

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2014
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN 47906
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 24, 25, 26, 27, 28, March 3, and 4, 2014.</p> <p>Facility number: 000093 Provider number: 155177 AIM number: NA</p> <p>Survey team: Rita Mullen, RN, TC Bobette Messman, RN Maria Pantaleo, RN Holly Duckworth, RN (February 25, 26, 27, 28, March 3, and 4, 2014)</p> <p>Census bed type: SNF: 63 Residential: 41 Total: 104</p> <p>Census payor type: Medicare: 19 Other: 85 Total: 104</p> <p>Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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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F000309 SS=D	<p>Quality Review was completed by Tammy Alley RN on March 11, 2014.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure pain medication was provided in a timely manner for 1 of 3 residents reviewed for falls (Resident #130).</p> <p>Findings include:</p> <p>The clinical record of Resident #130, was reviewed on 2/25/14 at 10:00 a.m.</p> <p>Resident #130 was admitted to the facility, on 2/23/14 at 4:00 p.m., post hospitalization for a surgical repair of a fractured right hip due to a fall at his home.</p> <p>Diagnoses included, but were not limited to, high blood pressure, congestive heart failure and congenital mitral insufficiency.</p>	F000309	<p>F 309 Resident #130 was administered pain medication on 2/23/14 at 11:45pm. The night shift nurse documented on 2/24/14 at 12:55am that "resident was resting in bed with eyes closed. Respiration even and non-labored. No s/s of distress noted." All resident charts will be audited for documentation as outlined in F309 by the Director of Nursing or her Designee. This will be completed by 4/3/14. Three resident charts will be audited monthly to ensure documentation is completed as outlined in F309. On 3/5/14, Director of Nursing completed one to one in-service training with responsible staff nurse to inform of facility policy for Interim/Stat/Emergency Deliveries for Medications. Additionally, in-service training was completed by the Director of Nursing or her Designee with all licensed nursing staff on pain</p>	04/03/2014
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	<p>A Nursing Admitting assessment, dated 2/23/14 (no time recorded), indicated the Resident verbalized pain, on a scale of 1 -10 it was a 3. Pain was relieved by deep relaxation and massage. Pain was increased by ambulation.</p> <p>A Physician's admitting order, dated 2/23/14, indicated Acetaminophen 325 mg (milligrams) 2 tablets by mouth every 4 hours as needed for pain or fever and Hydrocodone 5 mg-acetaminophen 325 mg by mouth every 4 hours as needed. The resident received his last pain medication (Norco 5-325 mg) at the hospital on 2/23/14 at 5:58 a.m.</p> <p>A Nursing note, dated 2/23/14 at 11:49 p.m., indicated "Call pharm [pharmacy] for authorization number for @ 2300 [11:00 p.m.] [sic]....stated that all 10 doses of meds [medications] have being [sic] sent out and could not give authorization to pulls [sic] med from EDK [emergency drug kit]. Pharmacist verified that dispatcher was already on their way to facility. Med was administered to res [resident] upon arrival of delivery by pharm at about 11:45 p.m."</p>		<p>management, pain assessment tool, pharmacy delivery and the utilization of the emergency drug kit (EDK) by 3/21/14. Findings of the audit will be reported to the Quality Assurance Performance Improvement (QAPI) committee and a performance plan will be established based on the findings. The QAPI committee will meet monthly.</p>	

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	<p>A Medication Administration Record for the month of February 2014, indicated Resident #130 received Hydrocodone 5 mg-acetaminophen 325 mg tablet for pain, on 2/23/14 at 23:45 (11:45 p.m.). "Resident c/o [complained of] right hip pain rating 9/10. Rest and repositioning ineffective."</p> <p>During an interview with Resident #130's wife, on 2/28/14 at 11:00 a.m., she indicated her husband "only asks for pain medication when he needs it."</p> <p>During an interview with Resident #130, on 2/28/14 at 11:30 a.m., he indicated he asked for pain medication a few hours after he got to the facility. "It was hurting pretty good by the time I got the pain medication that night."</p> <p>During an interview with the Director of Nursing, on 2/27/14 at 11:15 a.m., she indicated the resident got the pain medication at 11:45 p.m. The facility pharmacy is in Indianapolis and the pharmacy would not give the ok to get the medications from the EDK. Stats (need it now orders) can be obtained from the local pharmacy but that takes a call to the doctor, the doctor would call the</p>						

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	<p>pharmacy to authorize a stat order to a local pharmacy. The doctor was not called.</p> <p>A policy for "Receipt of Interim/Stat/Emergency Deliveries," dated 12/1/07, received from the Director of Nursing, on 2/28/14 at 10:55 a.m., indicated the following:</p> <p>"...Procedure:</p> <ol style="list-style-type: none"> 1. Facility should immediately notify Pharmacy when Facility receives from a Physician/Prescriber a medication order that may require an interim/stat/emergency delivery. 2. If necessary medication is not contained within Facility's interim/stat/emergency supply, and Facility determines that an interim/stat/emergency delivery is necessary, Facility should arrange either: <ol style="list-style-type: none"> 2.1 With Pharmacy to include the interim/stat/emergency medication(s) in an earlier scheduled delivery or a special delivery, as required, or, 2.2 For delivery by contract courier, or, 						

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F000371 SS=F	<p>2.3 For the medication to be dispensed and delivered by a third party Pharmacy to ensure timely receipt...."</p> <p>3.1-37(a)</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 food products in the refrigerator were covered properly, hair covers were properly utilized and cooking area was clean. This affected all kitchen and dining areas in the facility. This deficit practice had the potential to affect 63 of 63 residents.</p> <p>Findings include:</p> <p>During the initial tour of the main kitchen on 2/24/14 at 9:46 a.m., the following were observed:</p> <p>1. Cut vegetables to be used for lunch were in the walk-in refrigerator</p>	F000371	F 371 On 2/24/14, when concerns were voiced to the Director of Dining Services, the cut vegetables were immediately disposed of and the grill in the main kitchen was cleaned before re-use. Additionally, the dining management team immediately viewed areas in the kitchen to ensure food was stored, prepared, distributed and served under sanitary conditions. On 2/25/14, beard restraints were made mandatory for those applicable and the dining management team provided in-service training on beard restraints. All dining staff will receive additional in-service training by the dining management team on hair nets/beard restraints, storing food items properly and cleaning	04/03/2014			

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	<p>on a tray and uncovered.</p> <p>During an interview with Dining Director on 2/24/14 at 9:46 a.m., he indicated the vegetables were not covered properly.</p> <p>Review of the policy dated 3/2012, received from Dining Director on 3/4/14 at 10:38 a.m., stated " food is kept refrigerated or frozen, except during handling. Food is covered for storage."</p> <p>2. During the initial tour on 2/24/14 at 9:46 a.m., Cook #1 and the Dining Director had substantial facial hair that was not covered with beard cover while preparing food . A wait staff in the Cafe did not properly cover hair with hairnet.</p> <p>During an interview with Dining Director on 2/24/14 at 9:46 a.m., he indicated he was not aware that beards were to be covered.</p> <p>Review of the policy dated 8-13-2009, received from Dining Director on 2/25/14 at 2:55 p.m., stated all employees are required to wear a hairnet. A separate policy, received from Administrator on 2/25/14 at 2:40 p.m., indicated</p>		<p>equipment per policy by 4/3/14. These three items will become part of the facility Quality Assurance Performance Improvement (QAPI) program and will be monitored by dining management staff daily. As well as daily monitoring, the dining management staff will audit the dining areas twice per week and log the findings. The times of the audit will be random and there will be a minimum of one pre-breakfast audit per month to ensure sure all staff is adhering to the policies. Findings of the audit will be reported to the QAPI committee and a performance plan will be established based on the findings. The QAPI committee will meet monthly. Additionally, the Registered Dietician will complete a monthly inspection of all kitchen areas to be reported as part of the QAPI program.</p>				

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	<p>beard restraints should be worn by persons that prepare, prep and cook food on a regular basis.</p> <p>3. The grill in the main kitchen was found to have chunks of dried meat stuck to the grill bars.</p> <p>During an interview with Dining Director on 2/24/14 at 9:46 a.m., he indicated the last time the grill was used was the night before.</p> <p>Review of the policy dated 3/2012, received from Dining Director on 3/4/14 at 10:46 a.m., indicated the "... kitchen and equipment are clean. All food items, while in preparation, are protected against contamination from dust, flies rodents, other vermin, unclean utensils and unclean work surfaces."</p> <p>3.1-21(i)(3)</p>				

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R000000	The following Residential finding was cited in accordance with 410 IAC 16.2-5.	R000000		
R000156	410 IAC 16.2-5-1.5(m) Sanitation and Safety Standards - Deficiency (m) The facility's food supplies shall meet the standards of 410 IAC 7-24. Based on observation, interview and record review, the facility failed to	R000156	R 156 On 2/24/14, when concerns were voiced to the Director of Dining Services, the	04/03/2014

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	<p>ensure food products in the refrigerator were covered properly, hair covers were properly utilized and cooking area was clean. This affected all kitchen and dining areas in the facility. This had the potential to affect 41 of 41 residents.</p> <p>Findings include:</p> <p>During the initial tour of the main kitchen on 2/24/14 at 9:46 a.m., the following were observed:</p> <p>1. Cut vegetables to be used for lunch were in the walk-in refrigerator on a tray and uncovered.</p> <p>During an interview with Dining Director on 2/24/14 at 9:46 a.m., he indicated the vegetables were not covered properly.</p> <p>Review of the policy dated 3/2012, received from Dining Director on 3/4/14 at 10:38 a.m., stated " food is kept refrigerated or frozen, except during handling. Food is covered for storage."</p> <p>2. During the initial tour on 2/24/14 at 9:46 a.m., Cook #1 and the Dining Director had substantial facial hair that was not covered with beard</p>		<p>cut vegetables were immediately disposed of and the grill in the main kitchen was cleaned before re-use. Additionally, the dining management team immediately viewed areas in the kitchen to ensure food was stored, prepared, distributed and served under sanitary conditions. On 2/25/14, beard restraints were made mandatory for those applicable and the dining management team provided in-service training on beard restraints. All dining staff will receive additional in-service training by the dining management team on hair nets/beard restraints, storing food items properly and cleaning equipment per policy by 4/3/14. These three items will become part of the facility Quality Assurance Performance Improvement (QAPI) program and will be monitored by dining management staff daily. As well as daily monitoring, the dining management staff will audit the dining areas twice per week and log the findings. The times of the audit will be random and there will be a minimum of one pre-breakfast audit per month to ensure sure all staff is adhering to the policies. Findings of the audit will be reported to the QAPI committee and a performance plan will be established based on the findings. The QAPI committee will meet monthly. Additionally, the Registered</p>		

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	<p>cover while preparing food . A wait staff in the Cafe did not properly cover hair with hairnet.</p> <p>During an interview with Dining Director on 2/24/14 at 9:46 a.m., he indicated he was not aware that beards were to be covered.</p> <p>Review of the policy dated 8-13-2009, received from Dining Director on 2/25/14 at 2:55 p.m., stated all employees are required to wear a hairnet. A separate policy, received from Administrator on 2/25/14 at 2:40 p.m., indicated beard restraints should be worn by persons that prepare,prep and cook food on a regular basis.</p> <p>3. The grill in the main kitchen was found to have chunks of dried meat stuck to the grill bars.</p> <p>During an interview with Dining Director on 2/24/14 at 9:46 a.m., he indicated the last time the grill was used was the night before.</p> <p>Review of the policy dated 3/2012, received from Dining Director on 3/4/14 at 10:46 a.m., indicated the "... kitchen and equipment are clean. All food items, while in preparation, are protected against contamination</p>		<p>Dietician will complete a monthly inspection of all kitchen areas to be reported as part of the QAPI program.</p>				

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	from dust, flies rodents, other vermin, unclean utensils and unclean work surfaces."			