

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  02/16/2012
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NAME OF PROVIDER OR SUPPLIER  WESTPARK REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712
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F0000	<p>This visit was for the Investigation of Complaint IN00103659.</p> <p>Complaint IN00103659 Substantiated, Federal/State deficiencies related to the allegations are cited at F241.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: February 15 and 16, 2012</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: 15 SNF/NF: 75 Total: 90</p> <p>Census payor type: Medicare: 18 Medicaid: 63 Other: 9 Total: 90</p> <p>Sample: 6</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 a desk review and this Plan of Correction serve as our allegation of compliance.</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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	16.2.  Quality review completed 2/17/12 Cathy Emswiller RN			
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F0221 SS=D	<p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who utilized a pommel cushion, lap tray, and seatbelt had medical symptoms for their use, were the least restrictive, and were used for the least amount of time, for 1 of 2 residents reviewed with potential restraints, in a sample of 6. Resident C</p> <p>Findings include:</p> <p>1. On 2/15/12 at 5:50 P.M., Resident C was observed sitting in the restorative dining room. Resident C was sitting in a wheelchair, with a pommel cushion [a cushion with a protrusion situated between the resident's legs] and a seat belt attached across her thighs. Her meal was sitting on a lap tray attached across her wheelchair.</p> <p>On 2/15/12 at 6:30 P.M., Resident C was observed sitting in the restorative dining room, in a wheelchair with the pommel cushion, seatbelt, and lap tray on. The resident no longer had her meal in front of her. At 6:35 P.M., CNA # 1 then took the resident to her room, and put her to bed.</p> <p>On 2/16/12 at 8:45 A.M., Resident C was</p>	F0221	F 221 Resident C has been reassessed by an Occupational Therapist and the Interdisciplinary Team. The plan of care has been updated to reflect the residents current status. Resident C is free from any physical restraints for the purpose of discipline or convenience and not required to treat the resident's medical symptoms. Residents with pommel cushions, lap trays, and seatbelts have been reassessed to ensure they are free from any physical restraints for the purpose of discipline or convenience and not required to treat the resident's medical symptoms. Plans of Care have been updated to reflect residents current status. Licensed staff have been re-educated regarding physical restraints for the purpose of discipline or convenience and not required to treat the resident's medical symptoms. Any resident that has been assessed and identified to require a pommel cushion, lap tray, or seatbelt will be reviewed by the Interdisciplinary Team during the Daily Clinical Review meeting to determine the appropriateness of the device and to ensure it is the least restrictive. DON/Designee will audit the Interdisciplinary Teams clinical review sheets 5 X weekly for 6 months to ensure the	03/16/2012			

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	<p>observed sitting in the activity room, in a wheelchair with a pommel cushion, seatbelt attached, and a lap tray attached over the wheelchair.</p> <p>On 2/16/12 at 9:00 A.M., LPN # 1 was observed to remove the lap tray. When interviewed regarding if the resident could release her seat belt on her own, LPN # 1 indicated, "She can if she wants to, but may not do it on command." LPN # 1 then cued Resident C a few times to release the seat belt, but Resident C did not appear to understand, and could not unfasten the restraint.</p> <p>The clinical record of Resident C was reviewed on 2/16/12 at 9:30 A.M. Diagnoses included, but were not limited to, Parkinson's disease and Alzheimer's disease.</p> <p>A "Safety Device Information and Consent," initially dated 2/15/11, indicated, "...The interdisciplinary team will talk with you to determine a plan of gradually removing the safety device...The devicer [sic] will be removed at specified intervals and the type of Safety Device may change to become less restrictive...Medical Symptoms Being Treated: [Decreased] safety awareness, Type of device: Self release alarm belt...Safety Device Data</p>		<p>appropriateness of residents that require pommel cushion, lap tray, or seatbelt. Identified non compliance regarding the improper use of pommel cushion, lap tray, or seatbelt will result in 1:1 re-education with progressive discipline up to and including termination. Results of the audits are reviewed monthly by the QA committee for further recommendations. Compliance date 3-16-12</p>				

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	<p>Collection...What will this Safety Device do to help improve self-function? prevent falls...List past interventions: [left blank]...Can easily remove, Yes...Describe when safety device will be used: in w/c [wheelchair]. Resident able to remove belt per self but not always to command. Reduction plan: Reduce while at meals, Reduce during ADL [activities of daily living] care, Reduce when in small group activities...."</p> <p>A "Safety Device Monthly Review" indicated: "4/11/11, Safety Reduction Warranted? No, Conts [continues] to have [decreased] safety awareness. 6/13/11, Safety Device Reduction Warranted? No, Cont for safety. 8/30/11, Safety Device Reduction Warranted? No, Safety in w/c." Further safety device reviews were not documented after 8/30/11.</p> <p>A Safety Device Plan of Care, dated 8/30/11, indicated, "Problem...SRAB [self releasing alarm belt] Medical Symptom: [decreased safety awareness], Pommel cushion, Medical Symptom: [decreased] safety awareness." The Interventions included: "Apply safety device, Type: SRAB, Time: in w/c...Type: pommel cushion, Time: in w/c...Safety Device Reduction [left blank], Safety Device Release: [left blank]."</p>			
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	<p>A Minimum Data Set [MDS] assessment, dated 11/18/11, indicated the resident scored a 3 out of 15 for mental status, with 15 indicating no memory impairment. The MDS assessment indicated the resident required extensive assistance of one staff for transfer and locomotion, and did not ambulate. The MDS assessment indicated the resident had not utilized any restraint in the previous 7 days.</p> <p>A Physician's order, initially dated 7/12/07 and on the current February 2011 orders, indicated, "Ultra hemi-height w/c [wheelchair] [with] support-pro wedge cushion...."</p> <p>A Physician's order, initially dated 2/7/11 and on the current February 2011 orders, indicated, "Self-Releasing Seat Belt when up in wheelchair to alert staff d/t [due to] safety issues."</p> <p>An additional Physician's order, initially dated 12/27/11 and on the current February 2011 orders, indicated, "Resident to have meal/lap tray for meals."</p> <p>On 2/16/12 at 11:10 A.M., CNA # 2 was queried regarding if Resident C could unfasten the seat belt on her own. CNA # 2 indicated, "She can't do it herself.</p>						

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	<p>Maybe if she really wanted to, but she wouldn't understand what she was doing." Resident C was unable to unfasten the seat belt for CNA # 2 when asked.</p> <p>On 2/16/12 at 11:15 A.M., during interview with Certified Occupational Therapist Assistant [COTA] # 1, she indicated she treated the resident in December 2011 and January 2012 for self-feeding techniques, and recommended the lap tray for meals only. COTA # 1 indicated the resident was having difficulty reaching her meal. COTA # 1 indicated she did not review the use of the pommel cushion, and did not know if that was preventing the resident from reaching the table. COTA # 1 indicated pommel cushions are typically used for residents who tend to slip out of their chairs. COTA # 1 indicated the resident no longer was able to self-propel her wheelchair.</p> <p>On 2/16/12 at 12:00 P.M., during interview with the Director of Nursing, she indicated she did not know the resident continued to utilize a pommel cushion. The DON indicated the resident "used to lean over a lot." The DON also indicated she had been off work, and did not realize the resident was not utilizing a lap tray. The DON indicated she observed the resident that morning with the lap tray</p>						

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	<p>on after meals, and instructed her nurse to remove it.</p> <p>2. On 2/16/12 at 12:00 P.M., the Director of Nursing provided the current facility policy on "Safety Device - Least Restrictive," revised January 2011. The policy included: "...A restraining safety device (physical restraint) is defined as any manual method or physical or mechanical safety device, material, or equipment attached or adjacent to the resident's body that: Cannot remove easily, Restricts freedom of movement or normal access to ones body. The least restrictive safety device will be applied for the shortest duration of time...These safety devices may include, but are not limited to:...Devices used with a chair such as trays, tables, bars, or a safety belt that the resident cannot easily remove or that prevents them from rising...Release of the safety device may include, but is not limited to, the following:...Supervised activities, Eating...Activities...Identify plan to reduce the safety device until removed completely...."</p> <p>3.1-3(w)</p>				

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

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F0241 SS=D	<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 call lights were answered in a timely manner, for 2 of 3 residents interviewed regarding call lights, in a sample of 6. Residents D and E.</p> <p>Findings include:</p> <p>On 2/15/12 at 6:15 P.M., 2 call lights were observed on. 2 nursing staff were observed working at the nursing station. Through constant observation, the same 2 lights remained on through 6:30 P.M., and an additional light was also on. The Administrator was observed to then answer one of the lights, and CNA # 1 answered the other 2 lights.</p> <p>On 2/15/12 at 6:50 P.M., the Social Services Director provided a list of residents, indicating who were considered interviewable. Residents D and E were on that list.</p> <p>On 2/15/12 at 8:40 P.M., during a confidential interview with Resident D, the resident indicated, "The main man answered my call light tonight. I never saw him do that before. That was nice."</p>	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 3-16-12</p>	03/16/2012			

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	<p>On 2/15/12 at 9:05 P.M., during a confidential interview with Resident E, the resident indicated, "It takes way too long for them to answer call lights." Resident E indicated no shift was worse, but that all were about the same in responding to call lights. Resident E indicated, "It is always at least 15 minutes" before a call light is responded to.</p> <p>On 2/16/12 at 9:20 A.M., during an additional interview with Resident D, the resident indicated it once took 3 hours for the call light to be answered, and once took 2 hours for the call light to be answered. Resident D indicated, "It's usually 15 to 20 minutes. I don't think we should have to wait that long."</p> <p>On 2/16/12 at 11:30 A.M., during interview with the Administrator and Director of Nursing, the DON indicated there was no set time limit to answer call lights, but that call lights should be answered in a timely manner</p> <p>On 2/16/12 at 12:00 P.M., the Director of Nursing provided the current facility policy regarding call lights, undated. The policy included: "...Answer all requests for assistance promptly...Part of helping to meet a person's safety and security</p>						

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	<p>needs is your quick response to a request for help...."</p> <p>This federal tag relates to Complaint IN00103659.</p> <p>3.1-32(a)</p>			
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