

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

PRINTED: 07/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155606		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2024	
NAME OF PROVIDER OR SUPPLIER WESTSIDE RETIREMENT VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 8616 W 10TH ST INDIANAPOLIS, IN 46234			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00434541, IN00435223, IN00436621, IN00437084, IN00437197, IN00437384, and IN00437471.</p> <p>Complaint IN00434541 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435223 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436621 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437084 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437197 - Federal/State deficiencies related to the allegations are cited at F565.</p> <p>Complaint IN00437384 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437471 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 20, 21, 24, 25, 26, 27, and 28, 2024</p> <p>Facility number: 000497 Provider number: 155606 AIM number: 100291530</p> <p>Census Bed Type: SNF/NF: 102 Total: 102</p>			F 0000	<p>This plan of correction is submitted as required under federal and state regulation and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate. That the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied. Westside Village Nursing Center respectfully request a desk review.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tamela Jones

Executive Director

07/17/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0565 SS=E Bldg. 00	<p>Census Payor Type: Medicare: 9 Medicaid: 79 Other: 14 Total: 102</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 5, 2024.</p> <p>483.10(f)(5)(i)-(iv)(6)(7) Resident/Family Group and Response §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response.</p>						

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	<p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>Based on interview and record review, the facility failed to address grievances in a manner which could be tracked for 5 of 5 months reviewed for grievance resolutions for the Resident Council meetings and the facility's grievance log for 4 of 4 residents reviewed for grievances (Residents E, K, Q, and R).</p> <p>Findings include:</p> <p>1. On 6/20/24 at 2:50 p.m., the Resident Council minutes were provided by the Director of Nursing (DON) and she indicated if the Resident Council brought up a concern in the meeting, staff had advised the Activity Director (AD) to complete a blue grievance card for each concern brought up in the meeting and distribute the blue cards to the appropriate department manager and Executive Director (ED). When the blue card was filled out, the department manager completed the investigation steps to follow up on the concern and a copy was submitted to the ED. The Resident Council minutes indicated the following concerns by the Resident Council without a response from the facility of grievance resolutions:</p>			F 0565	<p>No Residents' identifying information was provided for Residents E, K, Q, and R. Resident grievance and concerns have been reviewed for the past 60 days, July 10 – May 10, 2024, specifically reviewing for resident/family concerns on not receiving showers or change of clothing, room cleanliness, and missing clothing items. Any additional grievance or concerns have been addressed by the appropriate department manager, with documented follow-up response and resolution noted. Re-education has been completed for the Interdisciplinary Team on grievance/concern reviews, investigation, follow up with resident/family, documenting resolution and person response. Re-education has been completed with the Activity Director on maintaining the grievance/concerns for each department, completing routine</p>		07/24/2024

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	<p>a. Residents not receiving scheduled showers</p> <p>b. Call lights taking too long to be answered by staff</p> <p>c. Missing items from laundry</p> <p>On 6/27/24 at 1:35 p.m., the Activity Director/Life Enrichment Director (AD) indicated she took the minutes for the Resident Council meetings. If a resident had a concern, it was documented in the minutes and a blue card was filled out for the concern and given to the appropriate department manager and to the ED. AD indicated she had not gotten responses back from the ED nor the department managers for the blue cards concerns brought up at the Resident Council meetings.</p> <p>2. On 6/20/24 at 11:25 a.m., the Director of Nursing (DON) indicated if a resident or family member had a concern or grievance, staff tried to resolve the concern immediately, but if it was something staff could not resolve, staff completed or had the resident or family member complete a blue grievance card and the blue card was given the ED for a resolution.</p> <p>During an interview, on 6/24/24 at 10:55 a.m., Resident E indicated he was scheduled for 2 showers a week, but only got a couple of showers a month. He would prefer to get 3 showers weekly. He had completed a blue grievance card about not getting his scheduled showers but had not gotten a response from the facility about the concern.</p> <p>On 6/24/24 at 1:11 p.m., Resident K indicated he was not always getting his scheduled showers twice weekly. He had asked staff to fill out a blue concern card about not getting his showers, but he had not gotten a response back from the facility and still was not getting showered twice a</p>				<p>follow-up with department managers until responses have been returned.</p> <p>A systemic change that has been implemented in addition to the current policy includes formatting change of Resident Council Minutes to include Follow Up to Resident Grievance/Concerns, as well as a Resident Council Response Form to be used for each grievance/concern noted during resident council meetings. The Activity Director/designee will be responsible for maintaining follow up and presentation of follow up to the Resident Council members monthly for 6 months, and then quarterly for 2 quarters. The DON/Designee will be responsible for monitoring shower completed as per schedule/resident preference, clothing changes across shifts 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks, and then monthly for 3 months. The Housekeeping Supervisor/designee will be responsible for auditing 10% facility rooms for cleanliness 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks, and then monthly for 3 months. In addition, the Housekeeping Supervisor/designee will review grievance/concerns 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks,</p>		

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	<p>week.</p> <p>During an interview with Resident Q, on 6/25/24 at 8:50 a.m., Resident Q indicated a couple of weeks ago he had completed a blue grievance card about not receiving his scheduled showers twice a week. He had not received his scheduled shower yesterday, on 6/24/24. Resident Q indicated he had not gotten a response about his showers from the facility after completing the blue grievance card.</p> <p>On 6/25/24 at 12:45 p.m., Resident R's family member indicated, the resident was in the same clothes for days, was not routinely bathed or showered, her room was messy, and the facility was not holding staff accountable for their duties. He had complained to staff about the resident wearing the same clothes for days, how messy the resident's room was, and had shown staff the uncleaned room. He had completed blue grievance cards in the past but did not get an answer from the facility. He had called the facility's corporate office with his concerns but did not get a response from them.</p> <p>On 6/21/24 at 1:07 p.m., the ED indicated she was the facility's grievance official, but had just started working for the corporation at the facility on 6/20/24. The ED provided and identified a document as a current facility policy, titled, "Resident Council," revision dated 9/27/23. The policy indicated, "...A resident or family group is defined as a group of residents or residents' family members that meets regularly to: ...1. Discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life...Procedure...1. The facility will designate an associate (e.g., Activities Director or Social Services Director) who will be responsible</p>				<p>and the monthly for 3 months to ensure concerns are resolved with missing clothing. Any issues identified will be immediately corrected, 1:1 re-education completed with staff personnel as identified, with disciplinary action completed as determined necessary by the Director of Nursing and/or Administrator.</p> <p>The Administrator/designee will be responsible for reviewing the completed audits as per the schedule above. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and then quarterly for a total of 6 months. Re-education, frequency and/or duration of reviews will be increased as needed if any areas of noncompliance are identified during the auditing process until compliance has been reached.</p> <p>The Health Facility Administrator at Westside Village is responsible for ensuring compliance with this plan of correction.</p>		

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	for assistance and liaison between the group and the facility's administration...3. The Activities Director or Social Service Director will facilitate follow-up on all complaints, suggestions and ideas presented at the council meeting and will report results at the next meeting for the residents' information. This information will be included in the minutes...Each department director will be responsible for filling out a comment and concern form, prior to the next meeting to provide his or her input...." This citation relates to complaint IN00437197. 3.1-3(l)						