STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) I				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER				COMPLETED			
		155234	B. WING		10/07/2022		
NAME OF P	ROVIDER OR SUPPLIE			ADDRESS, CITY, STATE, ZIP COD			
WESTRIDGE HEALTH CARE CENTER			125 W MARGARET AVE TERRE HAUTE, IN 47802				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)		
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION		
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE		
F 0000							
Bldg. 00							
Diag. 00	This visit was for t	he Investigation of Complaint	F 0000	Please find the enclosed plan	of		
	IN00391772.		1 0000	correction for the survey endir			
				10/07/2022. Due to the low so	-		
		1772 - Unsubstantiated due to		and severity of the survey find	-		
	lack of evidence.			this facility respectfully reques			
	Unrelated deficience	cy cited.		the granting of paper compliant Should additional information/documentation be			
	Survey dates: Octo	ober 06 and 07, 2022		necessary to confirm said compliance, please feel free to			
	Facility number: 00	00139		contact me.			
	Provider number: 1	155234		Respectfully,			
	AIM number: 1002	266410		Lisa Bloesing HFA			
	Census Bed Type:						
	SNF/NF: 46						
	Total: 46						
	Census Payor Type	a:					
	Medicare: 07						
	Medicaid: 39						
	Other: 00						
	Total: 46						
	This deficiency ref accordance with 41	Plects State Findings cited in 10 IAC 16.2-3.1.					
	Quality review con	npleted on October 13, 2022.					
F 0740	483.40						
SS=D	Behavioral Health	n Services					
Bldg. 00		ral health services.					
		ıst receive and the facility					
	-	necessary behavioral health					
		s to attain or maintain the					
		le physical, mental, and					
	psychosocial well	l-being, in accordance with					
LABORATOR	Y DIRECTOR'S OR PRO	OVIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE	(X6) DATE		

(X6) DATE

Lisa Gustus MSN, RN Consultant 10/28/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: XDC711 Facility ID: 000139 If continuation sheet Page 1 of 7

CI	ENTERS FOR	MEDICARE & MEDIC	AID SERVICES			OM	B NO. 0938-039
	STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER	a. building <u>00</u>		COMPLETED		
			155234	B. WING		10/07/2022	
_				CTREET	ADDRESS CITY STATE ZIR COD		
	NAME OF P	ROVIDER OR SUPPLIER	2		ADDRESS, CITY, STATE, ZIP COD MARGARET AVE		
	WESTSI		E CENTED				
	WESTRIL	DGE HEALTH CAR	E CENTER	TERRE	E HAUTE, IN 47802		
	(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
	TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY		DATE
		the comprehensive	e assessment and plan of				
		care. Behavioral l	health encompasses a				
		resident's whole e	motional and mental				
		well-being, which	includes, but is not limited				
		-	and treatment of mental				
		and substance use					
			on, interview, and record	F 0740	Resident C's care plans	:	11/09/2022
			failed to ensure a resident	1 0/40	have been reviewed and upda		11/07/2022
		•	petitive skin picking related to		to include a person centered		
		-	oped and implemented person		approach with goals and		
		•	re with a developed goal and		interventions involving the rep	etitive	
		•	o reduce and or prevent skin		skin picking behavior related to		
			esidents reviewed for		1	U	
			ervices. (Resident C)		anxiety.		
		benavioral health se	ervices. (Resident C)		2. No other residents were		
		E' 1' ' 1 1			affected by the alleged practic		
		Findings include:			however all residents have the		
		D 11 (CL 1)	l records were reviewed on		potential to be affected. All ca		
					plans shall be reviewed to ens		
			1:55 p.m. Resident C's		that person centered problems	5,	
		-	but were not limited to renal		goals and interventions are in		
			tructive pulmonary disease,		place. If any inaccuracies are		
			, dysphagia, and esophageal		identified, corrective action wil	l	
		stenosis.			immediately occur.		
					3. The facility's policy and		
			nnual Minimum Data Set		procedures regarding care pla		
			December 16, 2021, indicated		development and Implementa		
			l status as married with a		of intervention have been revi		
		•	of homemaker. When		with no changes indicated at t		
		•	ners understood her, and she		time. The nursing staff will be		
			Her cognitive skills for daily		re-educated regarding the		
			ere intact, having scored a 15		development of person center	ed	
		out of 15 points. Sh	ne was totally dependent on		care plans and implementation	n of	
		nursing staff for all	activities of daily living. She		person centered care plan		
		received 51% or gre	eater of all nutritional caloric		interventions. A monitoring too	ol will	
		intake via a feeding	tube. Quarterly Minimum		be implemented.		
			ts, dated April 27, 2022 and		4. The DON or designee w	/ill	
		July 08, 2022, indic	eated Resident C remained as		be responsible for completing		
		assessed on Decemb			monitoring tool to ensure accu		
			•		development of person center		
				•			i .

October 2022 physician orders indicated

care plans and implementation of

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		155234	B. W	ING		10/07/2022	
		1		STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	R			MARGARET AVE		
WESTRI	DGE HEALTH CAR	RE CENTER			HAUTE, IN 47802		
	T		1		,		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	+	TAG		tool	DATE
	•	ding was provided around the			interventions. The monitoring		
	clock at a rate of 43	5 milliliters per hour.			will be completed on schedule		
	A Physician ardar	dated July 05, 2022, indicated			work days as follows: A minir		
	Resident C was pre				of 5 residents reviewed weekl four weeks and then 5 weekly	-	
	_	milligrams (mg) by mouth			every other week for 4 weeks		
		ne, due to anxiety exhibited by			then 5 monthly thereafter. Th		
		ing on her face and chest.			results of these reviews and a		
	moreasea skin piek	on her twee und ellect.			corrective action will be reviewed		
	A resident care plan	n was provided by the Director			during the facilities QA meeti		
	_	ober 07, 2022 at 10:00 a.m. A			and adjustments to the planne	-	
		olan indicated, "Health			schedule will be adjusted	=	
	_	ed on September 09, 2020. "The			accordingly until 100%		
		le health conditions: (LIST)			compliance is achieved		
	_	will be free from complications					
		ed health conditions through					
		f interventions to achieve					
	documented goal in	ndicated, "1. Monitor vital					
	signs as needed. 2.	Monitor for complications					
	and report any find	ings to the nurse for further					
	evaluation and poss	sible physician and resident					
	_	fication. 3. Administer					
		ered. 4. Monitor for any					
		n status which could be related					
		tervene as indicated. 5.					
		e in mood/behavior (for					
		n, anxiety,) related to condition					
		ss of function and notify social					
	services as indicate	_					
		presentative adherence with					
		hysician orders to prevent					
		ndition and risk of death." A					
	health condition of "Atopic Dermatitis" was added on July 23, 2021. No goal or intervention had been added to indicate treatment and services						
	for anxiety related	skin picking.					
	A resident come also	n was provided by the Director					
	_	ober 07, 2022 at 10:30 a.m. A					
	_	olan indicated. "Non-Pressure					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

XDC711 Facility ID: 000139

If continuation sheet Page 3 of 7

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155234		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 10/07/2022					
NAME OF PROVIDER OR SUPPLIER WESTRIDGE HEALTH CARE CENTER			125 W I	STREET ADDRESS, CITY, STATE, ZIP COD 125 W MARGARET AVE TERRE HAUTE, IN 47802					
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE	SIATE CONTINUE TO T				
PREFIX TAG	Redutatory or Related Skin Condi "The resident has of widespread. Goal: size/heal without consize/heal without consize/heal without consize/heal without consize/heal without consize/heal without consizer warmth, odor, drain and notify physician treatment for efficance consult physician. It is a per order." An a indicated; "Order to the consizer warmth, odor, drain as per order." An a indicated; "Order to the consult physician order dindicated to schedul dermatologist. Physician Progress - July 21, 2022; Nurrecently started pt. [sertraline]. Noted on face and chest. It anxiety/depression anxiety/depression anxiety/depression anxiety. Resided depression/anxiety. however, has left ro	tion" initiated on July 21, 2022. ben lesion, scratches The area(s) will decrease in implications by next review." o achieve documented goal ment as ordered. 2. Monitor ent Program. 3. Monitor for of infection (i.e. redness, age, increased temperature) in if observed. 4. Monitor ey. If area is not improving, Monitor for pain and medicate dded intervention; non-dated; esee dermatology." ated October 06, 2022; the an appointment to see a Notes indicated the following: rese Practitioner. "Psych Resident C] on Zoloft to have increased Denies increased	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BI					
		ooth upper arms] and bilateral o new areas noted"							
	Progress Note. "Ger Widowed Chief (2; Nurse Practitioner Psychiatry neral. Marital Status: Complaint / Nature of : Per staff report resident is							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

XDC711 Facility ID: 000139

If continuation sheet

Page 4 of 7

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
15		155234	B. W	B. WING		10/07/2022	
				CTDEET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF I	PROVIDER OR SUPPLIEF	₹			MARGARET AVE		
WESTBIDGE HEALTH CARE CENTER					HAUTE, IN 47802		
WESTRIDGE HEALTH CARE CENTER				TERRE	HAUTE, IN 47802		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)	DATE	
	-	ting at skin more. She got new					
		sident in bed. Upon entering					
		vn up to neck. Multiple scabs					
		hest. She denies issues with					
		nood. She denies picking when					
		on chest. She denies feeling					
		and states 'don't go telling					
	them' referring to the	ne multiple scabs.					
	-Sentember 22 202	2; Nurse Practitioner Progress					
	_	wn labs were reviewed and					
		ndication of imbalances					
	causing skin irritation. "Skin:Scattered areas of						
	picked skin on bilateral shoulders, upper chest, left upper extremity, abdomen, bilateral lower						
	extremities."	,					
	-September 26, 202	2; Behavioral Health Progress					
	Note. "Reason for	Referral: Eval and treat for					
	depression and anxi	iety Oriented to Person.					
	Oriented to Place.	Memory: Memory Impairment,					
	Recent Thought	Process: Delayed/Slowed					
	Insight: Mild impai	rment. Judgement: Moderate					
	Impairment. Session	on Summary: During session					
	_	as anxious, with congruent					
		scribed feeling grief and					
		r lost husband. She also					
	_	not having enough to read.					
	• •	therapy to explore and					
		nanagement of negative affect					
		f therapy. Consultation with					
		conducted to notify the issue					
	_	enough to read. Social					
	_	ey will order her some books.					
		ective(s): Assess and monitor					
		mptoms. Replace maladaptive					
	-	ior with constructive					
		ve coping self-talk and					
		ent Interventions: Assess the					
severity of the resident's mood disturbances							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

XDC711 Facility ID: 000139

If continuation sheet Page 5 of 7

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		A. BUILDING 00 B. WING		COMPLETED 10/07/2022	
155234			B. W.	ING		10/07	/2022
NAME OF I	PROVIDER OR SUPPLIEI	R			ADDRESS, CITY, STATE, ZIP COD		
WESTRI	DGE HEALTH CAF	RE CENTER			MARGARET AVE HAUTE, IN 47802		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID BROWDER'S BLANGE COL		PROVIDER'S PLAN OF CORRECTION	ECTION (X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	erview/exam and screening of					
		ve mood assessment. Explore negative thoughts/self-talk and					
	_	DEPRESSED mood."					
	_	lan(s) lacked documentation of					
		treatment goals and					
	interventions.						
	An initial Assessme	ent of Non-Pressure Related					
		ated July 21, 2022; indicated,					
	"Widespread partial thickness of skin injury."						
	Weekly skin assessments; dated July 28, 2022 through October 06, 2022; indicated, "Widespread partial thickness of skin injury."						
	Duning on absorper	ion on Ootobou 06, 2022 at 1,20					
	During an observation on October 06, 2022 at 1:30 p.m., Resident C had multiple open skin lesions.						
	During an interview						
	_	rector of Nursing indicated					
	Resident C had "pi	cked at her skin." During an					
		ne of the observation, Resident					
		and or itching. She did not					
	_	cked at her skin. She did shake Director of Nursing's interview					
	response.	Director of Nursing's interview					
		of non-pressure related skin					
		etober 07, 2022, indicated					
	Resident C had 30	-					
		areas over her entire body that					
	presented in varies sizes and stages from opened sore(s) to scabbed.						
		22 at 10:35 a.m., Employee 1 was					
		ng the interview Employee 1 ntly provided direct activities					
		• 1					
	of daily living care to Resident C daily. Resident C was alert and able to "hold a conversation."						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

XDC711 Facility ID: 000139

If continuation sheet Page 6 of 7

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

PRINTED: 11/04/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED		
		155234	B. W	B. WING		10/07/2022		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 125 W MARGARET AVE				
WESTRII	DGE HEALTH CAR	RE CENTER		TERRE	HAUTE, IN 47802			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION		
TAG		R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)	DATE		
		watch television shows of						
		mystery and like to read						
		currently had not wanted to						
		she picks at her skin						
		't know why." The skin						
		ccurring a long time, but						
	-	Employee 1 indicated the nurse						
	*	ne areas of picked skin, other						
	than that she was unsure of what else was being							
	-	reduce Resident C from picking						
	at her skin.							
	On October 07, 202	22 at 10:55 a.m., Employee 2 was						
		g the interview Employee 2						
		ded direct nursing care to						
	_	hree days a week. Resident C						
		to watch television and read.						
		l keep picked skin areas clean,						
	-	dicated cream, and "try" to						
		Resident C would often "just						
		ff." Employee 2 indicated she						
		reventative care or what staff						
	•	at or reduce her from picking at						
	her skin."	1 8						
	On October 07, 2022 at 11:45 a.m., Social Services indicated she had ordered books for Resident C and provided a copy of an online order. A review							
	of the order; dated Friday, October 07, 2022;							
	indicated 4 books h							
	3.1-43(a)(1)							

Event ID: XDC711 Facility ID: 000139 If continuation sheet Page 7 of 7