

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

PRINTED: 06/26/2025

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 05/21/2025	
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 IN00456120 and IN00459628.</p> <p>Complaint IN00456120 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00459628 - Federal/state deficiencies related to the allegations are cited at F558, F585, F804, and F921 .</p> <p>Survey dates: May 19, 20, and 21, 2025</p> <p>Facility number: 000497 Provider number: 155606 AIM number: 100291530</p> <p>Census Bed Type: SNF/NF: 89 Total: 89</p> <p>Census Payor Type: Medicare: 4 Medicaid: 65 Other: 20 Total: 89</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on June 3, 2025.</p>			F 0000			
F 0558 SS=D Bldg. 00	<p>483.10(e)(3) Reasonable Accommodations Needs/Preferences</p> <p>Based on observation, interview, and record review, the facility failed to provide or document showers for 1 of 3 residents reviewed for bathing</p>			F 0558	<p>This plan of correction is prepared and executed because the</p>		06/27/2025

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

TITLE

(X6) DATE

Heather Richardson

Director of Nursing

06/13/2025

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>preferences (Resident D).</p> <p>Findings include:</p> <p>On 5/19/25 at 11:25 a.m., Resident D was observed sitting in a chair at bedside looking through shopping bags of new clothing her daughter had delivered. The resident indicated she was concerned that she had not had a shower since her admission to the facility on 4/27/25. Resident D indicated before her admission to the facility, she would cover the dialysis port on her right upper chest with a product she picked up from a local pharmacy, and she showered without problems. Now nursing staff made the excuse every Tuesday and Thursday that they were working on getting her a physician's order for a dressing to cover her port, but that had not happened. Resident D indicated that she was supposed to be discharged within days so she supposedly would have to wait until she got home to shower herself. Resident D indicated that she had voiced to staff saying she could not take a shower without first covering her port but denied she had ever refused to take a shower. The resident's private bathroom shower was observed with dry neatly folded towels hanging on the shower bar.</p> <p>On 5/21/25 at 12:01 p.m., Resident D was observed sitting in a chair at bedside awaiting lunch. She indicated staff had brought Tegaderm (transparent, waterproof, sterile film dressings used to cover and protect wounds, catheter sites, and skin) bandages into the room last evening to cover her port and placed them in a drawer, but she had yet to have a shower and was discharging from the facility the next day.</p> <p>Resident D's record was reviewed on 5/20/25 at</p>				<p>provisions of state and federal law require it and not because Life Care Centers Of America Westside Village Nursing Center agrees with the allegations and citations listed. Life Care Centers Of America Westside Village Nursing Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p> <p>F558</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</b></p> <p>Resident D's shower preferences reviewed with resident and care plan has been revised to reflect</p>		

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	<p>11:00 a.m. Diagnoses on Resident D's profile included end stage renal disease with dialysis (the kidneys lose the ability to remove waste and balance fluids), malignant neoplasm of the left breast (cancer), and need for assistance with personal care.</p> <p>A review of the resident's bath sheets indicated: a. On 5/2/25, 5/6/25, and 5/9/25 documentation indicacated the resident had a sponge bath. b. On 5/13/25 documentation indicated the resident refused a shower and received a sponge bath. c. On 5/16/25 documented indicated the resident had refused a shower.</p> <p>The resident's clinical record lacked documentation of the resident having a shower after her admission to the facility.</p> <p>The resident's clinical record lacked documentation attempts had been made to contact the physician for a dressing order to cover the resident's port to accommodate showering.</p> <p>Admission 5-Day and State Optional MDS (Minimum Data Set) assessments, completed on 5/5/25, assessed Resident D as being cognitively intact, she had no behaviors or rejection of care, required limited assistance of one person physical assist for bed mobility, transfers, and toilet use. The resident required partial/moderate assistance for bathing and showering.</p> <p>A care plan for dialysis had a goal of Resident D having no complications from dialysis. Approaches included dialysis treatments as ordered, observe for bleeding at dialysis access site on the right chest wall, and dialysis on</p>				<p>the current status of the resident. Tegaderm provided and shower offered to resident.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</b></p> <p>A one-time review of the current resident population for shower preferences, schedules, and adaptive devices needed for showers reviewed and care plan and/or orders updated as appropriate. Shower schedules updated to accommodate resident preferences and needs.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>It is the responsibility of the facility staff to Offer and provide shower/bath to all residents as preferred. The Director of Nursing or designee will complete interviews and observations of 10 % of facility resident to ensure resident are receiving showers as preferred 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks and then monthly for 3 months validating showers are being given. Any issues identified will be</p>		

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	<p>Tuesday, Thursday and Saturday.</p> <p>During an interview on 5/21/25 at 1:15 p.m., the Director of Nursing (DON) indicated Tegaderm dressings were a stock item in the facility, and did not require a physician's order for use to cover Resident D's port to shower. The DON indicated Resident D could have had a shower any time or day she wanted, and she herself had delivered Tegaderm dressings to the resident's room that morning.</p> <p>On 5/21/25 at 2:42 p.m., the Administrator (ADM) provided an Activity of Daily Living [ADL] policy, dated 9/10/24, and indicated the policy was the one currently being used by the facility. The policy indicated, "The facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the residents' choices ...The resident will receive assistance as needed to complete activities of daily living [ADL's] ...This facility will utilize the following Lippincott Procedures for tub baths and showers ...."</p> <p>The Lippincott Manual of Nursing Practice, 9th edition, publication date 2022, procedure guidelines for showering a patient emphasized safety and infection control. The procedure involves a step-by-step process for preparing the patient, providing privacy, assessing skin, assisting with showering, and documenting the procedure.</p> <p>This citation relates to Complaint IN00459628.</p> <p>3.1-3(v)(1)</p>				<p>immediately corrected, 1:1 re-education completed with staff personnel as identified, with disciplinary action completed as determined necessary by the Administrator and/or Director of Nursing.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur:</b></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 Quality Assurance Committee meeting monthly for 3 months and the quarterly, for a total of 6 months.</p> <p>Re-education, frequency and/or duration of reviews will be increased if any areas of noncompliance are identified during the auditing process until compliance has been reached. The Health Facility Administrator at Westside Village is responsible for ensuring compliance with this plan of correction.</p> <p><b>Date of Compliance: 6/27/25</b></p>		

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F 0585 SS=D Bldg. 00	<p>483.10(j)(1)-(4) Grievances</p> <p>Based on interview and record review, the facility failed to ensure grievances were followed up, an investigation completed, and grievances resolved for 3 of 3 residents reviewed for grievances (Residents B, C, and M), and 3 of 3 months reviewed for Resident Council (March, April, and May 2025).</p> <p>Findings include:</p> <p>Grievance logs, included:</p> <p>a. On 4/5/25, Resident M indicated the lunch and supper meals were cold, and the breakfast meals on the past two occasions of being cold had seemed frozen. The resolution was for audit and temperature checks, and to look into opening the 300-hallway kitchen.</p> <p>b. On 4/21/25, Resident B complained about having only one shower since her admission to the facility. The resolution was for staff to continue to offer showers and therapy to work on a lift with the resident.</p> <p>c. On 5/6/25, Resident C complained about his room not being cleaned, his bathroom floor having not been mopped, the trash emptied, or his urinal emptied. The resolution was for the housekeeping staff to go into the room twice daily for cleaning and restocking needs. On 5/14/25, the Housekeeping Supervisor documented the follow-up of staff to enter the resident's room when he was not in the room, and to make sure the room was cleaned daily.</p> <p>Resident Council Minutes, included:</p> <p>a. On 3/17/25, Dietary new business indicated breakfast was always cold and late. The response indicated the dietary department was working</p>			F 0585	<p>F585</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</b></p> <p>No resident identifying information was provided for residents B, C, and M.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</b></p> <p>A one-time special resident council meeting conducted to review Grievance policy and procedures as identified from the 5-21-2025 complaint survey for the. Facility interdisciplinary team have been provided with re-education on the steps and LCCA expectation of completing a residents grievance.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>It is the responsibility of the facilities interdisciplinary team to</p>		06/27/2025

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	<p>with the Executive Director (ED) to get proper carts, making sure staff were using all equipment to ensure food was hot, and working with nursing to make sure trays were passed in a timely manner.</p> <p>b. On 4/14/25, Dietary old business indicated the kitchen was buying new warmers.</p> <p>c. On 5/15/25, Dietary new business indicated the same food was served all the time, the food was unrepresentable, and was not good.</p> <p>Confidential interviews conducted during the course of the survey indicated,</p> <p>a. The food was horrible, always cold, and not edible.</p> <p>b. The resident was not offered alternative food when unable to eat the meal served from the kitchen, and not always served the proper diet prescribed by the physician.</p> <p>During an interview on 5/21/25 at 2:00 p.m., the Administrator (ADM) indicated that the Activity Director had been responsible for conducting the Resident Council meetings and documenting the minutes. The Social Services Designee was responsible for collecting grievance cards and documented the concerns on the grievance log. The ADM indicated there were responses to the concerns brought up in the Resident Council meetings and to the grievances on the logs, but the responses were vague and staff needed to document more direct responses with actions to fix the specific complaint/concern.</p> <p>On 5/21/25 at 2:42 p.m., the Administrator (ADM) provided a Grievance Program [Concern and Comment] policy, dated 1/7/25, and indicated the policy was the one currently being used by the facility. The policy indicated, "The Concern &amp; Comment Program is utilized to address the concerns of residents, family members, and</p>				<p>ensure reported grievances are followed up and resolved in timely manner with all supporting documentation of corrective action taken if any. The Social Service Director or designee will complete resident interviews of 100% of residents with grievances 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks and then monthly for 3 months to ensure follow up completed and grievance resolved. 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 Administrator and/or Director of Nursing.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur:</b></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 Quality Assurance Committee meeting monthly for 3 months and the quarterly, for a total of 6 months.</p> <p>Re-education, frequency and/or duration of reviews will be increased if any areas of</p>		

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F 0804 SS=E Bldg. 00	<p>visitors ...The resident has the right to, and the facility must make prompt efforts by the facility to resolve grievances the resident may have ...6. Facilitate meetings and/or conversations with residents and families who have repeated concerns to better meet their needs ...7. Maintaining a recordkeeping system of all complaints reported via the Concerns &amp; Comment Program or any other means of reporting that includes a. The date the grievance was received, b. A summary statement of the residents' grievance, c. The steps taken to investigate the grievance, d. A summary of the pertinent findings or conclusions regarding the resident's concern[s], e. A statement as to whether the grievance was confirmed or not confirmed, f. Any corrective action taken or to be taken by the facility as a result of the grievance, g. The date the written decision was issued ...8. Follow up with the resident and family to communicate resolution or explanation and ensure the issue was handled to the resident and family satisfaction ...."</p> <p>Cross reference tags F804 and F921.</p> <p>This citation relates to Complaint IN00459628.</p> <p>3.1-7(a)(2) 3.1-7(b)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>Based on observation, interview, and record review, the facility failed to ensure the temperature and palatability of food served for 5 of 6 residents reviewed for food temperature (Residents C, D, E, F, and M). This had the potential to affect 89 of 89 residents who received food from the kitchen.</p>			F 0804	<p>noncompliance are identified during the auditing process until compliance has been reached. The Health Facility Administrator at Westside Village is responsible for ensuring compliance with this plan of correction.</p> <p><b>Date of Compliance: 6/27/25</b></p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</b></p>		06/27/2025

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	<p>Findings include:</p> <p>On 5/19/25 at 10:30 a.m., Resident E was observed lying in bed with a breakfast tray on an over the bed table in front of her with half a biscuit and a sausage patty left. The resident indicated, food served in her room was often cold, and staff would not reheat the food, citing no microwave as the reason.</p> <p>On 5/19/25 at 10:56 a.m., Resident F was observed lying in bed speaking with a visitor who was at bedside. The resident indicated he usually had no concern with the temperature of his food, but he did not always get the food he ordered. Resident F gestured to his menu selections from the day prior, and indicated he did not get the roasted chicken and broccoli, and the nursing staff would not contact the kitchen for a replacement.</p> <p>On 5/19/25 at 11:25 a.m., Resident D indicated she ate meals in her room per her choice, but the food was always cold, and she liked her food hot. The resident indicated, sometimes she did not like the food choices, and would not eat that particular food. She was unaware the facility offered an alternative menu.</p> <p>On 5/19/25 at 2:05 p.m., an unidentified dietary employee was observed taking a kitchen transport cart back to the kitchen with resident food trays from lunch, the plates were observed to have warming plates under them, and plastic domes for covering the food. The cart was covered with a plastic food cart cover.</p> <p>On 5/19/25 at 2:41 p.m., Resident C was observed sitting on an electric wheelchair (WC) in his room watching television (TV), and a lunch tray with the food untouched was sitting on a bedside</p>				<p>No resident identifying information was provided for residents C, D, E, F, and M.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</b></p> <p>Residents have the potential to be affected by the cited practice, therefore, this plan of correction applies to residents that reside in the facility. Tray temperatures for units are being checked prior to service of each meal and any trays found below the recommended temperatures are addressed immediately, Test trays are being delivered to administrator to temp with each meal, and management staff assigned to units to ensure staff are passing trays as they are delivered to the units. Facility interdisciplinary team have been provided with re-education on ensuring meal trays are passed timely when delivered to the units to maintain proper temperatures.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>It is the intent and responsibility of</p>		



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	<p>dresser. The resident indicated he had ridden his electric WC down the side of the road and gotten food from a fast-food restaurant approximately 1/4 mile away for lunch. Resident C indicated that morning he had been served a pancake with no syrup or butter, scrambled eggs, corn flakes, and a sausage patty. He had only eaten the cereal as the remainder of his breakfast was cold after being served from a cart with no insulation.</p> <p>On 5/20/25 at 8:40 a.m., fifteen breakfast trays were observed on a metal dietary transport cart in the front 100 hallway waiting to be passed, and the plastic covering that was used to maintain hot temperatures had been removed. There were two nurses observed at the 100-hallway nurse's desk charting while the trays sat in the hallway.</p> <p>On 5/20/25 at 8:50 a.m., there was an unidentified certified nursing assistant (CNA) observed to start passing the breakfast trays on the front and middle 100-hallways. The two nurses continued to sit at the 100 nurse's desk charting.</p> <p>On 5/20/25 at 8:56 a.m., Resident C was observed sitting on the side of the bed. The resident indicated his breakfast was cold and he was not eating it. The resident insisted the visitor touch the food, and although the food was covered with the hard plastic dome, it was cold to the touch. Resident C indicated complaints about cold food had been brought up at several monthly resident council meetings, and the residents had been told by management that enclosed transport food warmers were being ordered, but nothing had changed.</p> <p>On 5/20/25 at 9:02 a.m., Resident D was observed sitting in a recliner at bedside, her breakfast tray on an over the bed tray in front of her, she had</p>				<p>this facility to ensure food is served at safe and appetizing temperatures and delivered in a timely manner. The Dietary manager or designee will announce as the meal carts are coming out of the kitchen to ensure staff are aware and ready to assist in meal pass. The administrator or designee will monitor assigned units to ensure all staff are present to pass trays as meals arrive and complete random audit of food tray temperatures prior to meal service of 3 trays on each unit 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks and then monthly for 3 months to ensure all meals are being served timely and at proper temperatures. Staff will be educated on assuring proper food temperatures prior to meal service and timeliness of passing meal trays. 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 Administrator and/or Director of Nursing.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur:</b></p> <p>The Administrator/designee will be responsible for reviewing the completed audits as per the</p>		

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	<p>not eaten her scrambled eggs, bacon, or half of the toast. The resident indicated that the food had been delivered while she was in the bathroom and was cold when she came out to eat. Resident D indicated that the plates were sitting on a plate warmer, but the plate warmer was also cold.</p> <p>On 5/20/25 at 9:54 a.m., observation of two separate metal dietary transport carts positioned near the 100-hallway nurse's desk with Dietary Aide 23. The two transport carts contained 25 resident breakfast trays, and all but four trays had the eggs returned, and 2 had the toast and bacon returned. Dietary Aide 23 indicated she was not sure why the residents had refused their breakfast, citing cold food, due to dietary staff having made sure this morning that the 100 hallway breakfast trays had been delivered on time at 8:30 a.m.</p> <p>On 5/20/25 at 11:55 p.m., Resident C indicated he used to warm up soup for meals on his own if he did not like what was being served by the facility, but there were no longer microwaves available for resident use, and staff would not allow the residents to use the microwaves or staff breakroom vending machines.</p> <p>On 5/20/25 at 12:18 p.m., Resident C indicated he had once again gone down the road and gotten lunch from a fast-food restaurant.</p> <p>On 5/20/25 at 12:50 p.m., a metal dietary transport cart with five resident lunch trays was observed sitting in the front 100 hallway with the plastic cover off the cart.</p> <p>On 5/20/25 at 12:54 p.m., an extra resident tray on the 300 hallway was tested for temperature. There was pork, pinto beans, zucchini, cornbread, pie</p>				<p>schedule above. The results of these reviews will be discussed at the monthly Quality Assurance Committee meeting monthly for 3 months and the quarterly, for a total of 6 months.</p> <p>Re-education, frequency and/or duration of reviews will be increased if any areas of noncompliance are identified during the auditing process until compliance has been reached. The Health Facility Administrator at Westside Village is responsible for ensuring compliance with this plan of correction.</p> <p><b>Date of Compliance: 6/27/25</b></p>		

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	<p>and a drink. The cooked foods were tepid in temperature.</p> <p>On 5/20/25 at 12:55 p.m., Resident D's lunch tray was observed on an over the bed table in her room, she was out of the facility.</p> <p>On 5/21/25 at 12:01 p.m., Resident D was observed sitting in a WC at bedside awaiting lunch. She indicated that her breakfast that morning had been cold again. The DON came in to speak with her about another issue and had reheated her food in a microwave.</p> <p>A grievance log, dated 4/5/25, indicated Resident M had voiced being unhappy that the lunch and supper meals were cold, and the breakfast meals on the past two occasions of being cold had seemed frozen.</p> <p>Resident Council Minutes, dated 3/17/25, 4/14/25, and 5/15/25, documented resident concerns regarding the temperature of the food, limited food choices, and edibility of the food.</p> <p>Confidential interviews conducted during the course of the survey indicated,</p> <p>a. The food was horrible, always cold, and not edible.</p> <p>b. The resident was not offered alternative food when unable to eat the meal served from the kitchen, and not always served the proper diet prescribed by the physician.</p> <p>During an interview on 5/21/25 at 11:15 a.m., the Dietary Manager (DM) indicated to her knowledge, the kitchen had just been approved for heated transport carts on 5/20/25 due to turnover of Administration, but there was the possibility of at least another month or more</p>						

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	<p>before delivery, and in the interim food would continue to be transported on open metal carts. The current plan for keeping resident food warm during transport included the use of top and bottom plate warmers, and heated plates. Unfortunately, within minutes of being plated, 15% of the cooked food's heat was lost and all the food on the tray would eventually become the same temperature. The DM indicated dietary staff attempted to get meal delivery carts to the resident hallways timely, but if the trays were not passed immediately by nursing staff, the food would get cool quicker.</p> <p>During an interview on 5/21/25 at 11:20 a.m., the DM indicated resident complaints of cold food had been brought up in interdisciplinary team (IDT) meetings, and a discussion about meal pass should be an all-hands-on deck process. There was a meal manager scheduled for each meal to oversee meal service at the point of cart delivery on the resident hallway, the schedule was posted at the nurse's desks, and the assigned meal manager of the day was discussed during every morning meeting, but compliance of meal manager participation was hit or miss.</p> <p>During an interview on 5/21/25 at 1:19 p.m., the Administrator (ADM) indicated heated transport carts were to be ordered. In the interim, there was nothing from a kitchen perspective to be added to keep resident food hot until delivered to the resident rooms, but there was a need for all nursing staff and department head participation in passing out food tray. The 300-hallway satellite kitchen equipment was being assessed and looked at with the thought of once again utilizing the 300-hallway dining room in addition to the main dining room.</p>						

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F 0921 SS=E Bldg. 00	<p>On 5/21/25 at 2:42 p.m., the Administrator (ADM) provided a Food Temperature Control policy, dated 4/28/25, and indicated the policy was the one currently being used by the facility. The policy indicated, "Policy: Food temperatures are maintained during mealtimes to ensure residents receive safe food served at acceptable temperatures ...3. If food temperatures are unsatisfactory, the problem areas are corrected before serving the food item[s]..."</p> <p>This citation relates to Complaint IN00459628.</p> <p>3.1-21(a)(2)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ</p> <p>Based on observation and interview, the facility failed to maintain a safe, clean, and sanitary environment on 1 of 2 units (100) observed for cleanliness.</p> <p>Findings include:</p> <p>On 5/19/25 at 2:41 p.m., Resident C indicated his bathroom was not stocked with toilet paper or paper towels, the bathroom sink was loose and about to fall off the wall, the carpet had not been vacuumed or shampooed and was stained with unidentified dried substances, and his room surfaces had not been dusted leaving an accumulation of dust. He indicated he spilled his urinal almost daily on his bed or the carpet which made his room stink, but staff did not see his room concerns as a priority. Resident C gestured to paper debris and food on the floor throughout the room, to include nuts and a blue colored chocolate coated candy along the wall near the entry and indicated the mess had been on the</p>			F 0921	<p>F921</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</b></p> <p>No resident identifying information was provided for residents C.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</b></p> <p>Residents have the potential to be affected by the cited practice, therefore, this plan of correction applies to residents that reside in the facility. Random resident</p>		06/27/2025

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	<p>floor for at least 2 weeks.</p> <p>On 5/19/25 at 4:00 p.m., Housekeeper 19 was observed sweeping and mopping on the front 100 unit hallway during the day. There were no other housekeepers observed on the remaining two 100 unit hallways or the three 300 unit hallways.</p> <p>On 5/20/25 at 8:56 a.m., Resident C was observed sitting on the side of the bed, and indicated the wound nurse had just emptied his overflowing trash that contained smelly soiled briefs and plastic under pads. The bathroom was observed and there was no toilet paper, the paper towel dispenser was empty, the toilet rim had a dark dried unidentified substance on the front rim, and a styrofoam cup was sitting upside down on the seat. The carpet was observed and had not yet been vacuumed or shampooed leaving a foul odor, unidentified food and paper debris, and unidentified stains covering the entire carpet. There was still dust on the flat surfaces and furniture. The resident gestured to debris he had swept into the hallway from his room, and indicated maybe the housekeeping staff would vacuum the hallway carpet if not his.</p> <p>On 5/20/25 at 9:50 a.m., during observation of resident rooms 122 through 130, the floors in the bedrooms and bathrooms were randomly soiled with unidentified dried dark, sometimes sticky substances. The carpets were heavily soiled with unidentified dried stains, paper products included used tissues, scraps of paper and styrofoam cups were on the floors and under the beds, and unidentified food debris was observed throughout the rooms.</p> <p>On 5/20/25 at 9:55 a.m., the facility surfaces in the common areas throughout the facility were</p>				<p>rooms, and common areas will be checks for cleanliness on each unit by Environmental Service Director or designee daily. The Environmental Service Director or designee will in-service staff on the expectations related to the daily cleaning logs. Facility interdisciplinary team have been provided with re-education on ensuring facility is providing a safe, clean, and comfortable environment for resident and guest.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>It is the intent and responsibility of this facility to providing a safe, clean, and comfortable environment for all resident and guest. The Environmental Service Director or designee will audit 5 Random resident rooms including rest rooms, and common areas on each unit for cleanliness to include but not limited to toilets, vacuuming/mopping, dusting, baseboards, and under beds daily 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks and then monthly for 3 months to ensure resident have a clean, comfortable environment. Staff will be educated on expectations and proper cleaning</p>		

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	<p>observation with visible dust. The white baseboards in the front entry, front common areas, hallway leading to the main dining room (MDR), and ice cream shoppe were observed to be heavily soiled with dirt buildup, and an unidentified substance. There was no observation of housekeeping staff on the 100 and 300 units during the morning tour.</p> <p>On 5/20/25 at 12:40 p.m., Resident C's bathroom was observed there was no toilet paper, the paper towel dispenser was empty, the toilet rim had a dark unidentified substance on the front rim, and a styrofoam cup was sitting upside down on the seat. The carpet was observed and had not yet been vacuumed or shampooed leaving a foul odor, unidentified food and paper debris, and unidentified stains covering the entire carpet. There was still dust on the flat surfaces and furniture.</p> <p>On 5/20/25 at 12:49 p.m., Housekeeper 19 was observed mopping resident rooms on the front hallway on the 100 unit. There were no other housekeepers observed cleaning on the remaining 100 unit hallways, the 300 unit hallways, main dining room, or front common areas of the facility on this date.</p> <p>On 5/20/25 at 1:20 p.m., the debris Resident C indicated he had swept from his room remained on the carpet in the hallway.</p> <p>A review of housekeeping schedules, dated 5/19/25 through 5/21/25, indicated Housekeeper 20 was assigned to all occupied resident rooms on the 300 unit, and the 300 unit common areas and bathroom, and Housekeeper 21 was assigned to resident rooms 116 through 130 and assist with the nurse's station were not observed working in</p>				<p>per LCCA policy/procedure and daily cleaning log completion. 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 Administrator and/or Director of Nursing.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur:</b></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 Quality Assurance Committee meeting monthly for 3 months and the quarterly, for a total of 6 months.</p> <p>Re-education, frequency and/or duration of reviews will be increased if any areas of noncompliance are identified during the auditing process until compliance has been reached. The Health Facility Administrator at Westside Village is responsible for ensuring compliance with this plan of correction.</p> <p><b>Date of Compliance: 6/27/25</b></p>		

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	<p>the facility during the survey.</p> <p>During an interview on 5/20/25 at 2:07 p.m., Housekeeper 19 indicated each housekeeper was assigned a different section of the facility to clean. He was responsible for the MDR, front entry common areas, and resident rooms 100 through 115. The housekeeping department was currently down a housekeeper, therefore the remaining rooms on the 100 hallways had no assigned housekeeper. The residents' rooms on the far 100 hallway were carpeted, the residents tended to be up more, and they made less messes, so they were spot checked and cleaned as needed by himself or the Housekeeping Supervisor. Housekeeper 19 indicated that every morning he was required to vacuum the carpet in the MDR and front entry, sweep and mopped the offices and to take out their trash, and to clean the front public bathrooms. The activity room and ice cream shoppe were only cleaned as needed. Housekeeper 19 indicated that the front entry tile was not swept and mopped every day due to the foot traffic, dusting in the front lobby and common areas was completed about once weekly, and he had cleaned the baseboards recently by using a mop. Housekeeping staff were required to leave early at times due to a low census, so got cleaning done as time allowed.</p> <p>During an interview on 5/21/25 at 12:52 p.m., the Housekeeping Supervisor indicated she had been on vacation and just returned the day before, but Housekeeper 20 had told her Resident C's room had been cleaned and vacuumed on 5/19/25. Resident C's room was stocked with paper products daily, and she was not sure what he was doing with the paper towel and toilet paper. The Housekeeping Supervisor indicated that Resident C did not like staff that were not Americans, to</p>						



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	<p>include Housekeeper 20 that was assigned to his hallway, and would yell at her and tell her to leave his room. To accommodate the resident, Housekeeper 20 was trying to go in and restock and clean while the resident was out of the room, but there had been no plan to replace the housekeeper's assignment of Resident C's room. The Housekeeping Supervisor indicated that common areas in the facility and resident rooms were to be cleaned daily to include sweeping, mopping and vacuuming floors, dusting high touch surfaces, and cleaning the bathrooms. Dusting in common areas was done weekly, and the baseboards in the front common areas and ice cream shoppe were supposed to be cleaned daily or as needed.</p> <p>On 5/21/25 at 2:42 p.m., the Administrator (ADM) provided a Housekeeping Services policy, dated 6/4/24, and indicated the policy was the one currently being used by the facility. The policy indicated, "The facility will provide a safe, clean, comfortable, and homelike environment ...1. Lobby and resident common areas. a. Clean high-touch areas daily and as needed. b. Clean low-touch areas weekly and as needed. 2. Resident rooms. a. clean high-touch surfaces at least daily to include handwashing sinks and floors ...c. Clean low-touch surfaces on a scheduled basis [i.e., weekly] ...3. Resident bathrooms. a. Clean and disinfect high touch/frequently contaminated surfaces [sinks, faucets, handles, toilet seats, door handles] at least daily. b. Clean and disinfect any surface visible soiled with blood or body fluids ...1. Carpeting will be vacuumed regularly, cleaned promptly if spills occur, and shampooed routinely and when indicated by appearance ...."</p> <p>This citation relates to Complaint IN00459628.</p>						

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