

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 05/17/2012
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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 the Investigation of Complaint IN00107777.</p> <p>Complaint IN00107777 - Substantiated. Federal/state deficiencies related to the allegation are cited at F206.</p> <p>Survey dates: May 16 & 17, 2012</p> <p>Facility number: 000139 Provider number: 155234 AIM number: 100266410</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 50 Total: 50</p> <p>Census payor type: Medicare: 5 Medicaid: 41 Other: 4 Total: 50</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review 5/23/12 by Suzanne Williams, RN</p>	F0000		

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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F0206 SS=D	<p>483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <p>Based on interview and record review, the facility failed to accept a resident back to the facility after hospitalization for 1 of 3 residents reviewed for discharge, transfers, and re-admission in a sample of 3. Resident #B</p> <p>Findings include:</p> <p>Resident #B's closed record was reviewed on 05/16/12 at 10:30 a.m. and indicated the resident had diagnoses which included, but were not limited to, acute respiratory failure, tracheotomy, pneumonia, dysphasia, cerebrovascular accident, closed fracture of c1 - c4 vertebral column with spinal cord, diabetes, anemia, edema,, hypertension, osteomyelitis, encephalopathy, atrial fibrillation, and diarrhea.</p> <p>Resident #B's closed record indicated the resident's stay at the facility was from April 16 to April 20, 2012. The resident's</p>	F0206	<p>The facility will ensure this requirement is met through the following corrective measures: 1. Resident # B no longer resides at the facility. 2. All residents sent to the hospital have the potential to be affected. 3. The Notice of Transfer or Discharge and Bed Hold policies were reviewed with no revisions. The staff have been re-educated on the Bed Hold policy and proper paperwork to accompany the resident when discharging to a hospital. All discharges will be monitored to ensure compliance. The Administrator or designee will monitor this daily as needed when a resident is discharged for 30 days then monthly for 3 months then quarterly thereafter. Should deficient practice be observed, immediate corrective action shall be taken. 4. As a means of quality assurance, the Administrator will review any findings and subsequent corrective action(s) in response to the ongoing quarterly audits during the quarterly Quality Assurance</p>	06/04/2012			

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	<p>5 day Minimum Data Set assessment dated 04/20/12, indicated the resident was severely cognitively impaired with daily decision-making skills, and needed extensive assist of two persons for bed mobility, transfers, ambulation, dressing, toileting, and hygiene. The resident was frequently incontinent of bowels and had a Foley catheter due to an open area on her coccyx. The closed clinical record indicated the resident had a gastrostomy tube with diabetasource at 60 cc per hour continuously for nutrition. The hospital discharge record indicated the resident had loose stools in the hospital and was treated with Lopramide HC 2 milligrams [mg] per gastrostomy tube [g-tube] twice a day as needed.</p> <p>Nursing Progress Notes dated 04/18/12 indicated the resident had loose stools, thick yellow urine, and thick yellow mucous were noted. The Medical Doctor [MD] was notified and ordered labs and clostridium difficile [c-diff] culture, and the family requested Norco routinely. The notes on 04/19/12 indicated the MD ordered sputum culture and blood work. On 04/20/12 at 9 a.m., notes indicated the resident's daughter called and wanted the MD notified, and was told the MD had been notified and was aware of the resident's condition. At 9:30 a.m., the resident's daughter called again wanted</p>		meetings and the plan of action revised accordingly, if indicated.				

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	<p>the MD called and told resident needs a chest x-ray and an antibiotic "now" and indicated, "If you are not going to do it there, then she needs to be at the hospital where they will do something." MD was called again and explained the above, and the MD ordered to send the resident to the emergency room for evaluation.</p> <p>On 04/20/12 at 6:30 p.m., documentation indicated the Director of Nursing [DON] spoke with the granddaughter, who is the resident's power of attorney (POA), and asked if the resident was returning to the facility. The granddaughter indicated, "No, she will not." The granddaughter gave permission for the DON to speak with the resident's daughter, and the daughter had several concerns and stated her mother would not be returning to the facility.</p> <p>Social Service Progress Notes dated 04/20/12, indicated the daughter called to let the Social Service Director [SSD] "know they would be picking up resident's personal belongings today."</p> <p>On 05/01/12 at 10 a.m., Nursing Progress Notes indicated the facility received a call from the resident's daughter regarding her mother and indicated she didn't want her mother to return, but asked if the facility would consider taking her back and went</p>				

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	<p>on to state she did not like anything about the facility's staffing, etc. and then went on to complain about other health care facilities.</p> <p>Notes dated 05/01/12 at 4:05 p.m. indicated the DON spoke with Resident #B's POA and informed her that the facility could not meet her needs.</p> <p>Interview with the resident's daughter on 05/17/12 at 9:25 a.m. indicated she did not recall telling staff the daughter did not want her mother coming back to the facility after hospitalization.</p> <p>Interview with the DON and Administrator on 05/17/12 at 2:20 p.m. indicated the facility did not go to the hospital to assess/evaluate her, but did ask for her labs.</p> <p>The closed clinical record had documentation of a Patient Transfer Form which was completed, a Notice of Transfer or Discharge dated 04/20/12, with reason for transfer or discharge - "The transfer or discharge is necessary to meet the resident's welfare and the resident's needs cannot be met in the facility" which was checked. The Notice of Transfer or Discharge Request for Hearing was also attached with the Bed Hold Policy.</p>				

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	<p>The undated Notice of Transfer or Discharge document, which the facility uses, indicated, "A facility must permit each resident to remain in the facility and may not transfer or discharge the resident unless: * The transfer or discharge is necessary to meet the resident's welfare and the resident's needs cannot be met in the facility...."</p> <p>The facility's undated Interfacility Transfers and Discharges policy indicated, "...Interfacility Transfer - Discharge Notice requirements: The notice must be made by the facility at least thirty (30) days (unless transfer or discharge is deemed an emergency) before the resident is transferred or discharged...."</p> <p>The facility's Bed Hold Policy dated 02/01/11 indicated, "... In the event of hospitalization of the Resident, the Resident/legal representative agrees to pay all ambulance charges. The resident's existing bed at the time of transfer may be held at the discretion of the Resident/legal representative at 50% of the Facility private pay rate. Should a decision be made to decline the holding of the existing bed, upon return, the Resident will return to the existing bed, only if available. If not available, the Resident</p>			

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	<p>will return to the first available bed...."</p> <p>The facility's undated copy of "Your Rights As A Nursing Home Resident" indicated, "... Transfer and Discharge Rights You have a right to: ... Return to the nursing home after a short-term transfer to a hospital or after a therapeutic leave from the facility...."</p> <p>This federal tag relates to Complaint IN00107777.</p> <p>3.1-12(a)(27)(A) 3.1-12(a)(27)(B)</p>				