

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 08/16/2024
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 IN00439467 and IN00439718.</p> <p>Complaint IN00439467- Federal/state deficiencies related to the allegations are cited at F550 and F880</p> <p>Complaint IN00439718 - No deficiencies related to the allegations were cited.</p> <p>Survey dates: August 15 and 16, 2024</p> <p>Facility number: 000497 Provider number: 155606 AIM number: 100291530</p> <p>Census Bed Type: SNF: 7 NF: 95 Total: 102</p> <p>Census Payor Type: Medicare: 5 Medicaid: 78 Other: 19 Total: 102</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 30, 2024.</p>	F 0000		
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>Based on observation, interview, and record</p>	F 0550	Westside Village POC complaint survey 8/16/24	09/13/2024

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

TITLE

(X6) DATE

Heather Richardson

Director Of Nursing

09/09/2024

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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	<p>review, the facility failed to ensure a resident was provided showers per the resident's choice for 1 of 3 residents reviewed for activities of daily living and showers (Resident (B)).</p> <p>Findings include:</p> <p>During observation and interview on 8/15/24 at 10:00 a.m., Resident B was not receiving showers as scheduled. He was to have a shower on Mondays and Thursdays.</p> <p>On 8/16/24 at 9:30 a.m., the medical record for Resident B was reviewed. Admission diagnosis included but were not limited to paraplegia (paralysis that occurs in the lower half of the body), complete acute neurologic 7/22/2023, dysphagia oropharyngeal phase (difficulty swallowing) 4/1/2024, muscle weakness 7/27/2023, dysphagia (difficulty speaking) 9/26/2023, neuromuscular dysfunction of bladder (a condition that occurs when the nerves and muscles of the urinary system don't work together properly) 7/24/2023, chronic obstructive pulmonary disease (a group of diseases that cause airflow blockage and breathing-related problems) 4/3/2024.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 3/12/24, indicated resident was cognitively intact.</p> <p>Resident B's record including the care plans lacked documentation of specific refusal of showers and bathing and interventions.</p> <p>Bathing and shower documentation indicated the resident was administered one shower in the month of June, six showers in the month of July, and three showers from August 1 to 16th. The</p>		<p>F 550</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Facility staff were not given Residents B identifying information.</p> <p>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>QIS interviews and observations were conducted to ensure no additional residents were affected by the alleged deficient practice. The facility staff have been re-educated on Residents Rights and Dignity. Care plan review for residents with shower refusals updated to be specific.</p> <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> <p>It is the responsibility of nursing staff to ensure residents receive their scheduled showers and document any refusals. The DON/Designee will be responsible for auditing showers and</p>	

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	<p>resident's record documented Resident B's shower preference as wanting to have showers 2 days per week.</p> <p>On 8/16/24 10:38 a.m., during an interview with CNA 6, the employee indicated if a resident refused to take a shower she would ask the nurse to verify and would offer a bed bath. She indicated on admission the resident chose shower days and times, but shower days were prescheduled according to the room number.</p> <p>On 8/16/24 at 12:00 p.m., during an interview with the Director of Nursing (DON) she indicated the nurses had been instructed to document in the nurse's notes when care or a shower was refused by the resident. She indicated the resident often refused care and showers from the staff. The DON acknowledged there is no documentation in the medical record indicating the resident refused to be administered a shower except for one entry in the nurses note that had indicated he had refused.</p> <p>On 8/16/2024 at 9:45 a.m., the Administrator provided a document, titled, "Resident Rights," dated 9/25/23, and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure ...6. The resident has the right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care ...8. The resident has the right to receive the services and or items included in the plan of care ...26. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident"</p> <p>This citation related to Complaint IN00439467.</p>		<p>documentation 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks, and then monthly for 3 months. 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 Director of Nursing and/or Administrator.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</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 facility Quality Assurance Committee meeting monthly for three months and then quarterly for a total of 6 months. Re-education, frequency and/or duration of reviews will be increased as needed 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>	

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F 0880 SS=D Bldg. 00	<p>3.1-38(a)(3)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed when providing catheter care to 1 of 2 residents reviewed for catheter care (Resident D).</p> <p>Findings include:</p> <p>During observation and interview on 8/15/24 at 11:25 a.m., Resident D was lying down in bed. He indicated he had a suprapubic catheter (a thin flexible tube that drains urine from the bladder by inserting it through a small incision in the lower abdomen and into the bladder), that was attached to a urinary drainage leg bag (a bag used to collect urine) attached to a catheter tube (a thin flexible tube that is inside the bladder to collect urine). The bag was attached to the leg with straps to hold it into place. The resident indicated the staff had disconnected it from the drainage bag and placed a leg bag on. The catheter bag was hanging onto the trash can next to the bed. The uncapped tubing was inside of the trash can. The resident indicated he had placed it there. He indicated the staff did not clean the bag tip with alcohol pad prior to connecting bag.</p> <p>During an observation on 8/15/24 at 11:33 a.m., Qualified Medication Aide (QMA) 3 changed Resident D's foley catheter leg drainage bag to regular urinary drainage bag. The employee donned (put on) gloves and proceeded to disconnect the foley catheter from the leg drainage bag. She then removed the uncapped</p>	F 0880	<p>Date of Compliance: 9/13/24</p> <p>Westside Village POC complaint survey 8/16/24</p> <p>/p> /p> Facility staff were not given Residents D identifying information.</p> <p>/p> QIS interviews and observations were conducted to ensure no additional residents were affected by the alleged deficient practice. The facility staff have been re-educated on proper hand hygiene, Catheter care, and catheter bag change Policy and procedure.</p> <p>/p> It is the responsibility of nursing staff to maintain hand hygiene per facility policy, and provide clean technique during catheter bag changes. The DON/Designee will be responsible for auditing hand washing and catheter care/bag changes 5 times a week for 2 weeks, 3 times a week for 6 weeks, weekly for 4 weeks, and then monthly for 3 months. Any issues identified will be immediately corrected, 1:1 re-education completed with staff</p>	09/13/2024

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	<p>foley drain bag tubing from the trash can and connected the catheter to the urinary drainage bag. The employee failed to sanitize the tip of the drain tube or catheter prior to connecting the drain tube to the catheter. The employee emptied the drain bag and removed her gloves. The employee did not wash or sanitize her hands after removing gloves. The employee picked up the resident's drinking cup to obtain fresh water for the resident. When she returned with fresh water, she told the resident she needed to wash her hands.</p> <p>On 8/15/24 at 12:00 p.m., the medical record for Resident D was reviewed. Admission diagnoses included but were not limited to: Malignant neoplasm of prostate cancer 6/10/2022, Type 2 diabetes mellitus with diabetic neuropathy, unspecified (a disease that occurs when your blood glucose, also called blood sugar, is too high with nerve pain) 6/10/2022, obstructive and reflux uropathy (inability to empty bladder due to blockage) unspecified 10/2022, bladder neck obstruction (obstruction of the opening of the bladder) 6/10/2022, and need for assistance with personal care 7/6/2022.</p> <p>Physician Order, dated 8/15/24, indicated to change catheter bag as needed related due to obstructive and reflux uropathy, signs of infection, obstruction, or when the closed system was compromised.</p> <p>Physician Order, dated 8/15/24, indicated to perform catheter care every shift related to malignant neoplasm of prostate cancer and keep catheter bag placed below the level of the bladder.</p> <p>Physician Order, dated 8/15/24, indicated the resident was to have a suprapubic catheter and</p>		<p>personnel as identified, with disciplinary action completed as determined necessary by the Director of Nursing and/or Administrator.</p> <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 facility Quality Assurance Committee meeting monthly for three months and then quarterly for a total of 6 months. Re-education, frequency and/or duration of reviews will be increased as needed 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>Date of Compliance: 9/13/24</p>	

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	<p>staff were to perform catheter care with warm water and soap every shift.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 5/29/24, indicated was mildly cognitively affected.</p> <p>A care plan, initiated on 6/12/22 and revised on 8/15/24, indicated the resident had a suprapubic catheter on admission related to malignant neoplasm of prostate, obstructive and reflux uropathy, and bladder neck obstruction, history of UTIs, (urinary tract infections), and was at risk for infection.</p> <p>During an interview on 8/15/24 at 11:45 a.m., QMA 3 indicated when the resident was in bed they would change the leg drainage bag to a regular drainage bag. She indicated she reminded the resident they had to change it due to risk of backflow. She did not acknowledge the steps to change the bag included washing her hands before and after or to sanitize catheter drain tip prior to reconnecting the bag to the foley catheter.</p> <p>During an interview on 8/15/24 at 2:00 p.m., Registered Nurse (RN) 7 indicated when changing a urinary leg drainage bag and connecting it to a foley drain bag. She would explain to resident and glove her hands. She would remove the bag and set it aside. She would wipe the catheter tubing with an alcohol wipe. She would obtain a new drainage bag and attach it to the catheter. She indicated she would not reuse the old bag.</p> <p>During an interview on 8/15/24 at 1:56 p.m., Licensed Practical Nurse (LPN) 9 indicated when changing a foley catheter drainage leg bag from a foley drainage bag she would obtain a clean drain bag and assist the resident to bed. She would</p>			

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	<p>wash her hands and don gloves. She indicated she would cleanse the catheter tubing with an alcohol pad and attach the new drainage bag.</p> <p>On 8/16/2024 at 9:45 a.m., the Administrator provided a document titled, "Hand Hygiene," dated 7/15/22, and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure ...2. Associates perform hand hygiene (even if gloves are used) in the following situations: a. Before and after contact with the resident. b ...after contact with body fluids"</p> <p>On 8/16/2024 at 9:45 a.m., the Administrator provided a document titled, "Indwelling Urinary Catheter (Foley) Management," dated 11/22/17, and indicated it was the policy currently being used by the facility. The policy indicated, "...General Urinary Catheter Maintenance Guidelines ...1 ...a. If breaks in aseptic technique, disconnection, or leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment"</p> <p>This citation related to Complaint IN00439467.</p> <p>3.1-35(g)(1)</p>			