

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155606	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
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 IN00405336, IN00405488, and IN00406004. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00405336 - Federal/State deficiencies related to the allegations are cited at F690.</p> <p>Complaint IN00405488 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406004 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 10 and 11, 2023</p> <p>Facility number: 000497 Provider number: 155606 AIM number: 100291530</p> <p>Census Bed Type: SNF/NF: 95 Total: 95</p> <p>Census Payor Type: Medicare: 36 Medicaid: 54 Other: 05 Total: 95</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 13, 2023.</p>	F 0000		
F 0690 SS=D	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI			

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

TITLE

(X6) DATE

Sherice Ricks

executive director

04/28/2023

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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Bldg. 00	<p>§483.25(e) Incontinence.</p> <p>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <ul style="list-style-type: none"> (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on record review and interview, the facility failed to ensure a resident with assessed history of urinary continence received services and assistance to maintain continence for 1 of 3 residents reviewed for urinary continence.</p>	F 0690	<p>This plan of correction is to serve as Westside Village's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an</p>	04/28/2023

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	<p>(Resident B)</p> <p>Findings include:</p> <p>Resident B's closed clinical records were reviewed on April 10, 2023 at 11:25 a.m. Diagnoses included, but were not limited to, aftercare following joint replacement surgery (right knee), need for assistance with personal care, and other reduced mobility.</p> <p>Hospital Discharge records, dated March 24, 2023, indicated an indwelling catheter had been placed for surgery on March 20, 2023 and removed on March 21, 2023. Resident B's bladder continence status, after catheter removal, was not indicated (blank).</p> <p>The Admission Collection Tool, dated March 24, 2023, indicated Resident B was alert and oriented to person, place, time, and situation. She was cooperative during the assessment and did not resist care. Urinary status indicated, "Continent [able to control bladder]."</p> <p>The Admission Minimum Data Set Assessment, dated March 31, 2023, indicated Resident B was cognitively intact. She did not exhibit behaviors of having resisted care. She required extensive assistance from 2 staff for toileting. During the 7 day look back period, March 24 through March 31, Resident B had been frequently incontinent of urine. Having had 7 or more episodes of urinary incontinence but had at least 1 episode of continent voiding. No toileting program had been initiated nor implemented.</p> <p>A care plan, initiated on March 27, 2023, indicated the resident had an ADL (activities of daily living) self-care performance deficit related to limited</p>		<p>admission by Westside Village's Community or its management company that the allegations contained in the survey report is 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.</p> <p>Westside Village would like to respectfully request a desk review.</p> <p>F690 Bowel/Bladder Incontinence, Catheter, UTI</p> <p>What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident B discharged and no longer resides at facility Resident B had just required surgery preadmission and just had foley cath removed prior to her new admission to facility. <p>Resident B and experienced incontinence day of admission and was C/P as being independent with transferring self to and from the toilet.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <ul style="list-style-type: none"> Residents with urinary continence have the potential to experience incontinence and have 	

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	<p>mobility and pain in the right knee. The established goal was Resident B would maintain current level of function through next review on April 12, 2023. Care interventions staff would implement for toileting was 1 to 2 staff would assist.</p> <p>A care plan, initiated on March 30, 2023, indicated the resident had urinary incontinence. The established goal was Resident B would have no skin breakdown related to urinary incontinence through next review on April 12, 2023. Care interventions staff would implement were to assist with toileting as needed and peri care as needed.</p> <p>On April 10, 2023 at 11:50 a.m., Resident B was interviewed. During the interview she indicated, "I was not satisfied" with the care she had received while at the nursing home in March and April 2023. Prior to her surgery she had been continent of urine. Having described urinary incontinence on several occasions after admission to the nursing home that had not been addressed. Her call light was not answered timely, or staff were not available to assist. Having been incontinent of urine so often and not being addressed she discharged and transferred/changed to a different rehabilitation nursing home.</p> <p>On April 10, 2023 at 10:45 a.m., Resident B's family was interviewed. During the interview, the family indicated feeling "very upset" with the care their mother had received. Urinary incontinence was "very much a concern." Their mother had been continent of urine prior to her admission to the nursing home.</p> <p>On April 11, 2023 at 1:05 p.m., Employee 12 was interviewed. During the interview, Employee 12</p>		<p>the potential to be affected.</p> <ul style="list-style-type: none"> DON/designee will complete an audit of current residents to identify residents who are continent of bladder. The care plan of residents who are continent of bladder will be updated to include measures implemented to ensure services and assistance are being provided to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. Any findings will be addressed. <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> DON/designee to provide education to nursing staff on the requirement to ensure residents who are admitted continent of bladder receive services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. The plan of care will reflect services/assistance being provided. DON/designee to complete routine auditing of newly admitted residents to ensure compliance with the above requirement. <p><i>How the corrective action(s) will be monitored to ensure the</i></p>	

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	<p>indicated having provided activities of daily living care to Resident B and having a clear memory of her stay. Resident B was alert and oriented, but she seemed to have times where she was confused. She was able to use her call light and could verbalize her wants and needs. She had times when she had been incontinent of urine but was able to use the bathroom. Employee 12 did not indicate a specific plan or care interventions staff were to implement to promote continence of urine. However Resident B, for reasons unknown, would not allow certain staff to assist her. This staff preference was not addressed in a plan of care, "we took it upon ourselves" to just make sure the preferred staff entered her room.</p> <p>On April 11, 2023 at 1:20 p.m., Employee 3 was interviewed. During the interview, Employee 3 indicated having provided activities of daily living care to Resident B and having a clear memory of her stay. Resident B was alert and oriented, with times of forgetfulness. She used her call light and could tell staff what she needed. At times staff would take her to the bathroom to void urine. Sometimes Resident B had been incontinent. Employee 3 did not indicate a specific plan or care interventions staff were to implement to promote continence of urine.</p> <p>The current nursing home management team with Resident B's records were interviewed on April 11, 2023 at 10:15 a.m. Resident B had currently resided at their nursing home for 11 days. In those 11 days, the resident had zero episodes of incontinence.</p> <p>On April 11, 2023 at 2:10 p.m., the Director of Nursing was requested to provide documentation of care provided to Resident B to promote continence of urine. By survey exit, no</p>			<p><i>deficient practice will not recur, i.e., what quality assurance program will be put into place?</i></p> <ul style="list-style-type: none"> • DON/designee will review the medical record of newly admitted residents to ensure newly admitted continence status has been reviewed within the baseline C/P, and if resident reports being continent on admission, the C/P will reflect services and assistance provided to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. If unable to maintain, the medical record will include documentation to include justification as to the inability. Auditing to occur: 4 new admits daily if they occur x's 30 days, 4 new admits weekly x's 30 days if they occur, 4 new admits monthly if they occur x's 4 months for a total of 6 months of monitoring. Any findings will be addressed. <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and then quarterly thereafter for a total of 6 months of monitoring once compliance is reached. Frequency and duration of reviews will be increased as needed, if areas of non-compliance are identified</p> <ul style="list-style-type: none"> •

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	documentation was provided. This Federal tag relates to Complaint IN00405336. 3.1-41-(a)(2)		Compliance Date: 4/28/2023 The Administrator at Westside Village is responsible in ensuring compliance in this Plan of Correction	