

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

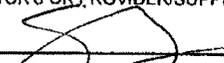
PRINTED: 12/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/19/2012
NAME OF PROVIDER OR SUPPLIER WESTMINSTER TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2116 BUECHEL BANK ROAD LOUISVILLE, KY 40218	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated survey was initiated on 12/18/12 and concluded on 12/19/12 to investigate KY19517. The Division of Health Care substantiated the allegation with an unrelated deficiency cited.	F 000	Submission of this plan of correction is not a statement of agreement with or admission of said deficient practices.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's policy, it was determined the facility failed to provide care in a manner that maintained or enhanced the resident's dignity and respect for one (1) of three (3) sampled residents. The facility failed to ensure a resident's urinal was not visible to visitors, residents and staff from the hallway. The findings include: Review of the facility's Quality of Life-Dignity policy, dated 12/20/11, revealed in section 11, Promotion of Resident Dignity that demeaning practices and standards of care that compromise dignity are prohibited. Observation, on 12/18/12 at 2:51 PM, revealed Resident #1 in a supine position in a recliner chair with eyes closed. A white blanket covered him from mid chest to feet and he held a plastic male	F 241	1. The urinal was emptied and placed back within reach of the resident per his request, but out of view of staff and visitors. 12/19/12 2. A review of MD orders and care plans found that the deficient practice potentially affects 8 residents. 1/3/13	

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

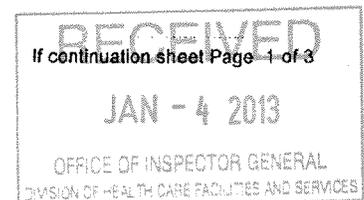
TITLE

(X6) DATE

X 

X Executive Director X 1/4/13

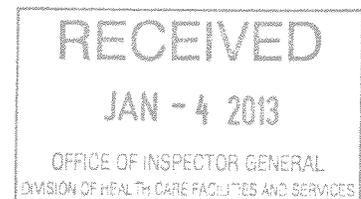
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.



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

PRINTED: 12/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/19/2012
NAME OF PROVIDER OR SUPPLIER WESTMINSTER TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2116 BUECHEL BANK ROAD LOUISVILLE, KY 40218	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
F 241	<p>Continued From page 1</p> <p>bedside urinal in his left hand. The urinal contained a yellow liquid substance. The observation was made from the hallway through an opened door to Resident #1's room. A nurse's aide, Employee #12 entered the room, donned gloves, removed the urinal from Resident #1's left hand, and emptied the contents in the bathroom toilet. Employee #12 then placed the plastic urinal on a table to the left side of Resident #1.</p> <p>Observation, on 12/19/12 at 9:23 AM, revealed a male plastic urinal that contained 300 cc of a yellow liquid placed in the center on a wall to wall counter in the room of Resident #1. The counter was in front of two large windows. The door to the room was opened and the urinal was visible from the hallway.</p> <p>Interview with Employee #12, on 12/19/12 at 9:45 AM, revealed Resident #1 wanted the urinal within reach all the time. The resident was able to walk to the bathroom with assistance, but preferred to use the bedside urinal. She maintained the resident's door was always partially closed.</p> <p>Interview with the Director of Nursing (DON), on 12/19/12 at 11:00 AM, revealed Resident #1 preferred to have the urinal within reach at all times, because he used it often, due to being on diuretics. The DON related she had in the past observed Resident #1 use the urinal while lying in bed on his right side with his back to the door and while lying in his recliner with a blanket over him. On each occasion the room door was partially closed. The DON offered that an exposed urinal that contained urine might be an issue of a resident's dignity; however, Resident #1 was</p>	F 241	<p>3. Privacy bags have been provided to all residents who use a urinal as of 1/4/13. Solid colored urinals have been ordered and are scheduled for arrival on 1/7/13. The privacy bag will be placed in the appropriate location for each resident that maximizes privacy/dignity will still allowing access for the resident. Mandatory all staff inservices on Dignity were completed by the Director of Nursing from December 27th to January 4th. The staff development coordinator will complete a weekly dignity observation on eight (8) residents.</p>



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

PRINTED: 12/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/19/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WESTMINSTER TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2116 BUECHEL BANK ROAD LOUISVILLE, KY 40218
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 241	Continued From page 2 adamant about having the urinal next to him at all times.	F 241	<p>Results of the audit will be provided to the Director of Nursing and Administrator for review. Any deficient practices will be corrected immediately.</p> <p>Results of the weekly dignity audit will be provided to the QA committee monthly for review and recommendation.</p> <p>4. Once 100% compliance has been achieved for four (4) consecutive weeks the audits will reduce to monthly. The QA committee will review POC monthly at each meeting until 100% compliance has been achieved for six (6) consecutive months.</p>	1/4/13
-------	--	-------	---	--------

RECEIVED
JAN - 4 2013
OFFICE OF INSPECTOR GENERAL
CENTERS FOR MEDICARE & MEDICAID SERVICES