

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155221	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/19/2015
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 E DAVIS DR TERRE HAUTE, IN 47802
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey and the Investigation of Complaint IN00181159.</p> <p>Complaint #IN00181159 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: October 13,14,15,16, & 19, 2015</p> <p>Facility number: 000126 Provider number: 155221 AIM number: 100266400</p> <p>Census bed type: SNF/NF: 59 Residential: 39 Total: 98</p> <p>Census payor type: Medicare: 15 Medicaid: 21 Other: 23 Total: 59</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	R 000 Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Westminster Village Health & Rehab of the truth of the facts alleged in this statement of deficiency and plan of correction is submitted exclusively to comply with state and federal law. Westminster Village Health & Rehab reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis of the stated deficiency. This plan of correction serves as the allegation of compliance. This statement of deficiencies will be taken to Westminster Village Health & Rehab's Quality Assurance Performance Improvement Committee. We are in full compliance as of November 13, 2015 and respectfully request a desk review in lieu of a post survey revisit.	

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>Quality review completed by 26142, on October 23, 2015.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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. Based on observation, interview, and record review the facility failed to ensure staff knocked and were given permission to enter resident rooms for 3 of 3 random observations in a manner that promoted personal dignity. (Resident #50, #92 and #119). Findings include: 1. During an observation on 10/13/15 at 2:54 p.m., Certified Nursing Assistant (CNA) #5 was observed entering Resident #50's room without knocking. The door to the resident's room was closed for privacy during a resident interview. On 10/16/15 at 11:40 a.m., during an interview, Resident #50 indicated she</p>	F 0241	<p>F 241 Dignity and Respect of Individuality It is the practice of Westminster Village Health & RehabCenter to 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. What correctiveaction(s) will be accomplished for those residents to have been found affectedby the deficient practice? Residents 50, 92 and 119 suffered no adverse effects as a result of this practice. All three residents were interviewed by the Social Services Coordinator and no concerns were expressed. How will you identifyother residents having the potential to be affected by the same deficientpractice and what correction actions will be taken? All residents have the</p>	11/13/2015

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	<p>understood that everyone should knock before entering a room. She indicated the staff were very busy and sometimes had to enter her room to do their work.</p> <p>Review of Resident #50's quarterly Minimum Data Set (MDS) assessment, dated 9/22/15, indicated the resident had no cognitive deficit.</p> <p>2. On 10/16/15 at 11:40 a.m., during observation of an Accu Check procedure, prior to the lunch meal, RN #6 failed to knock and gain permission to enter Resident #92's room when he delivered the resident's meal tray. The RN carried the tray directly to the resident's bedside table. The curtain around the resident's bed was pulled for privacy during the Accu Check procedure.</p> <p>On 10/19/15 at 11:26 a.m., during an interview, Resident #92 indicated she had worked in a nursing facility before and understood staff were suppose to knock before entering a resident's room.</p> <p>On 10/19/15 at 1:35 p.m., during an interview, RN #6 indicated the facility policy for entering a resident's room was to knock and announce yourself before entering the room.</p> <p>Review of Resident #92's admission</p>		<p>potential to be affected by the alleged deficient practice. All residents have been interviewed by the Social Services Coordinator to assure that no other residents were affected. No residents voiced any concerns. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur? The community has a policy regarding dignity and privacy. Re-Education has been conducted by the Staff Development Coordinator on Friday, October 30, 2015, on dignity and respect of individuality for all health center staff. Specifically, re-education on knocking and receiving permission to enter the residents rooms. The staff development coordinator will review this practice in orientation and yearly at the resident rights in-service. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? The Social Service Coordinator or designee will conduct Quality Assurance Performance Improvement audits by interview tools to ensure continued compliance. Audits will be 5 times a week times one month, weekly times one month, bi-weekly times one month, monthly times three months and quarterly times three months. The Social Service Coordinator or</p>				

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	<p>MDS assessment dated 10/1/15, indicated the resident had no cognitive deficit.</p> <p>3. During an observation on 10/16/15 at 11:45 a.m., CNA #2 failed to knock and gain permission to enter Resident #119's room.</p> <p>On 10/19/15 at 12:09 p.m., during an interview, CNA #2 indicated the facility policy was staff must knock before entering a resident's room.</p> <p>On 10/19/15 at 1:45 p.m., during an interview, Resident #119 indicated she preferred the staff knock before they come into her room.</p> <p>Review of Resident #119's 14-day MDS assessment dated 10/12/15, indicated the resident had no cognitive deficit.</p> <p>A document titled, "Resident Rights Guidelines for All Nursing Procedures," revised date October 2010, was provided by RN #6 on 10/19/15 at 1:41 p.m. The document indicated, "General Guidelines, 1. For any procedure...follow these steps: a. Knock and gain permission before entering the resident's room...."</p> <p>A document titled, "Health Facilities; Licensing and Operational Standards," dated 5/1/2014, was provided by the</p>		<p>designee will report the results of the audits monthly to the Quality Assurance Performance Improvement Committee who will determine the need for further monitoring. Administrator will oversee the process.</p>				

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F 0371 SS=E Bldg. 00	<p>Administrator on 10/19/15 at 2:49 p.m. The document indicated, "Resident's Rights, Section 3., (t) The resident has the right to be cared for in a manner and in an environment that maintains or enhances each resident's dignity...."</p> <p>3.1-3(t)</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 the kitchen environment and serving dishes were maintained in a sanitary condition and meals served to residents in a sanitary manor for 1 of 1 kitchens.</p> <p>Findings include:</p> <p>1. During the initial kitchen sanitation tour with the Dietary Manager (DM) on 10/13/15 at 10:55 a.m., the following was observed:</p>	F 0371	<p>F371 Food Procedure,Store/Prepare/Serve – Sanitary It is the practice of Westminster Village Health & RehabCenter to procure food from sources approved or considered satisfactory byFederal, State, or local authorities; and store, and prepare, distribute, andserve food under sanitary conditions. What correctiveaction(s) will be accomplished for those residents to have been found affectedby the deficient practice? No residents suffered adverse effects as a result of this practice. How will you</p>	11/13/2015

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	<p>a. The dish machine was observed with a heavy build up of lime deposits on the exterior. 10 of 10 washing racks were observed coated with the whitish substance.</p> <p>b. The ice machine had a heavy accumulation of whitish substance on the exterior. The DM wiped the interior of the machine and a pinkish substance was observed. The DM indicated the machine was sanitized weekly and would have been done on October 8, 2015.</p> <p>c. The ice scoop was observed stored in a plastic holder on top of the machine and was coated with a heavy accumulation of a whitish substance.</p> <p>d. A reach in freezer was observed with crumbs on the interior.</p> <p>e. The walk in cooler had an accumulation of dust on two interior fans.</p> <p>2. During observation of the noon meal service in the first floor Dining Room on 10/13/15 at 12:00 p.m., the following was observed:</p> <p>a. Fifteen of 15 plastic drinking glasses were observed on the set dining tables with wet interiors and areas of whitish substances.</p>		<p>identify other residents having the potential to be affected by the same deficient practice and what correction actions will be taken? All residents in the facility have the potential to be affected by this practice. This is being addressed by the systems described below. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur The community has a policy regarding cleanliness and kitchen sanitation. Food service personnel have been re-educated on this policy. The areas identified during the survey have been cleaned and/or replaced:</p> <ol style="list-style-type: none"> Both the dish machine and washing racks have been deep cleaned with Lime Away products. This is deep cleaned daily. The Ice Machine has been deep cleaned with Lime Away products. This is deep cleaned weekly. The Ice Scoop has been replaced with a new ice scoop. The reach in freezer that was observed was deep cleaned by the kitchen manager. Kitchen Manager has deep cleaned the two interior fans in the walk in cooler. Food and Beverage Director has ordered more plastic drinking glasses. Enough to rotate between meals in order to allow for longer drying time. Food and Beverage Director 	

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	<p>b. A dietary aide was observed preparing the dinner service at the steam table while wearing gloves. The aide left the steam table area, touched exterior surfaces in the kitchen area and returned to the steam table without removing gloves and washing hands.</p> <p>c. Five of 5 clear plastic plate covers, utilized to cover dinner plates served to residents in their rooms, were visibly wet. The dietary aide shook water from the interiors before placing over the meals for delivery.</p> <p>d. CNA #2 was observed to serve a meal without wearing gloves, touched the interior of the serving dishes.</p> <p>3. On 10/19/15 at 10:30 a.m., during observation of the pureeing process, two spray cans were observed on the floor and behind the Steam Hold oven.</p> <p>4. During an observation of the noon meal service in the first floor Dining Room on 10/19/15 beginning at 11:52 a.m., the following was observed:</p> <p>a. CNA # 2 covered a resident's food plate with a lid that had a wet interior.</p> <p>b. CNA # 1 covered a resident's food</p>		<p>has educated dietary aides on infection control and proper hand washing from the National Restaurant Associations policy.</p> <p>8. Food and Beverage Director has ordered more plastic plate covers. Enough to rotate between meals in order to allow for longer drying time.</p> <p>9. Staff Development Coordinator educated all health center employees on infection control and proper hand washing from the health center policy.</p> <p>10. Kitchen Manager immediately removed the spray cans from the cooking area.</p> <p>11. Kitchen Manager deep cleaned the front line shelving to remove grease and food particles.</p> <p>12. Behind the Ice Machine has been deep cleaned with lime away products.</p> <p>13. Sanitation cleaning schedule has been updated to check for lime deposit build up on equipment once a week</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Food and Beverage Director or designee is conducting Quality Assurance Performance Improvement audits of kitchen sanitation. Random audits are being conducted five times a week times one month, weekly times one month, bi-weekly times one month, monthly times nine months. In addition, the</p>	

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	<p>plate with a lid that had a wet interior. CNA # 1 returned with the lid cover and placed it on the stack of others to be re-used for hall trays.</p> <p>c. CNA # 2 covered a resident's food plate with a lid that had food debris on the interior top of the lid. CNA # 2 delivered the food tray to the resident's room and returned the lid to the stack of other lids to be re-used for hall the trays</p> <p>d. CNA # 1 covered a resident's food plate with a lid that contained food debris around the rim of the lid. CNA# 1 delivered the food tray the resident's room and returned the lid to the stack of other lids to be re-used for the hall trays.</p> <p>e. CNA # 2 covered a resident's food plate with a lid that contained food debris around the rim of the lid.</p> <p>f. RN # 7 covered a resident's food plate with a lid that contained food debris on the interior top of the lid.</p> <p>5. On 10/19/15 at 2:00 p.m. with the DM, the "front line" counter adjacent to a steam table with two storage shelves, was observed with a greasy substance, and food debris all along the shelves. Five soiled serving plates were observed. The DM indicated the plates should have been</p>		<p>registereddietitian is conducting sanitation audits monthly to assist in themonitoring. The Food and BeverageDirector or designee will report the results of the audits monthly to theQuality Assurance Performance Improvement Committee who will determine the needfor further monitoring. Administrator will oversee the process.</p>				

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	<p>placed in the dish machine, and the shelving was "awful."</p> <p>6. On 10/19/15 at 3:00 p.m., a heavy accumulation of a whitish substance was observed under and behind the ice machine.</p> <p>On 10/19/15 at 3:00 p.m., the DM was interviewed. The DM indicated the whitish substances observed were from hard water deposits. The manager indicated the water softener had been down on two occasions in September, each for three days. He indicated the facility utilized a product to remove hard water deposits from plastic serving dishes. He indicated there was not a set schedule to de-lime serving dishes.</p> <p>The DM wrote a statement, identified as the policy and procedure for sanitizing the ice machine on 10/19/15 at 3:10 p.m. "Use quat sanitizer to clean the inside of the ice machine. Clean and sanitize all surface areas inside the machine. Remove plastic baffle and run through the dish machine to clean and sanitize. Replace the baffle when finished." The DM indicated he had trained a couple of staff that worked on Thursdays on the procedure. The DM indicated no one else serviced the machine.</p>			

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	<p>Cleaning schedule logs were reviewed on 10/19/15 at 3:00 p.m. The Kitchen Manager was interviewed at that time. The staff member indicated he had been in the process of reviewing the logs for tasks completion. The completed log for Thursday, October 8 lacked the last line under the section titled "Kitchen Assistant #2...Clean Ice Machine...."</p> <p>On 10/20/15 at 2:15 p.m. a policy provided by the Director of Nursing, was reviewed for User Manual for the ice machine, dated July 2013. The policy included detailed instructions for scale removal frequency was about two times a year.</p> <p>On 10/19/15 at 3:10 p.m., the DM indicated all drinking glasses utilized in the health center were returned to the health center after being washed. The manager indicated the product was utilized as needed to de-stain plastic dinnerware.</p> <p>On 10/20/15 at 2:15 p.m. a facility policy titled "When and How To Wash Your Hands," from the National Restaurant Association, no date, and requested on 10/19/15 at 3:15 p.m., was reviewed. The policy included, but was not limited to, before you begin a task, ...after you touch anything that may contaminate</p>			

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R 0000 Bldg. 00	<p>your hands.</p> <p>3.1-21(i)(3)</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census 39 Sample 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IC 16.2-5.</p> <p>Quality review completed by 26143, on October 23, 2015.</p>	R 0000	<p>R 000 Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Westminster Village Health & Rehab of the truth of the facts alleged in this statement of deficiency and plan of correction is submitted exclusively to comply with state and federal law. Westminster Village Health & Rehab reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis of the stated deficiency. This plan of correction serves as the allegation of compliance. This statement of deficiencies will be taken to Westminster Village Health & Rehab's Quality Assurance Performance Improvement Committee. We are in full compliance as of November 13, 2015 and respectfully request a desk review in lieu of a post survey revisit.</p>	

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R 0408 Bldg. 00	<p>410 IAC 16.2-5-12(c) Infection Control - Noncompliance (c) Each resident shall have a diagnostic chest x-ray completed no more than six (6) months prior to admission.</p> <p>Based on record review and interview, the facility failed to ensure chest X-rays were obtained within six months of admission for 2 of 5 residents reviewed for chest X-rays (Residents #3 and #5).</p> <p>Findings include:</p> <p>1. Resident #3's record was reviewed on 10/16/15 at 12:16 p.m. Resident #3's record lacked indication a chest X-ray was obtained within six months of her admission.</p> <p>During an interview on 10/16/15 at 12:33 p.m., the Assisted Living Supervisor indicated chest X-rays were required within six months of a resident's admission. She indicated Resident #3 had not had a chest X-ray within six months of her admission.</p> <p>2. Resident #5's record was reviewed on 10/16/2015 at 12:30 p.m. Resident #5's record lacked indication a chest X-ray</p>	R 0408	<p>R 408 InfectionControl What correctiveaction(s) will be accomplished for those residents to have been found affectedby the deficient practice?Residents 3 and 5 suffered no adverse effects as a result of this practice.Both residents received a chest x-ray immediately on 10/16/15. Both x-rays werenegative. How will you identifyother residents having the potential to be affected by the same deficientpractice and what correction actions will be taken?All residents have the potential to be affected by the alleged deficientpractice. All resident charts have been audited to assure that no otherresidents were affected. What measures will beput into place or what systematic changes will you make to ensure that theThecommunity has a policy regarding pre-admission chest x rays. Licensed personnel have been re-educated onthis policy, specifically, education on chest x-rayswithin six months of admission. Themarketing department has added chest x-rays as a mandatory pre-requisite foradmission to Westminster Village Health & Rehab. How will thecorrective action(s) be</p>	11/13/2015			

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	<p>was performed within 6 months of admission to the facility.</p> <p>A policy titled "Screening Residents for Tuberculosis", dated October 2010, and identified as current by the MDS Coordinator on 10/16/2015 at 2:39 p.m., indicated, "...Screening New Admission or Readmissions... The facility will screen referrals for admission and readmission for information regarding exposure to, or symptoms of, TB and will check results of recent (within 12 months) chest X-rays... Screening of new admissions or readmissions for Tuberculosis infection and disease will be in compliance with State regulations...."</p> <p>During an interview on 10/16/2015 at 12:36 p.m., the Assisted Living Supervisor indicated each resident of the facility is required to have a chest X-ray performed within 6 months prior to admission to the facility.</p> <p>During an interview on 10/16/2015 at 1:10 p.m., the Assisted Living Supervisor indicated Resident #5 did not have a chest X-ray performed within 6 months prior to admission to the facility.</p>		<p>monitored to ensure the deficient practice will not recur?The Assisted Living Supervisor or designee will conduct Quality Assurance Performance Improvement audits by interview tools to ensure continued compliance. Audits will be 5 times a week times one month, weekly times onemonth, bi-weekly times one month, monthly times three months and quarterlytimes three months. The Social Service Coordinator or designee will report the results of the audits to the Quality Assurance Performance Improvement Committee who will determine the need for further monitoring. Administrator will oversee the process.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155221	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/19/2015
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1120 E DAVIS DR TERRE HAUTE, IN 47802		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	