

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155221	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/22/2021
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 E DAVIS DR TERRE HAUTE, IN 47802
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F 0000 Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Survey date: October 22, 2021</p> <p>Facility number: 000126 Provider number: 155221 AIM number: 100266400</p> <p>Census Bed Type: SNF/NF: 44 Residential: 37 Total: 81</p> <p>Census Payor Type: Medicare: 1 Medicaid: 26 Other: 17 Total: 44</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 4, 2021.</p>	F 0000	<p>This plan of correction is to serve as Westminster Village's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Westminster Village or by the management company of Westminster Village that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. Westminster Village will be in compliance as of 11/19/2021. We respectfully request a desk review.</p>	
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care</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 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>for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, interview, and record review, the facility failed to ensure privacy was provided to a resident during incontinence care during 1 of 1 random incontinence care observations (Resident 501).</p> <p>Findings include:</p>	F 0550	<p>It is the practice of Westminster Village to ensure that each resident's rights are honored and to provide dignified care to each and every resident.</p> <p>What corrective actions will be</p>	11/19/2021

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	<p>During a random incontinence care observation, on 10/22/21 at 1:34 p.m., Resident 501 was observed from the hallway lying in bed with no pants on, uncovered, and incontinent of a bowel movement (BM). Certified Nursing Assistant (CNA) 9 was providing incontinence care to the resident and had not provided the resident with privacy. The resident and CNA were clearly visible from the hallway, and 2 other residents were present near the front of the hallway.</p> <p>During an interview, on 10/22/21 at 1:37 p.m., CNA 9 indicated she should have pulled the curtain or shut the resident's door and provided the resident privacy during the incontinence care.</p> <p>Resident 501's record was reviewed on 10/22/21 at 2:26 p.m. Diagnoses on the resident's profile included, but were not limited to, dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) in other diseases classified elsewhere without behavioral disturbance.</p> <p>A care plan, updated 4/21/21, indicated the resident was at risk for bowel incontinence.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 8/30/21, indicated the resident had a severe cognitive impairment and required extensive assistance of one staff member for toilet use and personal hygiene.</p> <p>During an interview, on 10/22/21 at 1:40 p.m., Licensed Practical Nurse (LPN) 8 indicated privacy should have been provided during incontinence care.</p>		<p>accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident #501's privacy was provided once CNA 9 realized that privacy had not been originally provided. CNA 9 and available nursing team members present at time of occurrence were immediately educated on resident privacy and dignity (See Exhibit C). Westminster Village's Perineal Care policy has been updated to include that privacy should be provided prior to starting and for the duration of Perineal Care (See Exhibit A packet of policies and acknowledgement). This includes the closing of privacy curtains and/or doors. <p>How other Residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <ul style="list-style-type: none"> All Residents have the potential to be affected by the alleged deficient practice. Nursing personnel has been provided re-education on the policy for privacy during perineal care. As stated above, Westminster Village's Perineal Care policy has also been updated to ensure privacy is provided prior to starting perineal care. <p>What measures will be put into place or what systemic changes</p>	

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F 0880 SS=D Bldg. 00	<p>On 10/22/21 at 2:18 p.m., the Executive Director (ED) provided a document titled, "Resident Rights," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy Statement: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence"</p> <p>On 10/22/21 at 2:18 p.m., the ED provided a document titled, "Perineal Care," and indicated it was the policy currently being used by the facility. The policy indicated, "...Steps in the Procedure...5. Fold the sheet down to the lower part of the body. Cover the upper torso with sheet. 6. Raise the gown or lower the pajamas. Avoid unnecessary exposure of the resident's body...."</p> <p>3.1-3(p)(4)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection</p>		<p>will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> The facility policy for perineal care was reviewed and nursing personnel were re-educated on the policy, including a written policy acknowledgement and in-person discussion at the November nursing meeting. The nursing management team will provide oversight to ensure ongoing compliance. <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Perineal Care audits, with focus on privacy, will be completed on 2 residents daily x 7 days, weekly x 4 weeks, and monthly x 5 months by nursing management. The compliance of these audits and any re-education needed will be reviewed and overseen by the Director of Nursing. (See Exhibit B) 				

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	<p>prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the</p>			

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	<p>disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on observation, interview, and record review, the facility failed to properly prevent the potential for COVID-19 by utilizing eye protection during resident care and proper hand hygiene for 1 of 4 residents observed for infection control (Resident 501).</p> <p>Findings include:</p> <p>During a random incontinence care observation, on 10/22/21 at 1:34 p.m., Resident 501 was observed incontinent of bowel movement (BM), and Certified Nursing Assistant (CNA) 9 was providing incontinence care. The resident's door was open, and care was clearly visible from the hallway. CNA 9 was not wearing eye protection and was observed providing direct care to the resident. A large pile of dirty linens was piled directly on the floor next to the resident's bed. CNA 9 then pulled the privacy curtain, with the same gloved hand used to provide incontinence</p>	F 0880	<p>It is the practice of Westminster Village to ensure that infection control practices are followed at all times.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident #501 displayed no adverse effects related to alleged deficient practice. CNA 9 and available nursing team members at the time of occurrence were immediately re-educated on proper infection control practices related to handling of dirty linens as well as hand hygiene prior to pulling privacy curtain (See Exhibit C). (See Exhibit A packet of policies and 	11/19/2021

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	<p>care. No hand hygiene was observed prior to touching the privacy curtain.</p> <p>During an interview, on 10/22/21 at 1:37 p.m., CNA 9 indicated she should have worn eye protection during direct resident care, but her eye protection fell off. Dirty linens should not have been placed on the floor and should have been bagged. Hand hygiene should have been done before touching the privacy curtain.</p> <p>Resident 501's record was reviewed on 10/22/21 at 2:26 p.m. Diagnoses on the resident's profile included, but were not limited to, dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) in other diseases classified elsewhere without behavioral disturbance.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 8/30/21, indicated the resident had a severe cognitive impairment and required extensive assistance of one staff member for toilet use and personal hygiene.</p> <p>A care plan, updated 4/21/21, indicated the resident was at risk for bowel incontinence.</p> <p>During an interview on 10/22/21 at 1:40 p.m., Licensed Practical Nurse (LPN) 8 indicated eye protection should have been worn during direct resident care. Linens should not have been placed on the floor. Hand hygiene should have been done before touching a privacy curtain.</p> <p>During an interview, on 10/22/21 at 2:24 p.m., the Executive Director (ED) indicated the county was in a substantial or high level of COVID-19 transmission, and eye protection should have</p>		<p>acknowledgement). The carpet in resident #501's room was cleaned and the curtain was replaced and laundered.</p> <p>How other Residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <ul style="list-style-type: none"> • All Residents have the potential to be affected by the deficient practice. Nursing personnel has been educated on the policy regarding proper dirty linen handling, proper use of eye protection and proper hand hygiene practices. <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> • The facility policy for infection control related to proper dirty linen handling, proper eye protection usage, and hand hygiene was reviewed and nursing personnel were re-educated on the policy. The nursing management team will provide oversight to ensure ongoing compliance. <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> • Perineal Care audits, with focus on dirty linen handling and proper hand hygiene as well as proper eye wear based off state 	

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	<p>been worn during all direct resident care.</p> <p>On 10/22/21 at 2:18 p.m., the Executive Director (ED) provided an untitled document and indicated it was the policy for eye protection currently being used by the facility. The policy indicated, "...Infection Control Basics...Precautions: Eye Protection...All HCP: Eye Protection for resident care when community transmission is substantial or high...."</p> <p>On 10/22/21 at 2:18 p.m., the ED provided a document titled, "Laundry and Bedding, Soiled," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy Statement: Soiled laundry/bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen. Policy Interpretation and Implementation: 1. Soiled laundry and bedding...contaminated with blood or other potentially infectious materials must be handled as little as possible and with a minimum of agitation. 2. Place contaminated laundry in a bag or container at the location where it is used and do not sort or rinse at the location of use...."</p> <p>On 10/22/21 at 2:26 p.m., the ED provided a document titled, "Handwashing/Hand Hygiene," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy Statement: The facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation...7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: ...b. Before and after direct contact with residents; ...After contact with a resident's</p>		<p>guidance, will be completed on 2 residents daily x 7 days, weekly x 4 weeks, and monthly x 5 months by nursing management. The compliance of these audits and any re-education needed will be reviewed and overseen by the Director of Nursing. (See Exhibit B)</p>	

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R 0000 Bldg. 00	<p>intact skin; ...l. After contact with objects...in the immediate vicinity of a resident...."</p> <p>3.1-18(l)</p> <p>This visit was for a Residential COVID-19 Quality Assurance Walk Through. This visit included a Nursing Home COVID-19 Focused Infection Control Survey.</p> <p>Survey date: October 22, 2021</p> <p>Facility number: 000126</p> <p>Residential Census: 37</p> <p>Westminster Village Health & Rehab was found to be in compliance with 410 IAC 16.2-5 in regard to the Residential COVID-19 Quality Assurance Walk Through.</p> <p>Quality review completed on November 4, 2021.</p>	R 0000	<p>This plan of correction is to serve as Westminster Village's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Westminster Village or by the management company of Westminster Village that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. Westminster Village will be in compliance as of 11/19/2021. We respectfully request a desk review.</p>	