

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155606	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2015
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NAME OF PROVIDER OR SUPPLIER WESTSIDE RETIREMENT VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 W 10TH ST INDIANAPOLIS, IN 46234
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit included the investigation of Complaint #IN00172861</p> <p>Complaint #IN00172861-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: June 9, 10, 11, 12, 15, and 16, 2015</p> <p>Facility Number: 000497 Provider Number: 155606 AIM Number: 100291530</p> <p>Census bed type: SNF/NF: 105 Total: 105</p> <p>Census payor type: Medicare: 21 Medicaid: 41 Other: 43 Total: 105</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1</p>	F 0000	<p>This plan of correction is submitted under Federal and State regulations and status applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly. Please accept this plan as our credible allegation of compliance. Westside Village Health Center respectfully requests paper compliance for this survey.</p>	
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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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F 0241 SS=D Bldg. 00	<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, interview, and record review, the facility failed to ensure an environment that maintained the resident's dignity for 1 of 1 resident in isolation precautions reviewed for dignity. (Resident #173)</p> <p>Finding includes:</p> <p>A contact isolation sign indicating the required personal protective equipment to be applied prior to caring for the resident was observed on top of the isolation cart outside Resident #173's room on the following dates and times: 6/9/15 at 11:15 a.m., 6/10/15 at 10:47 a.m., 6/11/15 at 10:00 a.m., and 6/12/15 at 2:44 p.m.</p> <p>During an interview on 6/15/15 at 10:53 a.m., the infection control nurse indicated an isolation cart was placed outside of the</p>	F 0241	<ol style="list-style-type: none"> 1.The signage regarding resident # 71's type of isolation was removed on 6/16/2015. 2.No other residents found to have a need for isolation precautions. 3.The SDC or designee will in-service licensed nursing staff on appropriate signage regarding isolation precautions. In-service to be completed by 7/15/15. 4.Nursing administration to audit and track residents with isolation precautions for appropriate signage. Audits will be completed daily for 90-days. Results will be presented to PI monthly. PI to determine the need for further audits. 5.Date of compliance 7/15/15. 	07/15/2015

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	<p>resident's room and a sign was placed on the resident's door to ask visitors to see nurse before entering the resident's room. The infection control nurse indicated the staff should not have placed a sign that would identify type of isolation the resident was in.</p> <p>During an interview on 6/15/15 at 11:16 a.m., the Director of Nursing (DON) indicated isolation carts were set up by nursing staff and the staff placed a sign on the resident's door for visitors to see the nurse before entering resident's room. The DON indicated a sign that identified the type of isolation should not have been placed on the door or the isolation cart.</p> <p>Resident #173's clinical record was reviewed on 6/15/15 at 11:00 a.m. The record indicated a physician order dated 6/5/15 for contact isolation. The record indicated a diagnosis for contact isolation was (Extended Spectrum Beta-Lactamases) ESBL (an infectious bacterial infection).</p> <p>An admission Minimum Data Set (MDS) assessment was completed on 5/11/15. The assessment identified the resident was moderately impaired in cognitive decision making skills.</p> <p>A policy dated 2002, identified as</p>			

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F 0315 SS=D Bldg. 00	<p>current, titled. "Section 11: Resident Rights", provided by the Administrator on 6/16/15 at 12:02 p.m., included but was not limited to, "...11. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records...."</p> <p>3.1-3(t)</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 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 ensure services were provided to prevent possible urinary tract infections for 1 of 1 resident reviewed with a urinary catheter. (Resident # 71)</p> <p>Finding includes: On 6/11/15 at 1:24 p.m., Resident #71</p>	F 0315	<p>1. Resident # 71 had leg bag placed on 6/16/15.</p> <p>2. Other residents with supra pubic and Foley catheters have the potential to be effected, therefore those residents will be reviewed for appropriateness of a leg bag while up out of bed by 7/15/15</p> <p>3. The SDC or designee will in-service licensed nursing staff on correct placement of catheter tubing and appropriateness of leg</p>	07/15/2015

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	<p>was observed sitting in a wheelchair at the nurses' station on the 100 hall. The drainage tube from the resident's indwelling urinary catheter was on the floor under her wheelchair and the resident's shoe was resting on top of the catheter tubing.</p> <p>On 6/16/15 at 9:43 a.m., Resident #71 was observed sitting in a wheelchair at the nurses' station on the 100 hall. The drainage tube from the resident's indwelling urinary catheter was on the floor under her wheelchair.</p> <p>On 6/16/15 at 10:57 a.m., Resident #71 was observed sitting in a wheelchair at the nurses' station on the 100 hall. The drainage tube from the resident's indwelling urinary catheter was on the floor under her wheelchair.</p> <p>On 6/16/15 at 11:24 a.m., Resident #71 was observed sitting in a wheelchair in her room. The drainage tube from the resident's indwelling urinary catheter was on the floor under her wheelchair.</p> <p>During an interview on 6/16/15 at 11:25 a.m., the Certified Nursing Assistant (CNA) # 1 indicated indwelling urinary catheter tubing shouldn't be touching the floor at anytime.</p>		<p>bag placement. In-service to be completed by 7/15/15.</p> <p>4. Nursing administration to audit for appropriate leg bag placement daily for 90-days. Results will be presented to PI monthly. PI to determine the need for further audits.</p> <p>5. Date of compliance 7/15/15.</p>				

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	<p>The clinical record was reviewed on 6/16/15 at 11:15 a.m., Diagnosis included but was not limited to, neurogenic bladder. The most recent Minimum Data Set (MDS) assessment was completed on 4/06/15. The assessment identified the resident as severely impaired in cognitive decision making skills.</p> <p>The care plan, dated 4/25/15, indicated, "...Problem-The resident has a urinary catheter and is at risk of developing UTI (urinary tract infection) due to catheter use... Resident will have no signs or symptoms of UTI through next review date...Observe for and report and signs and symptoms of UTI to physician...."</p> <p>An undated policy, identified as current, titled "Daily Catheter Care", provided by the Director of Nursing (DON) on 6/16/15 at 11:26 a.m., indicated, "...14. Make sure the catheter tubing and drainage bag are kept off the floor...."</p> <p>3.1-41(a)(2)</p>			
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