

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

PRINTED: 10/25/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/30/2022	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE KENTUCKIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE N CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00390005 and IN00390726.</p> <p>Complaint IN00390005 - Substantiated. Federal/State deficiency related to the allegations is cited at F656.</p> <p>Complaint IN00390726 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 29 and 30, 2022</p> <p>Facility number: 000100 Provider number: 155191 AIM number: 100266130</p> <p>Census Bed Type: SNF/NF: 62 Residential: 87 Total: 149</p> <p>Census Payor Type: Medicare: 9 Medicaid: 41 Other: 12 Total: 62</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 3, 2022.</p>			F 0000			
F 0656 SS=D Bldg. 00	<p>483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered</p>						

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 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 disclosable 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>care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) 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 §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p>						

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	<p>Based on observation, interview and record review, the facility failed to ensure staff followed a resident's plan of care during a transfer and failed to ensure the plan of care accurately reflected the type of mechanical lift used by the resident for transfers for 1 of 3 residents reviewed for care plans. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 9/29/22 at 2:20 p.m. The diagnosis included, but was not limited to, spastic diplegia. The quarterly MDS (Minimum Data Set) assessment, dated 8/27/22, indicated the resident had intact cognition and required the extensive physical assistance of two staff members for transfers.</p> <p>On 9/29/22 at 2:10 p.m., Resident C was observed sitting up in his electric wheelchair, in his room, with a hoist lift pad under him. He indicated on 9/9/22, during the evening shift, a staff member used the hoist lift to assist him to bed without any assistance from another staff member.</p> <p>The incident report, dated 9/12/22 at 2:15 p.m., indicated the resident reported a staff member put him to bed using a hoist lift by herself.</p> <p>The care plan, dated 6/4/19, indicated the resident required a sit to stand lift device for all transfers and to use 2 staff for all transfers.</p> <p>During an interview on 9/29/22 at 2:36 p.m., the Director of Nursing indicated Resident C required the use of a hoist lift (Mechanical body lift) for transfers. On 9/30/22 at 10:48 a.m., Resident C's care plan had been updated to reflect the use of a hoist lift.</p>			F 0656	<p>This plan of correction is prepared and executed because it is required by the provisions of state and federal law. Westminster Health Care Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor are they of such character so as to limit its ability to render adequate care. This plan of correction shall operate as Westminster Health Care Center credible allegation of compliance. This plan of correction is not meant to establish a standard of care, contract, obligation or position and Westminster Health Care Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</p> <p>F 656 D Develop / Implement Comprehensive Care Plan</p> <p>(a) What corrective actions will be accomplished for the resident found to have been affected by the deficient practice.</p> <p>As of 10/01/2022. Resident #C's plan of care is accurate as to the type of mechanical lift used by the resident for transfers and that staff, who assist with mechanical lift transfers have been trained associated with the care plan's specifics associated with Resident C's transfers.</p> <p>(b) How you will identify other residents having the potential to be affected by the same deficient</p>		10/01/2022

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	<p>During an interview on 9/30/22 at 12:54 p.m., RN (Registered Nurse) 3 indicated CNA (Certified Nursing Assistant) 5 transferred Resident C to bed by herself using the hoier lift.</p> <p>On 9/30/22 at 11:56 a.m., the Director of Nursing provided a current copy of the document titled "Policy and Procedure Resident Lifting/Assisting Transfer" and undated. The policy included, but was not limited to, "...provide a safe work environment...Mechanical Body Lift (Hoyer)...All lifts require two staff assist...."</p> <p>On 9/30/22 at 11:56 a.m., the Director of Nursing provided a current copy of the document titled "Care Planning - Interdisciplinary Team" dated 9/2013. It included, but was not limited to, "Policy Statement...facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident...."</p> <p>This Federal tag relates to Complaint IN00390005</p> <p>3.1-35(d)(2)(B)(g)(1)</p>				<p>practice and what corrective actions will be taken.</p> <p>All residents that utilize a mechanical lift could be affected. The nursing staff will be re-trained on the policies and procedures "Policy and Procedure Resident Listing/Assisting Transfer" and "Care Planning – Interdisciplinary Team". The DON or her/his designee completed an audit of the physician orders, care plans and the communication reports related to physician orders for mechanical lifts and the number of staff assist for mechanical list transfers. If the resident utilizes a mechanical lift, the care plan and communication reports will reflect the physician orders for the mechanical lifts and the number of staff assist required. Each month for residents utilizing a mechanical lift, the physician orders, care plans and communication reports will be audited for accuracy by the DON or designee. The nursing team will be provided annual training related to these 2 procedures as outlined in the policy. Any newly hired staff will be provided an inservice on this. Any team member, who is found not to be in compliance, will be re-educated and counseled as necessary with progressive discipline.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the</p>		

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			<p>deficient practices do not recur. The nursing staff will be re-trained on the policies and procedures "Policy and Procedure Resident Listing/Assisting Transfer" and "Care Planning – Interdisciplinary Team". The DON or her/his designee completed an audit of the physician orders, care plans and the communication reports related to physician orders for mechanical lifts and the number of staff assist for mechanical lift transfers. If the resident utilizes a mechanical lift, the care plan and communication reports will reflect the physician orders for the mechanical lifts and the number of staff assist required. Each month for residents utilizing a mechanical lift, the physician orders, care plans and communication reports will be audited for accuracy by the DON or designee. The nursing team will be provided annual training related to these 2 procedures as outlined in the policy. Any newly hired staff will be provided an inservice on this. Any team member, who is found not to be in compliance, will be re-educated and counseled as necessary with progressive discipline.</p> <p>(d) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put in place. The Director of Nursing or</p>		

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			designee will provide the results from the audits to the Quality Assurance Performance Improvement Committee (QAPI). These findings will be reviewed for recommendations by the Quality Assurance Performance Improvement Committee (QAPI). These findings and review will be completed monthly and submitted to QAPI for a period of one year. The Committee will provide guidance for further action as needed.		