

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2013
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN 47906
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 2, 3, 4, 5, 7, 8 and 9, 2013.</p> <p>Facility number: 000093 Provider number: 155177 AIM number: NA</p> <p>Survey team: Rita Mullen, RN,TC Michelle Carter, RN Tammy Ally, RN (January 2, 3, 4, 5, 7 and 8, 2013)</p> <p>Census bed type: SNF: 59 Residential: 39 Total: 98</p> <p>Census payor type: Medicare: 13 Other: 85 Total: 98</p> <p>Residential sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January</p>	F0000		
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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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	18, 2013, by Brenda Meredith, R.N.				

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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, record review and interview, staff failed to respond to a resident's call for assistance in a timely manner resulting in a delay for the request for toileting for 1 of 1 residents reviewed for toileting needs in a sample of 40. (Resident # 82)</p> <p>Findings include:</p> <p>The clinical record of Resident # 82 was reviewed on 01/08/2013 at 10:10 A.M.</p> <p>Diagnosis for Resident # 82 included, but were not limited to, pneumonia, acute respiratory failure, hyposmolality and/or hyponatremia, hypopotassemia, pulmonary congestion and hypostasis, hyperlipidemia, high blood pressure, unspecified retention of urine, anemia, general anxiety, congenital mitral insufficiency, idiopathic scoliosis, acquired postural kyphosis, and lumbosacral spondylosis.</p> <p>During a screening interview with</p>	F0241	<p>F241 - Resident #82 received staff assistance for toileting immediately upon notification of the concern voiced to the Director of Nursing. - A random sample of three residents in the Pavilion Rehab Unit were interviewed by the Administrator. All three residents voiced no concerns with timely response to their requests for assistance. The "Resident Call Light Log" was reviewed in the Pavilion Rehab Unit where the employee was assigned and no call light in excess of six minutes was identified. To ensure timely response to resident needs, Resident #82 was encouraged to use call light when needing assistance. Administrator explained to Resident #82 that if a call light exceeds ten minutes, the nurse's phone as well as the Director of Nursing and Administrator's beeper rings for a second level alert. The employee was terminated due to non-compliance with facility standards. - It is the expectation that the needs and/or requests of each resident be addressed in a timely and appropriate manner. All staff will receive additional training on</p>	02/06/2013			

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	<p>Resident #82 on 01/03/2013 at 10:07 A.M., CNA # 1 answered the call light for Resident # 82. Resident # 82 asked to go to bed and have a bed pan. She indicated she was concerned because she had episodes of diarrhea "last night". CNA # 1 said she had to go get a helper and would be right back. CNA # 1 returned to Resident # 82's room in a timely manner and indicated (a staff member's name) from therapy was coming to see her. Resident # 82, again, requested to go back to bed and use the bed pan. CNA # 1 indicated she "had to make a few more beds, first, and then would return" to her (Resident # 82) room. CNA # 1 exited the room, went to nurses station and washed her hands. Then, she went to another room and proceeded to clean and make the bed. At 10:17 AM. Resident # 82 was still sitting in her wheelchair in her room.</p> <p>Nursing notes, dated 01/02/2013 at 23:31 (11:31 P.M.), indicated Resident # 82 was "incontinent of bowel four times this shift."</p> <p>Nursing notes, dated 01/03/2013 at 5:00 A.M., indicated the resident was being "checked every hour for loose stools and had two episodes of loose</p>		<p>code of conduct and dignity and respect of individual resident needs. Weekly interviews will be conducted with a random selection of residents by the Social Service Designee with concerns expressed documented through the facility "Report of Concern" policy with appropriate follow-up action taken. - Resident Report of Concerns will continue to be investigated upon receipt with appropriate follow-up by the Director of Nursing and/or Administrator. As part of the Quality Performance Improvement Program, all Resident Report of Concerns with outcomes will continue to be monitored and reviewed during the daily, monthly, and quarterly committee meetings. Compliance will be monitored by the Director of Nursing and/or Administrator.</p>		

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	<p>stools that shift."</p> <p>During an interview on 01/03/2013 at 10:17 A.M., the Director of Nursing (DON), indicated CNA's and/or nursing staff were expected to tend to the needs of the residents upon request, especially if toileting is needed. She further indicated that bed making and room cleaning were not more important than residents needs. The DON indicated Resident # 82 was to be transferred via a Hoyer lift.</p> <p>A policy and procedure titled "Guidelines for Toileting Plans and Care Plan Development", submitted by the DON on 01/08/2012 at 3:00 P.M., indicated the following:</p> <p>"...2. As appropriate, based on assessing the category and causes of incontinence, the staff will provide scheduled toileting, prompted voiding or other interventions to try and manage incontinence...."</p> <p>3.1-3(t)</p>				

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure non-pharmacological interventions were attempted prior to administration of medications and effectiveness of PRN (as needed) medications were monitored for 2 of 10 residents reviewed for unnecessary medications in a sample of 10. (Resident # 29 and # 60)</p> <p>Findings include:</p>	F0329	F329 - Medication Administration Records on Residents #60 and 29 have been audited for documentation of non-pharmacological interventions attempted prior to administration of prn medications and effectiveness of the prn medications. - Medication Administration Records on all residents receiving prn medications will be audited for documentation as outlined in F329. - All nurses and QMA's will receive additional in-service training on documentation	02/06/2013			

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	<p>1. The clinical record of Resident # 60 was reviewed on 01/04/2013 at 1:40 P.M.</p> <p>Diagnoses for Resident # 60 included, but were not limited to, paralysis agitans, cognitive impairment, depressive disorder, hyperlipidemia, tremors related to Parkinson's, osteoarthritis, diabetes mellitus- type 2, and mixed incontinence urge and stress.</p> <p>Nursing notes and Medication Administration Records (MAR's) were reviewed for Nov, and Dec 2012, and Jan 2013. There were no indications that non-pharmacological interventions were attempted prior to the administration of Xanax (anti-anxiety medication) and the effectiveness of the prn xanax was not found for the following dates:</p> <p>11/10/12. No non-pharmacological intervention indicated.</p> <p>11/13/12. No non-pharmacological intervention indicated. Effectiveness not indicated.</p> <p>12/19/12. No non-pharmacological intervention indicated. Effectiveness not indicated.</p> <p>12/17/12. No non-pharmacological intervention indicated. Effectiveness not documented.</p>		<p>requirements prior to and following administration of prn medications as outlined in F329. Nurses and QMA's will be required to document any prn medication given during their shift on the Nursing 24-Hour Report. Each Nursing Unit Manager will monitor the Nursing 24-Hour Report for any resident identified as having received a prn medication. Each Nursing Unit Manager will review the Medication Administration Record on every identified resident for compliance with F329. Each Nursing Unit Manager will report compliance daily to the Director of Nursing and/or Designee. The Director of Nursing and the Staff Development Coordinator will provide additional 1:1 training on the requirements of F329 for nurses and QMA's who are found to be out of compliance with the requirements of F329. - As part of the Quality Performance Improvement Program, the Director of Nursing will be responsible for monitoring overall compliance on documentation requirements of F329 and report monthly to the Quality Performance Improvement Committee.</p>				

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	<p>01/02/2013. No non-pharmacological intervention indicated. Effectiveness not documented.</p> <p>A Care Plan, titled Psychotropic Drug Use, dated 11/16/12, indicated, "Use of Cymbalta for depression diagnosis and Xanax for tremors." Approach:</p> <ol style="list-style-type: none"> 1. Monitor for adverse reactions with medication usage. 2. Notify MD if noted any adverse reactions with medication use. 3. Administer medication as ordered. 4. Monitor for signs/symptoms of depression, apply nursing interventions (i.e.: provide 1:1, re-assurance, allow express feelings) <p>A policy titled, "Antipsychotic drugs," dated 01/01/2005, was submitted by the DON on 01/08/2013 at 3:00 P.M. The policy indicated the following: "It is the policy of this facility to encourage multidisciplinary efforts to determine factors responsible for resident behavior changes and recommend consideration of alternate (non-drug) means of treating those factors.....Residents who use antipsychotic drugs receivebehavioral interventions, unless clinically contraindicated."</p>				

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	<p>2. The clinical record of Resident #29 was reviewed on 1/7/13 at 8:30 A.M.</p> <p>Diagnoses included, but were not limited to, constipation, chronic obstructive pulmonary disease, osteoporosis and depression.</p> <p>A Medication Administration Record (MAR), dated for the month of November 2012, indicated the following:</p> <p>Tylenol extra strength 500 mg (milligrams) (pain medication) was administered, on 11/11/13 at 9:45 A.M., for complaint of pain. There was no follow-up assessment regarding the effectiveness of the medication to relive pain on the MAR or in the nursing notes.</p> <p>Lortab 5/500 mg (pain medication) was administered, on 11/8/12 at 3:42 A.M., for complaint of pain. There was no follow-up assessment regarding the effectiveness of the medication to relive pain on the MAR or in the nursing notes.</p> <p>During an interview on 01/07/13 at 9:15 A.M., the Director of Nursing (DON) indicated staff were supposed to document the effectiveness of the PRN medication and the attempted</p>			

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R0000	<p>interventions used prior to administering the medication on the MAR or in the nursing notes.</p> <p>A facility Policy for Pain Management, dated September 2012, and received from the Director of Nursing, on 1/8/13 at 3:00 P.M., indicated the following:</p> <p>"...7. The licensed nurse will assess and document, in the EMAR (electronic Medication Administration Record), the effectiveness of pain/any PRN medication 1 -2 hours following administration...."</p> <p>3.1-48(a)(3) 3.1-48(a)(4)</p> <p>No state residential findings were cited.</p>	R0000		