

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155389	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/05/2012
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NAME OF PROVIDER OR SUPPLIER WESTPARK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 N TIBBS AVE INDIANAPOLIS, IN46222
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F0000	<p>This visit was for the Investigation of Complaint IN00100786.</p> <p>Complaint IN00100786 - Substantiated. Federal/state deficiencies related to the allegations are cited at F225 and F226.</p> <p>Survey dates: January 4, 5, 2011</p> <p>Facility number 000473 Provider number 155389 AIM number 100290410</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 13 Medicaid: 31 Other: 7 Total: 51</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</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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F0225 SS=D	<p>Quality review 1/05/12 by Suzanne Williams, RN</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to report and investigate an injury of unknown origin (Resident G's</p>	F0225	All policies and procedures involving reporting unusual occurrences or injuries of	01/06/2012	

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	<p>bruising to her face) for 1 of 4 residents reviewed for investigation and reporting in a sample of 6 and a population of 51.</p> <p>Findings Include:</p> <p>1. The record of Resident G was reviewed on 1/05/12 at 2:30 p.m.</p> <p>Diagnoses included, but were not limited to, acute kidney failure, anemia, hypertension, Alzheimer's type dementia, and syncope.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 12/08/11 indicated Resident G had short term and long term memory impairment, moderately impaired decision making, and required assistance for activities of daily living.</p> <p>Nurse's notes for Resident G indicated:</p> <p>10/28/11 3:23 p.m. "Writer noted swelling et (and) discoloration to RT (right) side of chin/face. Pt (patient) reluctant to let writer assess but some swelling noted inside of oral cavity under area of discoloration. Reported to evening shift supervisor..."</p> <p>10/28/11 3:55 p.m. "Page out to (name of Nurse Practitioner) in regards to facial swelling..."</p>		<p>unknown origin have been reviewed by the Administrator and DON/ADON. The policies and procedure were found to be correct and current. From this date forward the current, correct policies will be followed. A new form titled "Tool for Determining Injuries of Unknown Origin" has been initiated. This form will be used for any incident reports that are received. The form has two questions: 1. Was the incident witnessed by staff members? 2. Is the resident able to verbalize what occurred? Nursing documentation will also be reviewed for the above items. If both responses to the above questions are "no" (staff did not witness the incident and the resident is unable to verbalize what occurred) then the incident will be reported to the ISDH within 24 hours, investigated, and a follow up report will be submitted within 5 days, as required by regulations and policy. The investigation will be properly documented. All incident reports for the past 90 days will be reviewed using the above criteria, and investigated and reported if found to be necessary. The corrective action will be monitored by members of the QA committee for compliance prior to the quarterly QA meeting. Members of the QA committee will review incident reports for that quarter as well as the new form "Tool for Determining Injuries of Unknown</p>		

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	<p>10/28/11 4:00 p.m. "...ice RT jaw area X (times) 15 min (minutes) X 24 hours, spoke (symbol for "with") (name of Nurse Practitioner) contact with significant change to area..."</p> <p>10/28/11 3 to 11: "...Ice applied to bruise to Rt. chin/jaw area...Area purplish in color and mild swelling noted. Resident only voices pain when area touched..."</p> <p>10/29/11 5:00 a.m. "...continues with purple bruise and swelling in (symbol for lower) right jaw..."</p> <p>10/30/11 5:00 a.m. "...continues with purple bruise on lower right jaw..."</p> <p>A facility "Incident/Accident Report" form completed 10/28/11 indicated: "Noted swelling discoloration of rt (right) side of chin/face (symbol for "checked") inner most...noted swelling at gumline..."</p> <p>During an interview with the Administrator on 11/05/11 at 3:45 p.m. the Administrator indicated this incident had not been reported to the State Agency, and that no formal investigation had been documented of the incident.</p> <p>This federal tag relates to Complaint IN00100786.</p>		<p>Origin." This review will continue for a period of six months. If all reportable incidents were found to be reported during this period of six months, the monitoring will stop. If during QA monitoring an incident is found to have not been reported when it should have been, the incident will be reported immediately, and the monitoring will extend for another quarter. If after that quarter all incidents have been reported the monitoring can be stopped, if not it will continue.</p>	

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F0226 SS=D	<p>3.1-28(c)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to report and investigate an injury of unknown origin (Resident G's bruising to her face) as required by facility policy for 1 of 4 residents reviewed for investigation and reporting in a sample of 6 and a population of 51.</p> <p>Findings Include:</p> <p>1. The record of Resident G was reviewed on 1/05/12 at 2:30 p.m.</p> <p>Diagnoses included, but were not limited to, acute kidney failure, anemia, hypertension, Alzheimer's type dementia, and syncope.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 12/08/11 indicated Resident G had short term and long term memory impairment, moderately impaired decision making, and required assistance for activities of daily living.</p>	F0226	<p>All policies and procedures involving reporting unusual occurrences or injuries of unknown origin have been reviewed by the Administrator and DON/ADON. The policies and procedures were found to be correct and current. From this date forward the current, correct policies will be followed. A new form titled "Tool for Determining Injuries of Unknown Origin" has been initiated. This form will be used for any incident reports that are received. The form has two questions: 1. Was the incident witnessed by staff members? 2. Is the resident able to verbalize what occurred? Nursing documentation will also be reviewed for the above items. If both responses to the above questions are "no" (staff did not witness the</p>	01/06/2012	

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	<p>Nurse's notes for Resident G indicated:</p> <p>10/28/11 3:23 p.m. "Writer noted swelling et (and) discoloration to RT (right) side of chin/face. Pt (patient) reluctant to let writer assess but some swelling noted inside of oral cavity under area of discoloration. Reported to evening shift supervisor..."</p> <p>10/28/11 3:55 p.m. "Page out to (name of Nurse Practitioner) in regards to facial swelling..."</p> <p>10/28/11 4:00 p.m. "...ice RT jaw area X (times) 15 min (minutes) X 24 hours, spoke (symbol for "with") (name of Nurse Practitioner) contact with significant change to area..."</p> <p>10/28/11 3 to 11: "...Ice applied to bruise to Rt. chin/jaw area...Area purplish in color and mild swelling noted. Resident only voices pain when area touched..."</p> <p>10/29/11 5:00 a.m. "...continues with purple bruise and swelling in (symbol for lower) right jaw..."</p> <p>10/30/11 5:00 a.m. "...continues with purple bruise on lower right jaw..."</p> <p>A facility "Incident/Accident Report" form completed 10/28/11 indicated:</p>		<p>incident and the resident is unable to verbalize what occurred) then the incident will be reported to the ISDH within 24 hours, investigated, and a follow up report will be submitted within 5 days, as required by regulations and policy. The investigation will be properly documented.</p> <p>All incident reports for the past 90 days will be reviewed using the above criteria, and reported if found to be necessary.</p> <p>The corrective action will be monitored by members of the QA committee for compliance prior to the quarterly QA meeting. Members of the QA committee will review incident reports for that quarter as well as the new form "Tool for Determining Injuries of Unknown Origin." This review will continue for a period of six months. If all reportable incidents were found to be reported during this period of six months the monitoring will stop. If during QA monitoring an incident is found to have not been reported when it</p>		

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	<p>"Noted swelling discoloration of rt (right) side of chin/face (symbol for "checked") inner most...noted swelling at gumline..."</p> <p>During an interview with the Administrator on 11/05/11 at 3:45 p.m. the Administrator indicated this incident had not been reported to the State Agency, and that no formal investigation had been documented of the incident.</p> <p>2. An undated facility policy titled "Unusual Occurrences Policy" received from the Administrator on 1/05/11 at 1:30 p.m. and indicated to be a current facility policy indicated:</p> <p>"The Facility will notify the State Department of Health within 24 hours of any unusual occurrences. The Facility will insure that all alleged violations involving unusual incidents including injuries of unknown source, are reported immediately to the Administrator or the Administrative Representative of the facility, who will investigate the occurrence and/or the allegations. The Administrator or the Administrative Representative will report allegations to the appropriate agency, such as the State Department of Health and/or Adult Protective Services."</p> <p>An undated facility policy titled</p>		<p>should have been, the incident will be reported immediately, and the monitoring will extend for another quarter. If after that quarter all incidents have been reported the monitoring can be stopped, if not it will continue.</p>		

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	<p>"Reportable Unusual Occurrences" received from the Administrator on 1/05/11 at 1:30 p.m. and indicated to be a current facility policy indicated:</p> <p>"Purpose: To ensure that reportable occurrences are recorded and monitored to facilitate compliance with state and federal laws...Policy: All unusual occurrences reported to the State Department of Health will be recorded and tracked or monitored to insure residents are receiving appropriate care and services..."</p> <p>This federal tag relates to Complaint IN00100786.</p> <p>3.1-28(a)</p>				