

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/07/2011
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NAME OF PROVIDER OR SUPPLIER WESTPARK REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN47712
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F0000	<p>This visit was for the Investigation of Complaint IN00098981.</p> <p>Complaint IN00098981 Substantiated, Federal/state deficiencies related to the allegations are cited at F241 and F356.</p> <p>Survey dates: November 6 and 7, 2011</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 18 SNF/NF: 77 Total: 95</p> <p>Census payor type: Medicare: 18 Medicaid: 64 Other: 13 Total: 95</p> <p>Sample: 8</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC</p>	F0000	<p>The Preparation or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>We respectfully request this Plan of Correction serve as our allegation of compliance.</p>	

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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F0241 SS=E	<p>16.2.</p> <p>Quality review completed 11/14/11 by Jennie Bartelt, RN.</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 interview and record review, the facility failed to ensure call lights were answered in a timely manner for 4 of 4 residents interviewed regarding call lights, in a sample of 8. Residents D, F, G, and H</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 11/6/11 at 7:30 P.M., the Administrator provided a current list of residents, highlighting the residents who were considered interviewable. Review of the list indicated Residents D, F, G, and H were interviewable. On 11/7/11, during a confidential interview with Resident F, she indicated recently she sometimes has to wait 30 to 40 minutes for a call light to be answered. Resident F indicated she thought "2nd shift is probably the worst." Resident F indicated, "They work hard, there's just not enough of them." On 11/7/11, during a confidential 	F0241	<p>F 241</p> <p>Resident call lights are answered in a timely manner to ensure residents needs are met. All alert and orientated residents per the MDS were interviewed to ensure call lights are answered timely.</p> <p>Facility Management will conduct audits and resident/family interviews daily x 14 days then 5 x weekly to ensure residents call lights are answered timely and their needs are being met.</p> <p>Facility staff (all departments) have been re-educated on the importance of answering resident call lights timely to ensure the residents needs are met.</p> <p>Call light audits and or resident/family interviews will be conducted daily for 14 days then 5 x weekly for 6 months to ensure call lights are answered timely. Administrator/ designee will review audits and resident/family interviews 5 X weekly during mornings stand up meeting and the results of audits will be forwarded to the Quality Assurance (QA) Committee monthly for further review recommendations.</p> <p>Compliance date 12-6-11</p>	12/06/2011	

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	<p>interview with Resident G, she indicated she sometimes recently has to wait up to 1 hour for her call light to be answered. Resident G indicated she did not notice a difference with the different shifts.</p> <p>4. On 11/7/11, during a confidential interview with Resident H, she indicated she sometimes waits up to 1 hour and 15 minutes for her call light to be answered recently. She indicated, "That makes it bad when you have to go to the bathroom. They tell you to wait for someone to help you, but they don't come."</p> <p>5. On 11/7/11, during a confidential interview with Resident D, she indicated it depended on the number of staff and "what was going on," regarding how soon her call light was answered. Resident D indicated if full staff was present, it may take 5 minutes, but if the facility was short-staffed, it would be much longer. Resident D indicated the "staff is very nice, the problem is the lack of people."</p> <p>On 11/7/11 at 10:30 A.M., during interview with the Administrator and Director of Nursing, the Administrator indicated all staff should answer call lights promptly.</p> <p>This federal tag relates to Complaint IN00098981.</p>			

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F0356 SS=C	<p>3.1-3(t)</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on interview and record review, the facility failed to ensure accurate staffing was posted on a daily basis for 1 of 2 days reviewed for posting of staff information.</p>	F0356	<p>F 356</p> <p>The facility posts accurate daily staffing hours by licensed and unlicensed nursing staff directly responsible for resident care per shift along with facility</p>	12/06/2011	

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	<p>The deficient practice had the potential to affect 95 of 95 residents living at the facility.</p> <p>Findings include:</p> <p>During interview on 11/6/11 at 7:00 P.M., LPN # 1 and LPN # 2 attempted to provide the names of staff working. LPN # 2 indicated they were "getting ready to change shifts." LPN # 2 indicated staff working from 7 P.M. until 11 P.M. were 1 RN, 4 LPNs, and 4 CNAs.</p> <p>On 11/6/11 at 8:30 P.M., posted staffing information was reviewed on the "D" hallway. The information was dated "11/4/11." The information included: "Evening Shift 3-11p, RN 2 [Category of Staff], 16 [Actual Hours Worked]...LPN/LVN 3.5 [Category of Staff], 28 [Actual Hours Worked] 28...Nursing Assistant 8.5 [Category of Staff], 63.75 [Actual Hours Worked..."</p> <p>During interview at that time, the Assistant Director of Nursing [ADON] indicated, "[RN # 1] posts that." The ADON indicated, "I guess she should have put enough papers up there for the weekend."</p> <p>On 11/7/11 at 9:15 A.M., during interview with RN # 1, she indicated she puts the required staff posting out</p>		<p>resident census and facility name.</p> <p>Administrator/designee will conduct daily audits x 14 days then 5 x weekly to ensure facility staffing is posted accurately and available to staff, residents, and visitors.</p> <p>Nurse management have been re-educated on the requirements of posting accurate daily staffing.</p> <p>Administrator/designee will conduct daily audits for 14 days then 5 x weekly for 6 months to ensure staffing is posted accurately and available to staff, residents, and visitors. Administrator/designee will review audits and resident/family interviews 5 X weekly for 6 months during morning stand up meeting and the results of audits will be forwarded to the Quality Assurance (QA) Committee monthly for further review recommendations.</p> <p>Compliance date 12-6-11</p>		

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	Monday through Friday. RN # 1 indicated she "would have to assign someone for the weekends." This federal tag relates to Complaint IN00098981. 3.1-13(a)				