

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

PRINTED: 06/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/04/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - ST MATTHEWS	STREET ADDRESS, CITY, STATE, ZIP CODE 227 BROWNS LANE LOUISVILLE, KY 40207
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(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
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F 000 INITIAL COMMENTS

An abbreviated survey investigating KY 20255 was initiated and concluded on 06/04/13. The Division of Health Care unsubstantiated the allegation, however unrelated deficiencies were cited.

F 246 SS=D 483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES

A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, it was determined the facility failed to provide reasonable accommodations for one (1) of four (4) sampled residents. Resident #2 was not provided individualized assistance with the motorized wheelchair (w/c) to maintain his dignity and well-being with independent mobility throughout the facility.

The findings include:

Review of the clinical record for Resident #2 revealed the facility readmitted the resident on 01/30/13 with diagnoses of Peripheral Vascular

1. Resident #2 was assessed for new manual wheelchair per directive of PT due to needing increased supervision. PT recommended that resident was not safe in motorized w/chair due to decline in motor coordination and slow/poor reaction time for directions/verbal cueing. Facility was supplied an appropriate wheelchair for resident in place of motorized chair. Therapy services were approved by VA for wheelchair mobility and pending resident's condition. Resident has continued to participate in activities of facility as desired. Resident is alert and oriented and able to make needs known. SS performed Depression Screening with no evidence of depression per screening, however, referral was made for VA mental health services for more in-depth analysis. Compliance 6/28/13.

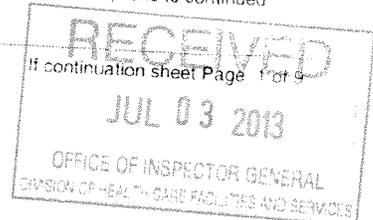
6/28/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Allyson Skagg, EdD / Jessica Herbert, DMS

TITLE
DMS

(X6) DATE
7-2-13

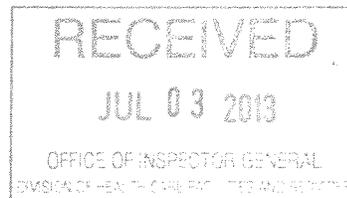
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable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



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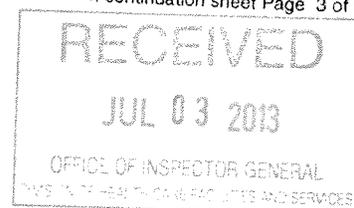
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F 246	<p>Continued From page 1</p> <p>Disease, Aphasia, Right Hemiparesis, and Right Above Knee Amputation and Left Below Knee Amputation with prothesis. The facility completed a Quarterly MDS (Minimum Data Set) on 04/27/13 and determined a score on the (BIMS) Brief Interview of Mental Status at a 1, which triggered due to being aphasic. However, on 06/04/13 the MDS Coordinator assessed Resident #2 and deemed the resident to be interviewable.</p> <p>Review of the Occupational Therapy (OT) Plan of Care with an onset date of 02/14/13, a start of care date 03/06/13 and a end of care date 04/04/13, revealed the resident's goal was to safely navigate the motorized w/c within the facility to increase functional mobility. The discharge summary regarding the impact on Burden of Care/Daily Life revealed the resident would require occasional verbal cues for safe use of the electric w/c controls within the facility. The facility provided no evidence the recommendations from the OT discharge summary note was implemented.</p> <p>Review of the Physical Therapy (PT) Plan of Care, dated 03/08/13, revealed the resident was evaluated for safety/training with the motorized w/c and the resident needed constant supervision. The PT long term goal was to have the resident manage all w/c parts with complete independence. The rehabilitation potential was good due to good family support. The facility provided no evidence the PT plan of care was implemented.</p> <p>Review of Resident #2 mobility care plan revealed no PT or OT interventions were</p>	F 246	<p>2. The facility does not have any other resident's in motorized w/chair. Resident's needs are assessed at a minimum quarterly and/or as needed by MDS and IDT.</p> <p>3. Education was provided by DNS/RSM that upon resident discharge from therapy, notes are to be reviewed by IDT to ensure all inventions are appropriately in place. IDT/therapy staff will be in serviced on reviewing and implementing all therapy recommendations. Compliance 6/28/13.</p> <p>4. DNS or MDS coordinator will review all discharge therapy notes 3x a week x 90 days, then 1x a week for 90 days. Report all finding to QA committee on monthly basis.</p>		



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F 246	<p>Continued From page 2</p> <p>implemented to provide reasonable accommodation to ensure the resident's needs to maintain independence with use of the motorized w/c.</p> <p>Observation, on 06/04/13 at 10:10 AM, revealed Resident #2 in the dayroom sitting in a manual wheelchair (w/c). Continued observation of the resident revealed he/she was using the left prosthetic leg and left arm, attempting to propel the w/c. The resident continued to rock back and forth without being able to self propel. Observation of the resident's room revealed a unplugged motorized w/c.</p> <p>Interview with Resident #2, on 06/04/13 at 1:15 PM, revealed prior to 05/24/13 he/she was able to move independently throughout the facility. The resident verbalized he/she received no teaching by staff. The resident also stated the facility would not allow the sitter to accompany him/her in the use of the motorized w/c. Resident #2 stated he/she he did not like being dependent on staff.</p> <p>Phone interview with Resident #2's family member, on 06/04/13 at 2:30 PM, revealed the facility had allowed the resident the use of the motorized w/c for over four (4) years. The family member stated being involved in the care plan meetings and the facility did not discuss during any of the care plan meeting how to promote the resident's independence with the removal of the motorized w/c. The family member stated paying for a sitter to monitor the resident in the motorized w/c, however, the facility would not allow this. The family member continued to state the resident was less happy and less independent with the removal of the motorized w/c.</p>	F 246			



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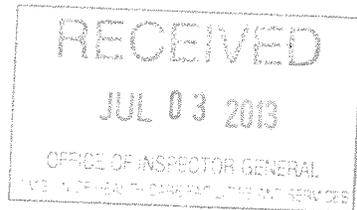
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F 246	Continued From page 3 Interview with the MDS Coordinator on, 06/04/13 at 10:40 AM, revealed the resident was deemed to be interviewable, even though, the Brief Interview of Mental Status (BIMS) was 1. She stated this was triggered due to the resident's difficulty with speech not their mental status. Interview with Certified Nurse Assistant (CNA) #1, on 06/04/13 at 3:00 PM, revealed Resident #2 made his/her needs known. The CNA stated the mobility intervention for Resident #2 was for night shift to transfer the resident to the motorized w/c. She stated once the resident was up in the motorized w/c he/she would go to the dining room, the TV room and would visit other residents throughout the facility. CNA #1 stated caring for the resident often and that no CNA interventions had been implemented prior to the removal of the motorized w/c. She continued to state since the facility had started the resident using a manual w/c the resident had become less social. Interview with CNA #2, on 06/04/13 at 3:15 PM, revealed being employed at the facility for one (1) year and often cared for Resident #2. She stated prior to 05/24/13 the resident's mode of mobility was the motorized w/c. The CNA stated no knowledge of any mobility interventions implemented prior to the removal of the motorized w/c. She continued to state the resident was less independent now. Interview with RN #2, on 06/04/13 at 4:00 PM, revealed Resident #2 made his needs known. She stated prior to 05/24/13 the resident's mode of mobility was by the use of the motorized w/c. She stated she had not observed unsafe use of	F 246			

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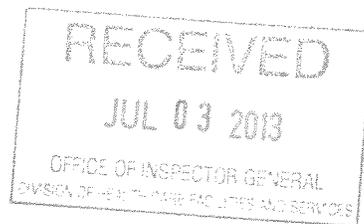
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F 246	Continued From page 4 the w/c; however, she had heard the resident had unsafe movement at times. She continued to state to her knowledge no interventions were implemented to ensure the resident maintained his independence and with the use of the manual w/c and the resident's physical challenges these have limited the resident's socialization. Interview with Unit Manager, on 06/04/13 at 4:15 PM, revealed Resident #2's mode of mobility prior to 05/24/13 was the use of a motorized w/c. She continued to state the Interdisciplinary Team (IDT) was concerned with the resident's safe use of the motorized w/c after two (2) incidents that occurred during 02/13 and 03/13. Even though, no staff education, or interventions were implemented to ensure the resident continued to maintain reasonable accommodations and safe use of the motorized w/c. She stated by not implementing any new interventions the resident was less independent. Interview with the Director of Nursing (DON), on 06/04/13 at 4:25 PM, revealed Resident #2's mode of mobility was the use of the motorized w/c. The DON stated the IDT team had identified a concern with the resident's safe use of the motorized w/c. However, no staff education or interventions were implemented before the removal of the motorized w/c. She continued to state the resident needs staff to assist with mobility which has caused the resident to be less independence.	F 246			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be	F 280	1. Resident #2 Careplans were updated by IDT to reflect current ADLs ability on 6/28/13.	7/3/2013	



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F 280	Continued From page 5 incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family, or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to revise the current care plan to address the need for safe mobility and implement teaching to staff on supervision for one (1) of four (4) sampled residents, (Resident #2). The facility failed to revise the care plan for Resident #2 safe use of the motorized w/c. The findings include: Interview with the MDS (Minimum Data Set) Coordinator, on 06/04/13 at 4:20 PM, revealed	F 280	2. Facility audit of all resident's change of conditions performed from past 30 days to present to ensure all careplans are updated according to change of condition. Compliance 7/3/13. 3. Change of conditions will be printed off each morning by DNS or MDS coordinator. Change of conditions will be brought to morning clinical meeting and reviewed by IDT. Changes will be made to all careplans, as necessary, in morning meeting with IDT present to ensure accuracy and timeliness. Compliance 7/3/13. 4. DNS or MDS coordinator will audit careplans of resident's with COC 3 x weeks for 90 days, then 1x week for 90 days. Report all findings to QA committee.		



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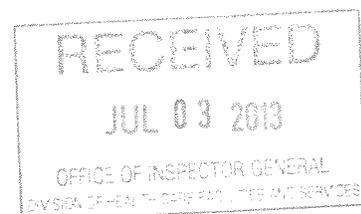
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F 280	<p>Continued From page 6</p> <p>the facility did not have a policy regarding revision of care plans; however, the facility utilized the Centers for Medicaid and Medicare (CMS) required MDS 3.0 manual.</p> <p>Review of the MDS 3.0 Manual, Chapter 4, Section 4-6, page 4-8, revealed facilities were responsible for assessing and addressing all care issues that were relevant to individual residents, regardless of whether or not they were covered by the Resident Assessment Instrument (RAI) (42 CFR 483.20 (b), including monitoring each resident's condition and responding with appropriate intervention. Section 4-7, page 4-8 revealed the care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care.</p> <p>Observation of Resident #2, on 06/04/13 at 10:10 AM, revealed the resident was in the dayroom sitting in a manual wheelchair (w/c). The resident was using the left prosthetic leg and left arm, making attempts to propel the w/c by rocking back and forth. The resident could not mobilize the w/c with this action. The staff were not assisting the resident at this time. Observation of the resident's room revealed an unplugged motorized w/c.</p> <p>Review of the clinical record for Resident #2 revealed the facility completed a Quarterly MDS on 04/27/13 and a Brief Interview of Mental Status (BIMS) determined the resident scored a 1, which triggered due to being Aphasic not related to mental status. On 06/04/13 the MDS Coordinator assessed Resident #2 and deemed the resident to be interviewable.</p>	F 280			

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F 280	Continued From page 7 Review of the Occupational Therapy (OT) Plan of Care with a start date of 03/06/13 and an end date of 04/04/13, revealed the resident's goal was to be able to safely navigate a motorized w/c within the facility to increase functional mobility. The discharge summary indicated the impact on the burden of care/daily life revealed the resident would require occasional verbal cues for safe use of the motorized w/c controls within the facility. However, this recommendation was not added to the resident's care plan to implement verbal cues for safe use of the motorized w/c. Review of the Physical Therapy (PT) Plan of Care, dated 03/08/13, revealed the resident was evaluated for safety/training with the motorized w/c and the resident required constant supervision. The PT long term goal was to have the resident manage all w/c parts with complete independence. The resident's rehabilitation potential was good related to good family support. The facility did not revise the care plan to reflect supervision with the motorized w/c. Interview with Registered Nurse (RN) #4, on 06/04/13 at 4:00 PM, revealed she was not responsible for revisions to the care plan and voiced being unaware of the supervision required for Resident #2 to use the motorized w/c and therefore the care plan was not revised to reflect the need for verbal cues for safe use of the motorized w/c or supervision with motorized w/c. Interview with the MDS Coordinator on, 06/04/13 at 4:20 PM, revealed the Interdisciplinary Team (IDT) did not revise the care plan to address OT evaluation recommendations on safety and	F 280			



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F 280	Continued From page 8 supervision. The OT and PT are part of the care plan team; however, only attends when a resident is on their case load. In addition, the OT and PT do not add anything to the comprehensive care plan. Interview with the Director of Nursing (DON), on 06/04/13 at 4:25 PM, revealed Resident #2's care plan should have been revised to address the supervision and safe use of the motorized w/c. She stated she depends on the team approach and did not monitor the actions of the IDT in regards to revision of care plans.	F 280			

