

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

PRINTED: 10/14/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/30/2014
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NAME OF PROVIDER OR SUPPLIER LAKE WAY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2607 MAIN STREET HWY 641 SOUTH BENTON, KY 42025
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F 000	INITIAL COMMENTS	F 000	<u>RESPONSE PREFACE</u>	
F 202 SS=D	<p>483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, closed record review, and review of facility policies, it was determined the facility failed to ensure the resident's physician documented in the medical record for one (1) of three (3) sampled residents (Resident #1) related to why the facility was unable to meet the resident's needs.</p> <p>The findings include:</p> <p>Review of facility policy with revision date of 01/04/13 and entitled, My Rights, revealed the resident has the right to express my feelings and concerns without fear, to have thirty (30) days</p>	F 202	<p>Lake Way Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care of the residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Lake Way Nursing and Rehabilitation Center response the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Lake Way Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the stated deficiencies of this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or any administrative or legal proceeding.</p> <p>F202 Address what corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident #1 record is a closed record and cannot be edited.</p>	10/21/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Solene Beale TITLE: Administrator (X6) DATE: 11-06-2014

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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F 202	<p>Continued From page 1 notice before discharge.</p> <p>Review of facility policy, dated 10/2007, and entitled, Physician Telephone Orders revealed, an appropriate final telephone order will be entered for resident released from the facility, whether by discharge, transfer, or death, signed and dated by the physician, unless the resident has signed a consent form for release against medical advice.</p> <p>Review of Admission Agreement, last revised 08/23/04 under Termination or Modification of Contract, Change in Resident's Health revealed if the physical or mental condition of resident changes such that the resident requires a higher level of care and facility determines that it cannot provide appropriate care, the resident will be transferred, in accordance with applicable law, to another facility for appropriate care. Involuntary Transfer or Discharge, facility reserves the right to involuntarily transfer or discharge a resident, for nonpayment or otherwise, in accordance with applicable law, following written notice and transfer or discharge planning. Resident will be provided with at least thirty (30) days advance written notice of discharge or involuntary transfer within Facility.</p> <p>1. Record review revealed Resident #1 was admitted to facility on 08/08/14 from another long term care facility with diagnoses to include Anorexic Brain Injury. Review of the quarterly Minimum Data Set (MDS) assessment, dated 08/12/14, revealed Resident #1 had not been cognitively assessed. Further record review revealed Resident #1 was transferred back to the previous long term care facility on 08/12/14, just four (4) days later.</p>	F 202	<p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>On 10/08/2014 Quality Improvement Nurse audited the last ten discharges for appropriate order and reason for discharge.</p> <p>Address what measure will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>Starting on 10/03/2014 and completing on 10/13/2014 all licensed nurses were in-serviced by Staff Facilitator Nurse that they must have a written order and documented reason when discharging a resident.</p> <p>On 10/02/2014 the Medical Records Coordinator was in-serviced by the Administrator on auditing discharged residents charts for proper documentation and discharge summary.</p> <p>Indicate how the facility plans to monitor its performance to ensure solutions are sustained:</p> <p>DON/ADON will audit after the discharge and Medical Records Coordinator will audit with the close out of the record for orders and documented reason for discharge.</p> <p>The results of the audits will be forwarded to the Executive QA committee consisting of Medical Director, Administrator, DON, ADON, QI, MDS, Staff Facilitator/Infection Control Nurse, Therapy and Admissions for review, identification of trends, for follow</p>		

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F 202	<p>Continued From page 2</p> <p>Review of Resident #1's Nursing Notes and Social Service Notes, dated 08/08/14 through 08/12/14, revealed there was no documented evidence Resident #1 requested to go "home".</p> <p>Review of a Social Service Note, dated 08/12/14 at 15:37 PM, revealed the State Guardian and Resident #1's parent was contacted related to the resident needing to return to the previous facility as a result of aggressive behaviors and apparent inability to process and adjust to his/her new environment.</p> <p>Review of a Nursing Note, dated 08/12/14 at 15:57 PM, revealed new orders were received from the physician to discharge Resident #1 to the previous facility. Review of telephone Physician Order, dated 08/12/14 at 4:00 PM, revealed an order to discharge Resident #1 to prior facility via ambulance. A Nursing Note, dated 08/12/14 at 5:45 PM, revealed the resident remained verbally abusive towards staff as ambulance arrived and the resident left the facility via ambulance.</p> <p>Review of Resident #1's Discharge Summary, dated 08/18/14, revealed the final diagnosis on Discharge/Transfer was signed by physician on 08/20/14, to be "same as on admission" and indicated the resident was agitated. There was no documentation by the physician or on the discharge summary that indicated the justification as to why the facility could not meet the resident's needs.</p> <p>Interview with the Guardian, on 09/30/14 at 7:15 AM, revealed Resident #1 had been sent back to the prior facility because his/her needs could not be met, and she felt Resident #1 had not had</p>	F 202	<p>up action as deemed appropriate and determine the need for an/or frequency of continued monitoring.</p>	

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F 202	<p>Continued From page 3</p> <p>time to adjust because he/she had only been at the facility for four (4) days. The Guardian further revealed Resident #1's parent had wanted this to work out and the facility had been informed the resident may have behaviors during the adjustment period. The Guardian stated they had no say so in the transferring of the resident.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 09/30/14 at 12:55 PM, revealed the purpose of the policies was that they were general rules to go by and if one did not know how to do something, there was a guide to go by to make sure everyone is on the same page. The ADON stated she did not feel the facility could meet the needs of Resident #1 because he/she wanted to go back to the facility he/she had come from and was used to their routine.</p> <p>Interview with the Director of Nursing (DON), on 09/30/14 at 1:35 PM, 1:50 PM and 4:40 PM, revealed the reason for transferring Resident #1 back to the facility he/she came from was because the resident wanted to go home. The DON stated Resident #1 wanted to go home and was not adjusting to the facility well, was having behaviors, and had a major blow up in the dining room that day with cussing and yelling, but she had not spoken with him/her.</p> <p>Interview with the Administrator, on 09/30/14 at 1:59 PM, revealed communication had been made with the on-call guardian concerning Resident #1 being transferred to a behavioral facility but she did not feel going to a behavioral health was the answer. She stated she thought the resident was just acting out because he/she could not express what he/she wanted to but his/her non-verbal was speaking a lot for him/her.</p>	F 202			

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F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p>F441</p> <p>Address what corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Signage to Un-sampled Resident A's door was taped to front of Personal Protective Equipment container that hangs on resident's door to more highly visible on 09/26/2014.</p> <p>On 09/26/2014 and completing on 10/13/2014 all staff were in-serviced by the Staff Facilitator/Infection Control Nurse regarding contact precautions and appropriate personal protective equipment.</p> <p>Starting on 10/20/2014 and completing on 10/21/2014 all nursing and housekeeping were in-serviced by the Staff Facilitator/Infection Control Nurse on cleaning equipment after removing from a room that is in isolation.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>No other residents were on contact precautions at this time.</p> <p>Address what measure will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p>	10/21/2014	

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F 441	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review it was determined the facility failed to ensure proper infection control measures were followed related to isolation precautions for one (1) unsampled resident (Unsampled Resident A).</p> <p>The findings include:</p> <p>Review of the facility policy titled, " Guidelines for Initiation of Precautions", dated 09/2014, revealed to utilize transmission based precautions in addition to standard precautions as indicated: Contact Precautions in addition to Standard Precautions should be used for residents known or suspected with microorganisms that are easily transmitted by direct or indirect contact, with examples to include Clostridium Difficile (C. diff.).</p> <p>Review of the facility policy titled, "Standard and Transmission-Based Precautions", dated 09/2014, revealed Standard Precautions are used for all residents at all times. Precautions include proper hand hygiene and use of gloves and eye protection. Contact Precautions, Necessary when transmission of microorganisms is by direct contact; Precautions include gloves, gown, and containment of microorganism in a private room. If private room is not available, cohorting of residents allowed. Door may remain open and contain or cover site of infection before resident transport.</p> <p>Review of the facility policy titled, "Clostridium Difficile (C-diff.), dated 09/2014, revealed it is the policy of this facility to implement contact</p>	F 441	<p>On 09/26/2014 and completing on 10/13/2014 all staff were in-serviced by the Staff Facilitator/Infection Control Nurse regarding contact precautions and appropriate personal protective equipment.</p> <p>Indicate how the facility plans to monitor its performance to ensure that solution are sustained:</p> <p>Staff Facilitator Nurse to conduct random audits weekly times four weeks for compliance in donning appropriate personal protective equipment and the results of these audits to be reviewed on Friday during Department Head/Administrative Nurse morning meeting.</p> <p>The results of the audits will be forwarded to the Executive QA committee consisting of the Medical Director, Administrator, DON, ADON, QI, MDS, Staff Facilitator/Infection Control Nurse, Therapy and Admissions quarterly for review, identification of trends, for follow up action as deemed appropriate and determine the need for an/or frequency of continued monitoring.</p>	
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F 441	<p>Continued From page 6</p> <p>precautions for residents with antibiotic associated colitis, pseudo membranous colitis, or known Clostridium Difficile that are displaying diarrhea in the following situations: When a resident is incontinent and contaminated stool cannot be contained resulting in soiling of the environment.</p> <p>Record review revealed Unsampled Resident A was admitted to the facility on 05/16/13 with diagnoses which included Closed Fracture Vertebra without mention of Spinal Cord Injury, Chronic Pain Syndrome, Chronic Kidney Disease, Metabolic Encephalopathy, Malignant Neoplasm of Kidney Except Pelvis, Vascular Dementia, Alzheimer's Disease, and Generalized Muscle Weakness. Review of the quarterly Minimum Data Set (MDS) assessment, dated 09/19/14, revealed the facility assessed Unsampled Resident A's cognition as severely impaired with a Brief Interview for Mental Status (BIMS) score of "5" which indicated the resident was not interviewable. Unsampled Resident A was assessed to need extensive assistance with activities of daily living and the resident was frequently incontinent of bowels.</p> <p>Review of the Laboratory Results, dated 09/26/14, revealed the resident was Positive for Clostridium Difficile infection with resident placed on antibiotics for ten (10) days. Review of a telephone Physician Order, dated 09/26/14 revealed Unsampled Resident A was on antibiotics for Clostridium Difficile infection.</p> <p>Review of the Comprehensive Care Plan for at risk for actual infection, dated 09/26/14, revealed the resident had C. diff. with an intervention of contact precautions.</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>Observation, on 09/26/14 at 2:26 PM, revealed there was no signage on Unsampled Resident A's door related to contact precautions. Kentucky Medication Aide (KMA) #1 entered Unsampled Resident A's room and raised the resident's head of the bed, moved the newspaper on the over the bed table with the KMA's blouse touching the over the bed table. The KMA did not apply any Personal Protective Equipment (PPE).</p> <p>Interview with KMA #1, on 09/26/14 at 3:40 PM, revealed Unsampled Resident A had C. diff....., and anyone that enters the resident's room must wear PPE.</p> <p>Observation, on 09/26/14 at 2:42 PM, revealed State Registered Nurse Aide (SRNA) #1 and SRNA #2 entered Unsampled Resident A's room with lift and then came out of the room with the lift at 2:55 PM. The SRNAs failed to apply any PPE.</p> <p>Interview with SRNA #1, on 09/26/14 at 3:55 PM, revealed the PPE on the door was for C. diff. and was to be used before going into the room to keep from catching and spreading the disease. She stated they only put on gloves when they go into room to change the resident and get him/her up. SRNA #1 further revealed she did not wipe down lift after use and she should have wiped it down.</p> <p>Interview with SRNA #2, on 09/26/14 at 3:30 PM, revealed Unsampled Resident A has C. dlff. and PPE for precautions. She stated staff should glove up but she was not told to wear the gown, just the gloves. SRNA #2 further revealed they should have wiped down the lift if soiled but she did not wipe down the lift after use in Unsampled</p>	F 441			

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F 441	<p>Continued From page 8 Resident A's room.</p> <p>Observation, on 09/26/14 at 2:50 PM, revealed LPN #2 opened the door and went in Unsampld Resident A's room without putting on any PPE.</p> <p>Interview with Licensed Practical Nurse (LPN) #3, on 09/30/14 at 1:21 PM, revealed when providing care to Unsampld Resident A staff should wear gloves/gown with all care.</p> <p>Interview with LPN #1, on 09/28/14 at 10:51 Am, revealed Unsampld Resident A was on precautions and if staff went in his/her room they needed to wear gowns, gloves, and mask. LPN #1 stated wearing the personal protective equipment (PPE) was protocol and used to prevent the transmission of the infection to the other residents and the staff.</p> <p>Interview with Registered Nurse (RN) #1, on 09/27/14 at 5:50 PM, revealed Unsampld Resident A was on isolation precautions and the supplies on his/her door were gowns, gloves, masks, and shoe covers and staff should wear all of it when entering the room.</p> <p>Interview with the Staff Development Coordinator, on 09/30/14 at 1:30 PM, revealed she was responsible for infection control and staff should wear gloves when they go into the room and gloves and gown if staff are going to come in contact with fecal matter, or the over bed table. She stated staff should have gown on because the resident is in the room and touches all surfaces and could have fecal matter on hands, and did not think the lift should be cleaned before leaving the room after use.</p>	F 441			