

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  11/14/2013
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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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F000000	<p>This visit was for the Recertification and State Licensure Survey. This visit included the Investigation of Complaint Number IN00136162.</p> <p>This visit was in conjunction with the Investigation of Complaint Number IN00139202</p> <p>Complaint Number: IN00136162 - Substantiated, no deficiencies related to the allegations cited.</p> <p>Survey dates: November 6, 7, 12, 13, and 14, 2013</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Survey team: Denise Schwandner, RN TC  Diane Hancock, RN Barbara Fowler, RN November 6, 7, 12, and 13, 2013</p> <p>Census bed type: SNF/NF: 67 SNF: 12 Total: 79</p>	F000000	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. We respectfully request this Plan of Correction serve as our allegation of compliance	

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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	<p>Census Payor type: Medicare: 8 Medicaid: 61 Other: 10 Total: 79</p> <p>These deficiencies reflect state findings cited in accordance with 401 IAC 16.2.</p> <p>Quality review completed on November 24, 2013, by Jodi Meyer, RN</p>			

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F000240 SS=D	<p>483.15 CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> <p>Based on interview and observation, the facility failed to provide an environment to maintains each resident's quality of life, in that comfortable sounds levels were not maintained for 1 of 23 residents reviewed for comfortable sound levels, and for 1 of 1 observation of a staff member yelling down the hallway regarding assistance for Resident #38. (Resident #32)</p> <p>Finding includes:</p> <p>During an interview on 11/6/13 at 1:53 p.m., Resident #32 indicated the facility was too noisy at times.</p> <p>During an observation on 11/13/13 at 8:49 a.m., Resident #38 was sitting in a wheelchair in her room. Resident #38 was yelling, "put me to bed" repeatedly. On 11/13/13 at 8:51 a.m., Agency RN #1 went to the "B" hall and yelled down the hall for CNA #1 to help the CNA down the "A" hall put Resident #38 to bed. Agency RN #1 indicated Resident #38 was yelling,</p>	F000240	The facility provides resident #32 an environment that maintains their quality of life with comfortable sound levels. The residents that reside at the facility are provided an environment that maintains their quality of life with comfortable sound levels. Facility staff was educated on providing an environment that promotes enhancement of each resident's quality of life to include comfortable sound levels. 10% of residents will be interviewed daily for 14 days then 5% of residents will be interviewed 5 x weekly for 6 months to ensure the facility maintains comfortable sound levels. Administrator/ designee will review 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 and recommendations.	12/14/2013			

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	<p>"Put me to bed, put me to bed," and the CNA was overwhelmed at this time and needed help.</p> <p>A procedure, dated 7/13 and titled, "Physical Environment," was provided by the Director of Nurses on 11/13/13 at 4:15 p.m., and indicated the facility was to provide a comfortable, home-like environment for the residents.</p> <p>3.1-32(a)</p>			

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview, observation, and record review, the facility failed to develop a care plan on 1 of 1 resident reviewed for contractures in the sample of 1 who met the criteria. (Resident #32)</p> <p>Findings include:</p> <p>During interview of Agency Nurse #2, on 11/7/13 at 2:30 p.m. she indicated resident #32 had contractures on the right side. She also indicated she</p>	F000279	A care plan was developed for resident #32 regarding contractures and she continues to receive range of motion. A one time audit has been conducted to ensure residents with contractures have care plans in place. Care plans were developed and updated as indicated. Licensed nurses, RN's and CNA's were re-educated on Care plans and Range of Motion. CNA assignment sheets were updated as indicated by the audit to identify residents that require ROM per their care plan. Newly hired nursing staff is educated on CNA assignment sheets during	12/14/2013	

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	<p>was not receiving range of motion (ROM) and was not using any splints.</p> <p>Observation of the resident on 11/7/13 at 1:45 p.m. indicated the resident laying in bed on her right side with right upper and lower extremities in a flexed position.</p> <p>Record review on 11/13/13 at 2:35 p.m. indicated that the nurse aide assignment sheet dated 11/11/13 failed to indicate ROM. The MDS annual assessment dated 7/24/13 indicated the resident had impairment of bilateral upper and lower extremities.</p> <p>The facility was able to provide documentation of ROM being provided, with dates and number of minutes, however, the medical record failed to have any care plan addressing ROM.</p> <p>3.1-35(a)</p>		<p>initial orientation. ROM care plans are developed and updated as indicated by a residents change in condition, upon admission, and upon completion of comprehensive assessments/Quarterly Assessments. Resident's ROM care plans will be audited for completion, development and or updated as indicated on residents that have a change of condition, on new admissions, and upon completion of comprehensive assessments/Quarterly Assessments for 6 months. The audits will be reviewed 1x weekly by the DON/designee. Results of the audits will be forwarded to the QA Committee monthly for further review and recommendations</p>		

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to ensure a care plan was revised for 1 of 3 residents reviewed for dental issues, in the sample of 9 who met the criteria. (Resident #114)</p> <p>Finding includes:</p> <p>During an interview on 11/6/13 at 2:23 p.m., Resident #114 indicated he had cavities and deterioration of his teeth.</p> <p>The clinical record of Resident #114 was reviewed on 11/12/13 at 2:15</p>	F000280	Dental conditions are included in the ADL/Mobility care plan. The ADL/Mobility care plan for resident #114 has been completed to reflect their current dental condition. ADL/Mobility care plans of current residents have been reviewed, completed and or updated as indicated by an oral assessment to reflect their current conditions. Licensed nurses re-educated on completing ADL/Mobility care plans as indicated by oral assessments. Oral assessments were completed on current residents and care plans were updated to reflect resident's current condition. CNA assignments were updated as	12/14/2013			

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	<p>p.m. Resident #114 had diagnoses including, but not limited to, CVA (cerebral vascular accident) and chronic renal failure.</p> <p>The MDS (Minimum Data Set) assessment, dated 8/22/13, indicated Resident #114 had no cognitive impairment. The MDS also indicated Resident #114 had either obvious or likely cavity or broken natural teeth.</p> <p>The "ADL [activities of daily living]/Mobility Plan of Care" dated, 8/14/13 - 11/12/13, did not indicate Resident #114 had any dental issues.</p> <p>Interview with the SSD (Social Service Director) on 11/13/13 at 10:25 a.m., indicated Resident #114 was on the dental list to be seen.</p> <p>Interview with the SSD on 11/13/13 at 2:52 p.m., indicated nursing had been responsible for dental issues in the past.</p> <p>The plan of care for "ADL/Mobility" lacked any documentation the plan had been revised to address the resident's dental issues.</p> <p>A procedure, dated 10/13 and titled, "Care Plans," indicated the care plan must be reviewed and revised</p>		<p>indicated by the assessments and care plans. Resident's ADL/Mobility care plans will be audited for completion, development and or updated as indicated on residents that have a change of condition, new admissions, and upon completion of comprehensive and quarterly assessments for 6 months to ensure resident's dental issues are addressed. The audits will be reviewed weekly by the DON/designee. Results of the audits will be forwarded to the QA Committee monthly for further review and recommendations.</p>	

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	<p>according to the RAI (Resident Assessment Instrument) process.</p> <p>3.1-35(d)(2)(B)</p>			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure dental hygiene was provided in accordance with the written plan of care for 1 of 3 residents reviewed for dental care, in the sample of 9 who met the criteria, in that the resident was not assisted to brush her teeth daily. (Resident #50)</p> <p>Finding includes:</p> <p>Resident #50 was observed on 11/7/13 at 11:51 a.m. The resident's teeth appeared to be soiled with food debris and she had missing teeth. The resident was observed again on 11/12/13 at 10:27 a.m., in an activity, and teeth were noted to have debris along the gums. The resident indicated she brushed her teeth sometimes, but not every day, and no one helped her. The resident was observed again on 11/13/13 at 10:15 a.m. to have debris in her mouth around the teeth. She indicated she had not had help brushing her teeth that morning.</p>	F000282	<p>Resident #50 is provided oral care by a qualified person daily per the resident's plan of care. Qualified persons provide daily oral care to current residents per their plans of care. Licensed nurses and CNA's were re-educated on providing oral care per the individualized plans of care. Oral assessments were completed on current residents and care plans were updated to reflect resident's current condition. CNA assignments were updated as indicated by the assessments and care plans. Care observations and resident interviews will be completed on 10% of residents daily for 14 days then 5% of residents 5 x weekly for 6 months to ensure oral care is being provided per the resident's individualized plans of care. Observations and or interviews will be reviewed 5 x weekly by the Administrator/designee to ensure compliance. Identified non-compliance of following the oral plan of care will result in 1:1 re-education with progressive discipline up to and including termination. Results of the observations and interviews will be forwarded to the QA</p>	12/14/2013	

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	<p>Resident #50's clinical record was reviewed on 11/13/13 at 9:53 a.m. Diagnoses included, but were not limited to, morbid obesity, osteoarthritis, cognitive impairment, anxiety, hypertension, hyperlipidemia, and dementia.</p> <p>The resident had a care plan, dated 4/13/13, reviewed 11/9/13, for assistance with activities of daily living. The care plan indicated the facility was to provide oral care daily and PRN (as needed) and the resident required "set-up" assistance.</p> <p>CNAs #2 and #3 were interviewed on 11/13/13 at 10:30 a.m. They indicated they were the two CNAs for Resident #50's unit. Both indicated they had not set-up or helped the resident brush her teeth that morning.</p> <p>3.1-35(g)(2)</p>		Committee monthly for further review and recommendations.		

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to ensure 1 of 3 residents reviewed for falls, in the sample of 6 who met the criteria, were provided assistance to prevent accidents, in that only one staff assisted with a transfer when two were required. (Resident #66)</p> <p>Finding includes:</p> <p>During interview with Agency Nurse #3 on 11/7/13 at 10:30 a.m., she indicated Resident #66 had a fall on 10/29/13 with no injury.</p> <p>Clinical record review on 11/12/13 at 9:15 a.m. included, but was not limited to, the following diagnoses: hypertension, coronary artery disease, degenerative joint disease, diverticulosis, eczema, debility, and cerebral artery occlusion with infarction.</p> <p>An initial Minimum Data Set (MDS) assessment, dated 8/28/13, indicated the resident required extensive</p>	F000323	Resident #66 is being transferred appropriately based on assessed needs. A one time audit has been conducted to identify and assess current resident's needs for assistance during transfers. Care plans and CNA assignment sheets have been reviewed and revised as needed. Licensed nurses and CNA's were re-educated on safe transferring of residents that is identified on the CNA assignment sheets. Newly hired nursing staff is educated on transfers and CNA assignment sheets during initial orientation. Visual transfer observations will be completed 10% of the residents daily for 14 days then 5% of residents 5 x weekly for 6 months by administrative nurses/designee to ensure the plan of care is followed during transfers. Results of observations will be reviewed by the Administrator/designee 5 times weekly during morning stand up meeting. Identified non-compliance will result in 1:1 re-education with progressive discipline up to and including termination. Results of observations will be forwarded to the QA Committee monthly for	12/14/2013			

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	<p>assistance of 2 staff for transfers and was unable to walk in the room or corridor. The MDS also included a history of falls.</p> <p>A care plan for activities of daily living, dated 8/28/13, indicated the resident required 2 assist for transfers. A fall prevention care plan, dated 8/28/13, and revised 10/27/13 and 10/29/13, indicated the resident required 2 assist for transfers. Following falls on 10/27/13 and 10/29/13, the following interventions were written in: 10/27/13, wife education was added, 10/29/13, "Transfers (all) with 2 assist and staff to use gait belt each transfer" was added.</p> <p>A "Print Progress Note" dated 10/29/13 at 9:45 p.m. indicated the resident was "sitting on the floor with bil. [bilateral] legs extended out in front and back against the hall [sic]. W/C [wheelchair] was to his [L] [left]." No information about the how the fall occurred was indicated.</p> <p>The Assistant Director of Nursing (ADoN) indicated during interview on 11/12/13 at 10:35 a.m., the resident was being transferred by 1 person during the 10/29/13 fall, and he was supposed to be transferred by 2 people.</p>		further review and recommendations.	

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(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
	3.1-45(a)(2)			

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  11/14/2013
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F000371 SS=F	<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 dishes and utensils were cleaned under sanitary conditions during 1 of 3 observations of the kitchen (11/6/13 8:55 a.m.). This had the potential to affect all 79 residents residing in the facility who received food from the kitchen.</p> <p>Findings include:  During the initial tour of the facility on 11/6/13 at 8:55 a.m., DA (Dietary Assistant) #1 was observed to be using the dishwasher for dishes. DA #1 indicated the dishwasher had "just broke down." DA #1 indicated she was working the dishwasher manually. DA #1 was observed to load the dishwasher, turn on the dishwasher, wait for approximately 20 seconds, and then push and hold a control on the outside of the dishwasher down. She had just removed a load at the time of the observation. The temperature of the</p>	F000371	<p>On 11-6-13 the dishes and utensils were cleaned and sanitized in the three compartment sink. The dishes and utensils were cleaned and sanitized prior to being used to serve food. There were no dishes and utensils that were used that were not sanitized. Dishes were cleaned under sanitary conditions. The facility continues to serve only dishes and utensils that have been sanitized and cleaned under sanitary conditions either by the use of the automatic dishwasher or the 3 compartment sink. Staff have been Re-Educated on sanitary requirements regarding cleaning dishes and utensils. The facility will continue to use the dish machine or the 3 compartment sink to ensure dishes and utensils are clean and sanitized. Audits will be conducted 3 x daily for 6 months to ensure the dish machine is operating at the required wash temperature and rinse temperature. The three compartment sink will be utilized when needed. The audits will be reviewed 5 x weekly by the Administrator/designee to ensure</p>	12/14/2013

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	<p>dishwasher reached 149 degrees during the first load observed. Another load of dishes was observed loaded and run, with the DA manually pushing a control on the dishwasher. Again, the dishwasher did not reach temperature of 180 degrees Fahrenheit. Upon query of DA#1, she indicated she was using the temperature she had observed earlier in the day. Observation of the temperature log of the dishwasher indicated there were no temperatures documented for 11/6/13. Upon query of DA #1, she indicated she had not documented any recent temperatures, but the wash cycle had reached 162 degrees and the rinse cycle had reached 182 degrees when it ran earlier.</p> <p>During an interview with the ADM (Assistant Dietary Manager) #1 on 11/6/13 at 9:15 a.m., the ADM questioned if she should use paper products for the lunch meal.</p> <p>During an interview on 11/6/13 at 9:38 a.m., the Adm (Administrator) indicated the facility would be using paper products until the dishwasher was repaired. The Adm indicated the dishwasher had been checked several times recently and the facility had to use paper products each time.</p>		<p>the dishes and utensils have been cleaned appropriately. Results of the audits will be forwarded to the QA Committee monthly for further review and recommendations.</p>				

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	<p>The Adm indicated that not all of the staff knew what to do to wash the dishes using the 3-compartment sink method. The Adm indicated the staff would need to be inserviced on the technique.</p> <p>During an interview on 11/12/13 at 7:45 a.m., the Adm indicated the dishwasher was broke again. The Adm indicated the dishwasher was repaired last week and he had called a repairman to look at the dishwasher again this morning. The Adm indicated the facility would be receiving a new dishwasher very soon.</p> <p>A service order provided by the maintenance worker on 11/12/13 at 10:10 a.m., indicated the dishwasher had been repaired on 11/7/13. A purchase order agreement provided by the Adm on 11/13/13 at 9:35 a.m., indicated the facility would be replacing the dishwasher.</p> <p>A procedure obtained from the DM (Dietary Manager) on 11/13/13 at 3:15 p.m. and titled, "Cleaning and Sanitizing" and dated 10/13, indicated dishes were to be washed in high temperature at 150 degrees F. and rinsed in 189-195 degrees F.</p>			

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	3.1-21(i)(2) 3.1-21(i)(3)			