

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155135	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2014
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NAME OF PROVIDER OR SUPPLIER WESTVIEW NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1510 CLINIC DR BEDFORD, IN 47421
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: January 29, 30, 31, February 3, and 4, 2014</p> <p>Facility number: 000060 Provider number: 155135 AIM number: 100266600</p> <p>Survey team: Diana McDonald, RN-TC Melissa Gillis, RN (1/29, 1/30, 1/31, 2/4, 2014) Cheryl Mabry, RN Angela Patterson, RN (1/29, 1/30, 2/3, 2/4, 2014)</p> <p>Census bed type: SNF/NF: 68 Total: 68</p> <p>Census Payor type: Medicare: 12 Medicaid: 48 Other: 8 Total: 68</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	Westview Nursing and Rehabilitation Center would like to ask for a Paper Compliance Review.	

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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F000246 SS=D	<p>Quality review completed on February 11, 2014; by Kimberly Perigo, RN.</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on interview and record review, the facility failed to ensure that each resident had the right to wake up according to their preference for 1 of 2 residents reviewed for choices in a sample of 2 who met the criteria for choices. (Resident #23)</p> <p>Findings include: Resident # 23's clinical record was reviewed on 2/3/14 at 10:00 a.m. Diagnoses include, but not limited to, hypertension, hyperlipidemia, diabetes, and respiratory failure. The current MDS (minimum data set) assessment dated 1/9/14,</p>	F000246	F 246 Reasonable Accommodation of Needs/Preference Activity Director was in-serviced on using documentation labeled "Preferences for Daily Customary Routines," which is to be completed upon Admission, Readmission, Annually, Quarterly and upon Significant Change. Resident #23 was interviewed by the Director of Nursing to obtain resident's preference regarding the time resident would like to be woken up in the AM. This time is reflected on the resident preference sheet which is kept in a binder at the nurses' station. Resident #23 preferences are honored as much as possible. All other residents having the potential to be affected by the	02/23/2014

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	<p>indicated a BIMS (brief interview mental status) score of 15, when 8-15 was interviewable. The current careplan dated 6/19/13 indicated "... Behavior: Difficulty sleeping (dx [diagnoses] insomnia)."</p> <p>On 1/30/2014 at 11:34 a.m., Resident # 23 indicated, when asked if [gender] gets up in the morning according to preference. "No. I get woke up at 6:00 a.m., to take my medication. I can't get back to sleep. I would prefer to sleep until 8:00."</p> <p>Review of documentation labeled "Preferences for Daily Customary Routines," undated, for Resident #23, received from the Activity Director on 2/3/14 at 11:46 a.m., indicated, "(To be completed upon Admission, Readmission, Annually, Quarterly and upon Significant Change) Morning Routines: Do you have a preference as to whet time you get up: [Whenever I wake up]."</p> <p>On 2/3/14 at 11:00 a.m., interview with the Activities director indicated, when asked if Resident #23 had made [gender] preferences known, "[Gender] said that [gender] wanted to sleep later, but wanted to be up</p>		<p>same deficient practice were identified and interviewed using the documentation labeled "Preferences for Daily customary Routines. All interviews were dated and will be kept in a binder at each nursing station so staff may review resident's preferences. Activity Director was in serviced on 02.06.14 by Executive Director regarding obtaining resident preferences, documenting preferences, and placing preferences in the binder by the nurses' station. Residents will be asked their preferences by the Activity Director/Designee at admission, quarterly and any significant change to ensure resident preferences are honored. The Executive Director will review the preference binders weekly to ensure all preference forms are updated. To ensure compliance, the Activity Director/Designee is responsible for the completion of the Preferences for Daily Customary Routines CQI tool weekly times 6 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>		

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	<p>for church activities. I don't have this information written down, because they [resident's] change their minds so frequently. The paperwork was not consistent with their preferences so I just usually let the nurses and CNA's (certified nursing assistants) know what the preferences are. I got rid of the old sheets."</p> <p>On 2/3/14 at 11:43 a.m., interview with the DON, when asked about resident's preference indicated, "I will tell you [gender] is one of those who changes [gender's] mind daily."</p> <p>On 2/4/14 at 2:30 p.m., interview with the Activity director, when asked how do you know when the preference sheets were completed if they are not dated indicated, "I don't."</p> <p>Review of documentation labeled "Preferences for Daily Customary Routines," undated, for Resident #23, received from the Activity Director on 2/4/14 at 8:58 a.m., indicated, "(To be completed upon Admission, Readmission, Annually, Quarterly and upon Significant Change) Morning Routines: Do you have a preference as to what time you get up: around 7:00[answer]."</p>			

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F000371 SS=F	<p>There were no other preference sheets available.</p> <p>3.1-3(v)(1)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to ensure that freezer temperature were maintained at zero degrees Fahrenheit and below, food not having been discarded upon documented expiration date, staff not using proper handwashing during food preparation, hair net not worn properly, and improper handling of serving equipment as indicated by facility policy. This deficient practice had the potential to affect 68 out of 68 residents being served from the kitchen.</p> <p>Findings include:</p> <p>1. On 1/29/14 at 9:50 a.m., kitchen observation indicated, balsamic</p>	F000371	F 371 Food Procure, Store/Prepare/Serve-SanitaryAll dietary staff was immediately in-serviced on 01.30.14 and 02.14.14 by dietary manager to correct this deficient practice which has the potential to affect 68 of 68 residents. The in-services included freezer temperatures, handwashing, hair restraints, and foods storage. The 3-door freezer was immediately repaired to maintain temperatures at 0 degrees F (Fahrenheit) or below.All residents have the potential to be affected by the alleged deficient practice. A clock was placed over handwashing sink to ensure proper handwashing is in place. All dietary staff was immediately in-serviced on handwashing, freezer temperatures, hair restraints, and food storage. Freezer temp will be checked	02/23/2014			

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	<p>vinegar in dry storage had expired., relish in the walk in refrigerator (these items had open date written on them and said expires in 30 days/date was observed to be beyond the 30 day date). DM (dietary manager) observed to throw items away at that time. Meat in the reach in freezer unidentifiable, open with no documented open date on it. There were 3 cabbage heads inside a bag in the walk in refrigerator with yellowish green top leaves. The DM indicated, "Well I will just get rid of those things." DM observed throwing away cabbage at that time.</p> <p>2. On 1/29/14 at 12:00 p.m., observed temperatures in the 3 door freezer to be 20 degrees Fahrenheit. The DM indicated, "contractor in this a.m., and put freon (used as refrigerants to help electrical appliance get cold) in. He said we were a little low."</p> <p>On 1/31/14 at 10:40 a.m., interview with the DM indicated, "The contractor is here replacing the compressor in the freezer, because they couldn't get the temperature below 4 degrees. The temperature this morning was 10 degrees."</p> <p>On 2/4/14 at 10:28 a.m., ADM (administrator) indicated, "I checked</p>		<p>twice daily. All dietary staff was immediately in-serviced on 01.30.14 and 02.14.14 by dietary manager to correct this deficient practice which has the potential to affect 68 of 68 residents. The in-services included freezer temperatures, handwashing, hair restraints, and foods storage. The dietary manager/designee will ensure through observations during each meal daily that hair nets are worn; hand washing is occurring as necessary, food is discarded when outdated, service equipment is handled properly and the freezer temperatures are appropriate and are monitored. The AM cook/designee will check all food storage areas to ensure food that is outdated or spoiled is discarded immediately. To ensure compliance, the Dietary Manger/Designee is responsible for the completion of the handwashing, freezer logs, hair nets and handling of serving equipment CQI tools weekly times 6 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>		

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	<p>and the freezer temperature had been documented at zero for over a year."</p> <p>Review on 1/29/14 at 12:15 p.m., of Equipment Temperature Monitoring dated December 2013 to January 2014 provided by DM (dietary manager) indicated, "Equipment: 3 door Freezer ... Temperature range from 10-20 degrees."</p> <p>3. On 1/29/14 at 12:10 p.m., observed Cook #1 to carry pureed salad to the serving table with the salad bowls to rest on her uniform top. Cook #1 then wiped her eye with her finger and continued to prepare trays. No handwashing was observed.</p> <p>Cook #1 was observed to remove the salad pan from a cart, take it to the dishwashing area, and place extra salad in the garbage disposal. She was then observed to place the pan on the sink, go over to the clean dishwashing area, pick up the clean puree containers, and placed them on a cart in the kitchen. No handwashing was observed.</p> <p>Cook #1 was observed preparing trays for the main dining area. She removed plastic bowls from</p>			

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	<p>underneath the cabinet and walked back to the serving line with the bowls touching her uniform top.</p> <p>Cook #1 was observed to scratch her back, rub her finger across her lips, and put her right hand on her hip. No handwashing was observed. She continued to scoop puree corn muffins in a bowl.</p> <p>Cook #1 was observed to enter the dishwashing area and rinse dirty pans and bowls. No handwashing was observed. She went back to the serving area to retrieve pans from the steam table, pick up clean bowls, and place them on a cart near the steam table. No handwashing observed. She loaded the dishwasher, went to the steam table to place the remaining salad into a storage bowl, and pour soup into a bowl for a resident. No handwashing was observed.</p> <p>On 1/29/14 at 12:40 p.m., Cook #1 when asked when should she hand wash indicated, "Every time you touch yourself, whenever you touch other things, before going from dirty to clean, and wash hands for 20 seconds. I know I should have washed, but I'm nervous."</p>			

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	<p>4. On 1/31/13 at 10:30 a.m., Cook #1 was observed to have the front of her hair hanging, not covered by hairnet, while pureeing chicken breast for lunch trays. When asked if she had on a hairnet Cook #1 indicated, "Yes."</p> <p>Cook #1 was observed to walk from the counter over to the stove where water was boiling. No hair was observed to be placed in hairnet at that time.</p> <p>Cook #1 was observed to take a measuring cup, retrieve hot water from a pot, and pour hot water into the pureed meat container. Cook #1's hair was observed to remain uncovered.</p> <p>Cook #1 was observed to place the puree pot on the machine, walked over to the wall by the kitchen entrance, got a hairnet from the container, and placed over her hair. Cook #1 was observed to hand wash for 10 seconds, returned to prep area and completed puree task.</p> <p>Review on 1/31/14 at 11:52 a.m., of the facility's Infection Control Policy original date: 02/02 ...Revised date:</p>						

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	<p>03/04, 05/06, 04/11, provided by the ADM (Administrator) indicated, "All local, state and federal standards and regulations are followed in order to assure a safe and sanitary dietary department.</p> <p>PROCEDURE ... 2. Employees a) All staff will be in good health, will have clean personal habits and will handle all food safely. ... c) All staff will wear hair restraint that will cover all hair. d) All staff will wash their hands just before they begin work in the kitchen and when they have used their hands in an unsanitary way such as sneezing, handling chemical, dirty dishes, or handling residents. ... 17. Frozen Foods: a). Temperatures for the freezer should be 0 degrees F (Fahrenheit) or below and should be checked at least two times each day. ...d). Foods should be covered, labeled and dated."</p> <p>Review on 2/3/14 at 9:14 a.m., of facilities "HAND HYGIENE" original date 02/2010, and review date 03/2012, provided by the ADON (assistant director of nursing) indicated, "Procedure Steps: ... 6. Use friction for at least 20 seconds. ..."</p>						

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	3.1-21(i)(3)			

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F000441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed</p>	F000441	F 441 Infection Control, Prevent Spread, Linens All dietary staff	02/23/2014			

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	<p>to ensure infection control practices were followed related to hand washing as indicated by the facility policy.</p> <p>Findings include:</p> <p>On 1/29/14 at 12:10 p.m., observed Cook #1 to carry pureed salad to the serving table with the salad bowls to rest on her uniform top. Cook #1 then wiped her eye with her finger and continued to prepare trays. No handwashing was observed.</p> <p>Cook #1 was observed to remove the salad pan from a cart, take it to the dishwashing area, and place extra salad in the garbage disposal. She was then observed to place the pan on the sink, go over to the clean dishwashing area, pick up the clean puree containers, and placed them on a cart in the kitchen. No handwashing was observed.</p> <p>Cook #1 was observed preparing trays for the main dining area. She removed plastic bowls from underneath the cabinet and walked back to the serving line with the bowls touching her uniform top.</p> <p>Cook #1 was observed to scratch her back, rub her finger across her</p>		<p>was immediately in-serviced on 01.30.14 and 02.14.14 by dietary manager to correct this deficient practice which has the potential to affect all residents. Staff was in-serviced on handling all food safely by carrying food or dishes away from their uniform, and will wash their hands before they begin work in the kitchen and when they have used their hands in an unsanitary way such as sneezing, handling chemical, dirty dishes, or handing residents. All residents have the potential to be affected by the alleged deficient practice. A clock was placed over handwashing sink to ensure proper handwashing is in place. All dietary staff was immediately in-serviced on handwashing and clean personal habits. Staff was in-serviced on 01.30.14 and 02.14.14 by dietary manager on handling all food safely by carrying food or dishes away from their uniform, and will wash their hands before they begin work in the kitchen and when they have used their hands in an unsanitary way such as sneezing, handling chemical, dirty dishes, or handing residents. The dietary manager /designee will conduct observations during meals to ensure staff is washing their hands appropriately and when necessary. To ensure compliance, the Dietary Manger/Designee is responsible for the completion of the handwashing and handling of</p>		

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	<p>lips, and put her right hand on her hip. No handwashing was observed. She continued to scoop puree corn muffins in a bowl.</p> <p>Cook #1 was observed to enter the dishwashing area and rinse dirty pans and bowls. No handwashing was observed. She went back to the serving area to retrieve pans from the steam table, pick up clean bowls, and place them on a cart near the steam table. No handwashing observed. She loaded the dishwasher, went to the steam table to place the remaining salad into a storage bowl, and pour soup into a bowl for a resident. No handwashing was observed.</p> <p>On 1/29/14 at 12:40 p.m., Cook #1 when asked when should she hand wash indicated, "Every time you touch yourself, whenever you touch other things, before going from dirty to clean, and wash hands for 20 seconds. I know I should have washed, but I'm nervous."</p> <p>Review on 1/31/14 at 11:52 a.m., of the facility's Infection Control Policy original date: 02/02 ...Revised date: 03/04, 05/06, 04/11, provided by the ADM (Administrator) indicated, "All local, state and federal standards</p>		<p>serving equipment CQI tools weekly times 6 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155135	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2014
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F000465 SS=E	<p>and regulations are followed in order to assure a safe and sanitary dietary department.</p> <p>PROCEDURE ... 2. Employees a) All staff will be in good health, will have clean personal habits and will handle all food safely. ... d) All staff will wash their hands just before they begin work in the kitchen and when they have used their hands in an unsanitary way such as sneezing, handling chemical, dirty dishes, or handling residents. ..."</p> <p>Review on 2/3/14 at 9:14 a.m., of facilities "HAND HYGIENE" original date 02/2010, and review date 03/2012, provided by the ADON (assistant director of nursing) indicated, "Procedure Steps: ... 6. Use friction for at least 20 seconds. ..."</p> <p>3.1-18(l)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p>	F000465	F 465 Safe/Functional/Comfortable	02/23/2014

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	<p>Based on observation, interview, and record review the facility failed to ensure that a sanitary environment was provided for all residents as evidenced by dead bugs in the lighting fixtures on 2 units. This had the potential to effect 45 out of 60 residents rooms in the facility.</p> <p>Findings include:</p> <p>On 1/29/14 at 2:00 p.m., observed dead bugs in the lighting fixture on the Moving Forward and the Vision hallway.</p> <p>On 2/3/14 at 8:20 a.m., observed the Environmental supervisor up on ladder in the Moving Forward hallway removing light fixtures and emptying out dead bugs. She was then observed to go to the Visions hall to remove the light fixtures and empty the dead bugs into a trash bag.</p> <p>On 2/3/14 at 8:35 a.m., interview with the Environmental supervisor, when asked how often are hallway light fixtures cleaned indicated, " We try to clean them once a month. We get the bugs a lot." Were all the bugs dead? "Yell uh huh." Who is responsible for cleaning the light</p>		<p>EnvironmentsMaintenance checked and cleaned all light fixtures on the Moving Forward and Vision hallway to ensure a safe, functional sanitary and comfortable environment for residents that would have the potential to be affecting 45 out of 60 residents by the alleged deficient practice.</p> <p>Maintenance/designee will check all light fixtures throughout the facility on a weekly schedule to ensure a safe, functional sanitary and comfortable environment for residents that would have the potential to be affected by the alleged deficient practice. Executive Director/designee will review weekly the completion of the cleaning schedule which includes light fixtures to ensure cleaning schedule is followed. Executive Director/designee will conduct rounds weekly to inspect the light fixtures to ensure they are clean.</p> <p>To ensure compliance, Maintenance Supervisor/Designee is responsible for the completion of the environment cleaning CQI tool weekly times weeks, bi-monthly times 2 months, monthly times 4 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved</p>		

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	<p>fixtures? "Maintenance. I should have cleaned them on Friday, but I didn't get a chance."</p> <p>Review on 2/4/14 at 10:28 a.m., "CLEANING GUIDELINES" undated, received from the ADM (administrator), indicated, " ... WEEKLY SCHEDULE ... <u>Common areas, corridors, hallways, dining rooms, bathing areas, soiled/clean utility rooms etc.:</u>"</p> <p>3.1-19(f)(5)</p>		<p>an action plan will be developed to ensure compliance.</p>		