24/15 on alarms, determining root cause of falls, and following care plan interventions for falls. All alarms will 	10/02/2015

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	<p>The Interdisciplinary note, dated 12/5/14 at 10:20 a.m., included, but was not limited to, the following: "11/24/14 3A [sic] In Room - [zero with line through it] [no] injury [sic] call light - push [p with line over it] [after] fall to floor [sic] slide [sic] off side [sic] bed [sic] back to bed [sic] regular [sic] socks Family [sic] called 7:30 A [sic] bed [sic] alarm not sounding. gripper [sic] sock [sic] to bed...."</p> <p>The Fall Risk Assessment/Interventions, dated 11/24/15 at 7:30 a.m., included, but was not limited to, the following: "...List all Intervention prior to fall: bed alarm...Falls Committee Recommendations: new non skid slippers (gripper socks)...."</p> <p>Fall #2. The Interdisciplinary note, dated 12/12/14, included, but was not limited to, the following: "Fall on 12/5/14 at 6:15 p.m. in room, [sic] No apparent injuries, [sic] CNA reports res [resident] found on floor. sitting [sic] on buttocks in front of w/c [wheelchair] [c with line over it] [with] pants unzipped, [sic] stated "He was fixing the sink" [sic]. Head to toe assessment complete, [sic] UA [urinalysis], C+S [culture and sensitivity] Muscle [sic] relaxer for rigidity by therapy [sic]...."</p>		<p>be discussed by the IDT to evaluate continued need.</p> <p>4. Unit coordinator or appointed designee will check all alarms daily for proper placement, functioning, and to make sure alarms are connected. This will happen daily for 2 weeks, then three times a week for 2 weeks, the weekly for 2 weeks, the PRN. All findings will be brought to the monthly Quality Assurance meetings. Audits will continue until 100% compliance has been reached. Then audits will be done as needed.</p> <p>5. Date changes will be complete: October 2, 2015</p>	

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	<p>Fall #3. The nurses note, dated 12/18/14 at 5:30 p.m., included, but was not limited to, the following: "This nurse was in the hallway passing meds [medications] when she heard someone yelling for help. This nurse found Resident laying on floor in his room. Resident was laying on his left side. Resident stated he slid out of his w/c [wheelchair]. Head to toe assessment was done. No apparent injuries [sic] Resident denies injuries...Resident's alarm was not sounding...."</p> <p>The Resident Incident Report, dated 12/18/14, included, but was not limited to, the following: "...This nurse was in the hallway passing meds [medications] when she heard someone yell for help. This nurse then found Resident [sic] laying in the floor in his Room [sic]. Resident had slid out of w/c [wheelchair]. Resident was laying on his left side. Clip alarm was not clipped to Resident [sic] and the Resident [sic] did not have his shoes on. Resident has on ted hose only.... "</p> <p>The Interdisciplinary note, dated 12/29/14 and untimed, included, but was not limited to, the following: "Fall on 12/18/14 at 530pm [sic], in room [sic] NO injuries noted, [sic] Nurse [held with line through it] heard res [resident] yell</p>			

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	<p>for help, [sic] res [resident] was laying on floor, [sic] Slid out of w/c [wheelchair] and was laying on left side [sic] was not wearing shoes, [sic] Dycem to w/c [wheelchair]...."</p> <p>The Investigation Report, dated 12/18/14, included, but was not limited to, the following: "...2. The cause of the incident was:...Other...slid out of w/c [wheelchair]...3. The activity during the Incident was...Sliding out of wheelchair...5. The footwear at the time of the incident was:...Plain socks only...9. Part A. Was alarm present? Yes...Part B...Chair alarm did not sound during event...."</p> <p>Fall #4. The nurses note, dated 3/6/15 [sic] [3/5/15] at 6:15 a.m., included, but was not limited to, the following: "Res [resident] yelling Help [sic]. This nurse went to Res [sic] [resident] Room [sic], Res [resident] sitting in [sic] floor beside bed, Laying [sic] back. Res [resident] on side of bed facing exit. Res [resident] was barefoot [arrow pointing over to next page] [zero with line through it] [no] c/o [complaints of] pain. Res [resident] did not hit head...."</p> <p>The Resident Incident Report, dated 3/5/15, included, but was not limited to, the following: "...Resident was yelling</p>			

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	<p>Help [sic]. This nurse went to Resident [sic], He was Laying [sic] in [sic] floor in sitting [sic] Layed [sic] back position, [sic] Bed alarm not sounding, no foot wear. Res [resident] barefoot.... "</p> <p>The Investigation Report, dated 3/5/15, included, but was not limited to, the following: " ...2. The cause of the Incident was...Slipped (specify): out of Bed [sic]...3. the activity during the incident was: ...Getting in/out of bed...5. The footwear at the time of the incident was: Bare feet...9. Part A. Was alarm present? Yes...Part B. ...Bed alarm did not sound during event.... "</p> <p>The Interdisciplinary note, dated 3/13/15 and untimed, included, but was not limited to, the following: " ...Resident yelling help [sic] found laying on floor in sitting position [sic] bed alarm did not sound [sic] no foot wear.... "</p> <p>The careplan, dated 5/20/15, included, but was not limited to, the following: "NEEDS/PROBLEMS...AT RISK FOR FALLS...frequent falls...APPROACH/ACTION/PLAN...2.) SENSOR ALARMS TO BED AND/OR WHEELCHAIR...5) Non skid slippers...10) Staff education on alarms.... "</p>			

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F 0501 SS=D Bldg. 00	<p>The document titled, "FALLS PREVENTION/OCCURRENCE PROCEDURE " was provided by the Director of Nursing on 9/3/15 at 1:30 p.m. It included, but was not limited to, the following: " OBJECTIVE: TO IDENTIFY RESIDENTS WHO ARE AT RISK FOR FALLS, AND PREVENT FALLS...(9.) WHEN A RESIDENT HAS FALLEN, THE FALLS COMMITTEE WILL DETERMINE IF THERE ARE ADDITIONAL INTERVENTIONS WHICH WOULD FURTHER ENSURE RESIDENTS SAFETY...(10.) THE MEDICAL RECORD DIRECTOR WILL BE RESPONSIBLE FOR TRACKING FALLS. THE TRACKING WILL INCLUDE THE NAME OF THE RESIDENT...CAUSE OF THE FALL.... "</p> <p>This Federal tag relates to complaint IN00181202.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p> <p>483.75(i) RESPONSIBILITIES OF MEDICAL DIRECTOR The facility must designate a physician to serve as medical director.</p>			

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	<p>The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility.</p> <p>Based on interview and record review, the facility failed to ensure the physician (Medical Director) followed up on abnormal radiology findings in a timely manner (Resident #C) for 1 of 3 residents reviewed for physician services.</p> <p>Findings include:</p> <p>The clinical record for Resident #C was reviewed on 9/3/15 at 11:11 a.m. Diagnosis included, but was not limited to, congestive heart failure.</p> <p>The nurses note, dated 5/26/15 at 7:00 p.m., included, but was not limited to, the following: "N.O. [New Order] for CXR [chest x-ray] 2view [sic] R/T [related to] cough and congestion...."</p> <p>The Radiology Report, dated 5/27/15, included, but was not limited to, the following: "[resident name]...Examination: CHEST - 2 VIEW...Conclusion...1. Findings consistent with congestive heart failure...2. New right lower lobe infiltrate...."</p> <p>The nurses note, dated 5/27/15 at 12:00</p>	F 0501	<p>F501- Responsibilities of Medical Director</p> <ol style="list-style-type: none"> Please consider paper compliance for F501. Corrective action taken for resident "C". Resident "C" has been discharged from facility. All residents have the potential to be affected. All resident charts have been audited for any pending response from Medical Director. All licensed staff were in-serviced on 9/22/15, 9/23/15, and 9/24/15 on the fax log policy and procedure. A fax log has been implemented to monitor all faxes sent to physician with date and times. All critical reports are to be called immediately. There will be a 2 hour response time on critical reports and a 24 hour response time on non critical reports. Policy and procedures have instructions on who to call if physician does not respond in 2 hours. Fax log will be brought to clinical data morning meetings daily, Monday thru Friday to be reviewed by Director of Nursing or Designee. 	10/02/2015

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	<p>p.m., included, but was not limited to, the following: "Results of CXR showed CHF [congestive heart failure] and new R [right] Lower Lobe infiltrates [pneumonia] or atelectasis. Faxed MD [medical doctor] and left message [c with line over it] [with] ON [sic] call phone. Will continue to monitor...."</p> <p>The nurses note, dated 5/29/15 at 7:00 a.m., included the following: "Call placed to [physician name] office. Message left R/T [related to] CXR [chest x-ray] result. [physician name] to return call. [nurse signature]".</p> <p>The nurses note, dated 5/29/15 at 7:15 a.m., included, but was not limited to, the following: "[physician name] returned call R/T [related to] CXR [chest x-ray] - [sic] New order received et [and] noted for Levaquin [antibiotic] 500 mg [milligrams] po [by mouth] [q with line over it] [every] day x [times] 10 days for pneumonia...."</p> <p>During an interview on 9/3/15 at 2:30 p.m., LPN [Licensed Practical Nurse] #1 indicated when the physician is notified of an abnormal chest x-ray, the response time for new orders should be no more than 4 hours.</p> <p>During an interview on 9/4/15 at 8:15</p>		<p>Weekend supervisor will monitor log on weekends. All findings will be discussed in monthly Quality Assurance meeting. This will be reported monthly for 3 months or until 100% compliance is achieved.</p> <p>5. Date of completion: October 2, 2015.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155191	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/04/2015
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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 0514 SS=D Bldg. 00	<p>a.m., the Director of Nursing indicated 48 hours was not an acceptable response time for the physician.</p> <p>3.1-13(v)(1)(A)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure PRN (as needed) medications were signed out on the resident's Medication Administration Record for 1 of 3 residents reviewed for medical records. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 9/2/15 at 2:00 p.m. Diagnoses included, but were not limited to, vascular dementia and anxiety.</p>	F 0514	<p>F 514- Resident Records Complete/Accurate/Accessible.</p> <p>1. Please consider paper compliance for F514. Corrective action taken for resident "B". Resident "B" has been discharged from the facility.</p> <p>2. All residents with PRN medications have the potential to be effected. All MARS were audited by Director of Nursing or designee to identify any residents taking PRN</p>	10/02/2015

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	<p>The physician order, dated 7/21/15 at 6:40 p.m., included the following: "...Ativan [medication for anxiety] 0.5 mg [milligrams] PO [by mouth] Q [every] 6 [circle top right side of 6] [hours] PRN [as needed] for anxiety...."</p> <p>The August, 2015 MAR [Medication Administration Record] indicated Ativan, 0.5 mg, was administered, orally, to Resident #B, three times in August.</p> <p>The document titled, "CONTROLLED DRUG RECORD", included, but was not limited to, the following: "...Individual Patient's Narcotic Record...[Resident #B's name]...LORAZEPAM 0.5 MG TABLET...SUB [substitution] FOR: ATIVAN 0.5 MG TABLET...GIVE 1 TABLET BY MOUTH EVERY SIX (6) HOURS AS NEEDED FOR ANXIETY...Chart each dose administered...." This document indicated Resident #B received Ativan 17 times during the month of August, 2015.</p> <p>During an interview on 9/3/15 at 10:20 a.m., the DON [Director of Nursing] indicated "as needed" medications should be signed out on the MAR with each administration.</p> <p>On 9/4/15 at 11:42 a.m., the DON</p>		<p>medication and to verify accurate documentation on MAR.</p> <p>3. All licensed staff were in-serviced on 9/22/15, 9/23/15, and 9/24/15 on PRN medications, documenting PRN medications in MAR, and BOP sheets.</p> <p>4. Director of Nursing or designee will audit MARS daily x 2 weeks, then 3 times a week x 2 weeks, then weekly x 2 weeks, then PRN. All findings will be brought to Quality Assurance monthly meetings.</p> <p>5. Date corrections will be complete: October 2, 2015.</p>	

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	<p>provided a copy of the policy and procedure titled, "Medication Administration", dated 10/07, and indicated as current. This document included, but was not limited to, the following: "...General Guidelines...4. The resident's MAR...is initialed by the person administering the medication...5. When PRN medications are administered, the following documentation is provided...a. Date and time of administration...d. Signature or initials of person recording administration and signature or initials of person recording effects...."</p> <p>3.1-50(a)(2)</p>			