

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155606	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Westside Retirement Village		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 W 10th St Indianapolis, IN 46234	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>34129</p> <p>Based on interview and record review, the facility failed to address grievances in a manner which could be tracked for 5 of 5 months reviewed for grievance resolutions for the Resident Council meetings and the facility's grievance log for 4 of 4 residents reviewed for grievances (Residents E, K, Q, and R).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 6/20/24 at 2:50 p.m., the Resident Council minutes were provided by the Director of Nursing (DON) and she indicated if the Resident Council brought up a concern in the meeting, staff had advised the Activity Director (AD) to complete a blue grievance card for each concern brought up in the meeting and distribute the blue cards to the appropriate department manager and Executive Director (ED). When the blue card was filled out, the department manager completed the investigation steps to follow up on the concern and a copy was submitted to the ED. The Resident Council minutes indicated the following concerns by the Resident Council without a response from the facility of grievance resolutions: <ol style="list-style-type: none"> a. Residents not receiving scheduled showers b. Call lights taking too long to be answered by staff c. Missing items from laundry On 6/27/24 at 1:35 p.m., the Activity Director/Life Enrichment Director (AD) indicated she took the minutes for the Resident Council meetings. If a resident had a concern, it was documented in the minutes and a blue card was filled out for the concern and given to the appropriate department manager and to the ED. AD indicated she had not gotten responses back from the ED nor the department managers for the blue cards concerns brought up at the Resident Council meetings. 2. On 6/20/24 at 11:25 a.m., the Director of Nursing (DON) indicated if a resident or family member had a concern or grievance, staff tried to resolve the concern immediately, but if it was something staff could not resolve, staff completed or had the resident or family member complete a blue grievance card and the blue card was given the ED for a resolution. <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155606	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Westside Retirement Village		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 W 10th St Indianapolis, IN 46234	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 6/24/24 at 10:55 a.m., Resident E indicated he was scheduled for 2 showers a week, but only got a couple of showers a month. He would prefer to get 3 showers weekly. He had completed a blue grievance card about not getting his scheduled showers but had not gotten a response from the facility about the concern.</p> <p>On 6/24/24 at 1:11 p.m., Resident K indicated he was not always getting his scheduled showers twice weekly. He had asked staff to fill out a blue concern card about not getting his showers, but he had not gotten a response back from the facility and still was not getting showered twice a week.</p> <p>During an interview with Resident Q, on 6/25/24 at 8:50 a.m., Resident Q indicated a couple of weeks ago he had completed a blue grievance card about not receiving his scheduled showers twice a week. He had not received his scheduled shower yesterday, on 6/24/24. Resident Q indicated he had not gotten a response about his showers from the facility after completing the blue grievance card.</p> <p>On 6/25/24 at 12:45 p.m., Resident R's family member indicated, the resident was in the same clothes for days, was not routinely bathed or showered, her room was messy, and the facility was not holding staff accountable for their duties. He had complained to staff about the resident wearing the same clothes for days, how messy the resident's room was, and had shown staff the uncleaned room. He had completed blue grievance cards in the past but did not get an answer from the facility. He had called the facility's corporate office with his concerns but did not get a response from them.</p> <p>On 6/21/24 at 1:07 p.m., the ED indicated she was the facility's grievance official, but had just started working for the corporation at the facility on 6/20/24. The ED provided and identified a document as a current facility policy, titled, Resident Council, revision dated 9/27/23. The policy indicated, .A resident or family group is defined as a group of residents or residents' family members that meets regularly to: .1. Discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life .Procedure .1. The facility will designate an associate (e.g., Activities Director or Social Services Director) who will be responsible for assistance and liaison between the group and the facility's administration .3. The Activities Director or Social Service Director will facilitate follow-up on all complaints, suggestions and ideas presented at the council meeting and will report results at the next meeting for the residents' information. This information will be included in the minutes .Each department director will be responsible for filling out a comment and concern form, prior to the next meeting to provide his or her input</p> <p>This citation relates to complaint IN00437197.</p> <p>3.1-3(l)</p>		