

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155167	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/22/2016
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 11/24/15. This visit included a PSR to the State Residential Licensure Survey and to the Investigation of Complaint IN00184713 completed on 11/24/15.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00191682 & IN00189262.</p> <p>Complaint IN00184713- corrected.</p> <p>Survey dates: January 21 & 22, 2016</p> <p>Facility number: 000084 Provider number: 155167 AIM number: 100284600</p> <p>Census bed type: SNF/NF: 130 Residential: 82 Total: 212</p> <p>Census payor type: Medicare: 23 Medicaid: 71 Other: 36 Total: 130</p>	F 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Westminster Village North that the allegations contained in this survey report are accurate or reflect accurately the provision of nursing care and service to the Residents at Westminster Village North.	

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 0225 SS=D Bldg. 00	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on January 29, 2016</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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</p>				

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	<p>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 an allegation of abuse in a timely manner to State Department of Health for 1 of 2 reportable incidents reviewed. (Resident #251)</p> <p>Findings include:</p> <p>An Incident Report, dated 12/23/15, indicated, "...Incident date:12/16/15 Incident time: 01:01 PM [sic] Reported by:[Name of Administrator]...Description added-12/23/2015 The Administrator was away from the facility for several days at the time of this occurrence. Upon returning to the facility, the Administrator reviewed the information regarding this allegation, as a part of the facilities [sic] Quality Assurance review and decided that this unsubstantiated allegation should be reported to the Department. The Social Service Director</p>	F 0225	<p>1.It is facility policy that all alleged violations involving mistreatment, neglect or abuse are reported timely according to the Indiana State Department of Health Incident Reporting Policy.</p> <p>2.Associate Executive Director in-serviced HealthCenter Administrator on Indiana State Department of Health Incident Reporting Policy on 12-23-15.</p> <p>3.Facility Abuse Policy updated on 1/22/16 and all staff in-serviced on updated policy 2/5/16.</p> <p>4.The Administrator will present all reportables for any allegation of abuse at facility during monthly Quality Assurance meetings for 6 months. At the end of 6 months, the QA team may choose to cease this process, if 100% compliance has been for timely reporting</p>	02/05/2016

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	<p>met with the Resident [Resident #251] to advise her that transportation had been scheduled for her discharge to home on 12/17/15. During this conversation, the Resident alleged that she had been "molested" during the previous night. Upon further questioning by the Social Service Director, the Resident specified that had [sic] been [expletive] by a C.N.A. The Resident did not know the individual in question by name. The Resident described the individual as [description provided by Resident]. The Resident stated [sic] 'I woke up from a sound sleep...I sat up and she said Oh, I'm putting on your hose.' The Resident stated that the alleged event occurred between 4 and 5 a.m...."</p> <p>An email, dated 12/16/15 at 1:01 p.m., was received from the Administrator 1/21/16 at 1:55 p.m. The email was addressed to the Administrator, Director of Nursing, and Assistant Director of Nursing from the Social Services Director. The email indicated Resident #251 stated, "I don't deserve to be molested." The email further described the allegation as noted above. Another email was attached to the document, which was dated, 12/16/15 at 2:08 p.m. This email indicated Residents on the same hallway as Resident #251 were interviewed regarding concerns with the</p>			

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	<p>previous night shift staff.</p> <p>During an interview, on 1/21/16 at 1:30 p.m., the Administrator indicated the incident was reported on 12/16/15 by Resident #251. The Administrator further indicated when she was out of the building the Director of Nursing (DON) or the Executive Director were to report allegations to the appropriate agencies, as needed. The Administrator indicated the Resident was discharged around noon on 12/17/15, so the facility felt the allegation did not need to be reported since the Resident was discharged within 24 hours of the allegation and was no longer in the building. She also indicated the allegation/investigation was reviewed when she returned to the building as part of a Quality Assurance review and the unsubstantiated allegation was then reported to the State Department of Health on 12/23/15.</p> <p>On 1/22/16 at 9:50 a.m., the DON indicated she was in the building and was aware of the allegation on 12/16/15 regarding Resident #251. The DON indicated the allegation was not reported timely to the the State Department of Health because the Resident was being discharged within 24 hours of the allegation.</p>			

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	<p>A document, titled Reportable Incident Policy and ISDH Reportable Unusual Occurrence Policy and was part of the investigation of the allegation by Resident #251, which was received on 1/21/16 at 1:30 p.m., by the Administrator. The document was received from the Indiana State Department of Health, Division of Long Term Care and was dated 7/15/15. The document indicated, "...I. Comprehensive Care Facilities A. Federal and State Rules related to incident reporting 1. Federal Regulations....The facility must ensure that all alleged violations involving mistreatment, neglect, abuse...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).....III. Instructions For Reporting A. Incident Reporting and Timeframes: 1. Comprehensive Care Facilities a. An incident identified as mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of resident property must be reported immediately after providing care and protection for the resident(s) and determining the incident meets the reporting criteria...."</p> <p>3.1-28(c)</p>			

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F 0226 SS=D Bldg. 00	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to provide a staff member annual abuse in-service training for 1 of 10 employee personal files reviewed. (CNA #30)</p> <p>Findings include:</p> <p>The Employee Records form and 10 employee personnel files were reviewed on 11/24/15 at 3:30 p.m. The record indicated certified nursing assistant (CNA #30) start date was 2/3/11.</p> <p>The personnel file for CNA #30 did not include annual abuse in-service training.</p> <p>A work scheduled was provided by the Administrator on 11/24/15 at 4:00 p.m. The Administrator at this time indicated CNA #30 was an as needed staff member until 12/2014. CNA #30's work status was changed in December to full time. She indicated a staff member was consider full time if the staff member works 30 hours or greater. The work</p>	F 0226	<p>1. It is facility policy that all employees uponhire and annually thereafter, receive in-service training for Prevention of abuse, neglect, punishment and seclusion. C.N.A. #30 received this annual training on 11/26/15. Facility Abuse Policy updated 1/2/16</p> <p>2.All employees have completed theirannual in-service for Prevention of abuse, neglect punishment andseclusion, and have been in-serviced on updated facility Abuse Policy 2/5/16</p> <p>3.Annual Abuse training for all staffcompleted. Quality Assurance Manager willupdate calendar to reflect timely completion of required trainings. Monthlyaudits of required in-services will be completed by Quality Assurance Manager forcompliance.</p> <p>4.The Quality Assurance Manager willpresent the results of audits at facility's monthly Quality Assurance meetingsfor 6 months. At the end of 6 months,the QA team may choose to cease this process if audits reveal 100% compliance has been met.</p>	02/05/2016

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F 9999 Bldg. 00	<p>scheduled indicated CNA #30 has worked 2,122 hours from December 2014 until present.</p> <p>An abuse policy was provided by the Administrator on 11/23/15 at 2:07 p.m. It indicated the following:..."Purpose: To establish guidelines for assuring the residents are free of all abusive acts and to establish guidelines for investigating, resolving and reporting abuse...Standards: 1. All organization staff will be trained during initial orientation and during annual inservice regarding prevention of abuse, neglect, punishment and seclusion and their responsibilities to report suspected abuse as well as conduct their particular service to residents in a manner which assures protection from intentional or unintentional abuse..."</p> <p>This deficiency was cited on November 24, 2015. The facility failed to implement a systemic palm of correction to prevent recurrence.</p> <p>3.1-28(a)</p>	F 9999	1.It is facility policy that all alleged violations involving mistreatment, neglect or abuse	02/05/2016

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R 0000 Bldg. 00	This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5.	R 0000	are reported timely according to the Indiana State Department of Health Incident Reporting Policy. 2. Associate Executive Director in-serviced Health Center Administrator on Indiana State Department of Health Incident Reporting Policy on 12-23-15. 3. Facility Abuse Policy updated on 1/22/16 and all staff in-serviced on updated policy 2/5/16. 4. The Administrator will present all reportables for any allegation of abuse at facility during monthly Quality Assurance meetings for 6 months. At the end of 6 months, the QA team may choose to cease this process, if 100% compliance has been for timely reporting		
R 0240 Bldg. 00	410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on interview and record review,	R 0240	Submission of this plan of correction shall not constitute or be construed as an admission by Westminster Village North that the allegations contained in this survey report are accurate or reflect accurately the provision of nursing care and service to the Residents at Westminster Village North. 1. It is facility policy that all	02/05/2016	

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	<p>the facility failed to follow physician orders by not administrating 8 medications for 13 days to 1 of 2 residents reviewed for incidents. (Resident #88)</p> <p>Findings include:</p> <p>The clinical record for Resident #88 was reviewed on 1/22/16 at 10:46 a.m. The diagnoses for Resident #88 included, but were not limited to, type II diabetes mellitus, Hypertension, coronary artery disease, and hyperlipidemia.</p> <p>A physician order dated, 12/18/15, indicated Resident #88 was to receive 4 milligrams of glimepiride by mouth once daily before breakfast.</p> <p>A physician order dated, 12/18/15, indicated Resident #88 was to receive 10 milligrams of alfuzosin extended release by mouth once daily.</p> <p>A physician order dated, 12/18/15, indicated Resident #88 was to receive 81 milligrams of aspirin chewable by mouth once daily.</p> <p>A physician order dated, 12/18/15, indicated Resident #88 was to receive 80 milligrams of atorvastatin by mouth once daily.</p>		<p>Medications are administered safely as prescribed the Attending Physician.</p> <p>2.100% Medication Administration Record audit was conducted by The Director of Wellness of all residents residing in Assisted Living. Medication pass was observed by the Facility Pharmacist on 1/22/16.</p> <p>3.All Licensed staff were in-serviced on 1/15/16 regarding facility policy on Administration of Medications. Director of Wellness will complete weekly Medication Administration Record audits to ensure accuracy of medications administered.</p> <p>4. Director of Wellness will bring results of weekly audits to Facility Monthly Quality Assurance Meetings for 6 months. At the end of 6 months, the QA may choose to cease this process if 100% compliance has been met.</p>	

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	<p>A physician order dated, 12/18/15, indicated Resident #88 was to receive a certavite senior antioxidant by mouth 1 tablet once daily.</p> <p>A physician order dated, 12/18/15, indicated Resident #88 was to receive 1,0000 milligrams capsule of fish oil by mouth once daily.</p> <p>A physician order dated, 12/18/15, indicated Resident #88 was to receive 200 milligrams of fluconazole by mouth twice weekly for 3 weeks.</p> <p>A physician order dated, 12/18/15, indicated Resident #88 was to receive 50 milligrams of metoprolol succinate extended release by mouth once daily.</p> <p>The January 2016, Medication Administration Record (MAR) indicated there were no staff signatures that the following medications were given to Resident #88 from January 1st through January 13th:</p> <p>glimepiride alfuzosin aspirin atorvastatin certavite fish oil</p>			

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	<p>fluconazole metoprolol</p> <p>An interview was conducted with the Director of Wellness on 1/22/16 at 11:09 a.m. She indicated Resident #88's family had noticed the resident had not received enough pills and questioned staff about the remaining amount. After further looking into it, Resident #88's medication administration record was missing the 1st page. It included the following medications: glimepiride, alfuzosin, aspirin, atorvastatin, certavite, fish oil, fluconazole, and metoprolol. She indicated Resident #88 had not received the 8 medications from January 1st through January 13th.</p> <p>The policy, "Transcription of Physician's Orders" was provided on 1/22/16 at 1:32 p.m., by the Director of Wellness. It indicated "Purpose:...To document and give clear indication that physician orders have been noted and action taken".</p>			