

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

PRINTED: 05/29/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2013
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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD ELKTON, KY 42220
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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)	(X6) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>AMENDED 05/29/13 F280 - scope/severity changed to "J" related to IJ cited under F328; additionally, Resident #10 was deleted from this deficiency F323 - deleted F490 - deleted</p> <p>An abbreviated survey (KY #20014, KY #20029 and KY #20046) was conducted from 04/15/13 through 04/30/13 to determine the facility's compliance with Federal requirements. KY #20014 and KY 20029 were unsubstantiated with no deficiencies cited. KY #20046 were substantiated with deficiencies cited. Immediate Jeopardy was identified on 04/24/13 and determined to exist on 04/10/13 at 42 CFR 483.10 Resident Rights, F157 and 42 CFR 483.25 Quality of Care, F309 with Substandard Quality of Care at 42 CFR 483.25 Quality of Care.</p> <p>Resident #4 was assessed by the facility as unable to make needs known and as totally dependant on staff for all activities of daily living. On 04/10/13, sometime around the 3:00 PM shift change, Resident #4 was observed by three (3) Certified Nurse Assistants (CNAs) to be drenched in sweat and having breathing difficulties. The CNAs reported this change of condition to both the day shift and second shift licensed nurses. Record review and interviews revealed both nurses failed to assess and notify the physician, per the facility's policy, when they became aware Resident #4 had a change in condition. At approximately 5:20 PM (2 and 1/2 hours after the resident was first identified with breathing difficulties and drenched in sweat), the CNAs notified the Director of Nursing when the nurses</p>	F 000	<p><i>Disclaimer:</i> The preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts or conclusions set forth in support of the allegations of deficiency. Further, the facility reserves its right to dispute the facts and conclusions in any forum necessary and disputes that any action or inaction on its part created any deficient practice. The facility also disputes that the circumstances constituted immediate jeopardy to any resident. This plan of correction is prepared and execute solely because it is required by federal and state law.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kathleen C. Evans</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/5/13</i>
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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

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE .606 ALLENSVILLE ROAD ELKTON, KY 42220
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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HEARTHSTONE PLACE 2702653526 15:44 06/05/2013

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD ELKTON, KY 42220		
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F 000	<p>Continued From page 1</p> <p>failed to respond to Resident #4's change of condition. The resident was assessed as having an oxygen (O2) saturation (sat.) of 84%. At approximately 5:50 PM, Resident #4 was transferred to the emergency room and admitted to the hospital with a diagnosis of Bilateral Pulmonary Emboli. The facility was notified of the Immediate Jeopardy on 04/24/13.</p> <p>Immediate Jeopardy was identified on 04/26/13 and determined to exist on 04/24/13 at 42 CFR 483.20 Resident Assessment, F280 and 42 CFR 483.25 Quality of Care, F328 with Substandard Quality of Care at 42 CFR 483.25 Quality of Care.</p> <p>Resident #4 was re-admitted to the facility from the hospital on 04/15/13. The resident was experiencing difficulty breathing on 04/15/13 and orders were received for O2 via mask, literate from 2-4 liters per minute to maintain O2 saturation (sat.) over 90%. Resident #4 was observed on 04/24/13 at 12:20 PM exhibiting difficulty breathing. The surveyor asked the facility staff to intervene, and the resident's O2 sat was assessed at 81% (normal 95-100%). Observation of the oxygen cylinder regulator revealed it indicated the cylinder was empty. Staff interviews revealed there was no system in place to ensure there was adequate O2 in the O2 cylinders. The facility was notified of the Immediate Jeopardy on 04/26/13.</p> <p>An acceptable Allegation of Compliance (AoC) was received on 04/29/13 and the State Survey Agency validated the Immediate Jeopardy was removed on 04/28/13, as alleged. The scope and severity was lowered to a "D" at 42 CFR 483.10 Resident Rights, F157; 42 CFR 483.20 Resident</p>	F 000			

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F 000	Continued From page 2 Assessment, F280; and 42 CFR 483.25 Quality of Care, F309 and F328 while the facility develops and implements the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.	F 000		
F 157 SS=J	Additional deficiencies were cited at F278 at a scope and severity of a "D". 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.16(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157	<u>F 157</u> 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) <u>The corrective action accomplished to correct the alleged deficient practice:</u> On 4/10/13, Resident # 4's condition was assessed by a Licensed Nurse and the Primary Care Physician was notified of change in condition. A new order was obtained to send Resident #4 to the Emergency Room. Resident #4's POA was notified of new order to send to Emergency Room on 4/10/13. An ambulance arrived quickly to transport the resident to the Emergency Room and the Licensed Nurse called report to the Emergency Room.	

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F 157	<p>Continued From page 3</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review it was determined the facility failed to have an effective system to ensure the Physician was notified timely of a significant change in condition for one resident (#4), in the selected sample of thirteen (13) residents. On 04/10/13, Resident #4 was observed by Certified Nursing Assistants (CNAs) to be drenched in sweat and exhibiting labored breathing. The CNAs notified the day shift and second shift Licensed Nurses. Record review and interview revealed the Nurses failed to notify the Physician, per the facility's policy, when they became aware of the resident's change of condition sometime around the 3:00 PM shift change. At approximately 5:20 PM, (2 and 1/2 hours after the change in condition was identified) the CNAs notified the Director of Nursing (DON) when the Nurses failed to respond to Resident #4's reported change of condition. Resident #4 was transferred to the emergency room at 5:50 PM and admitted with the diagnosis of Bilateral Pulmonary Emboll. The resident returned to the facility on 04/15/13. (Refer to F309)</p> <p>The facility's failure to notify the resident's Physician of a significant change in condition has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 04/24/13 and was</p>	F 157	<p>The Administrator investigated and interviewed any Licensed Nurse/SRNA identified to have been involved/ associated with Resident #4 on 4/10/13 prior to 5:20 p.m.</p> <p>The Administrator counseled two Nurses identified on duty and on the floor on 4/10/13 and caring for Resident #4.</p> <p><u>Other residents had the potential to be affected.</u></p> <p>On 4/27/2013, Director of Nursing completed CQI Tool N -26, Notification of Change in Resident Condition, on current facility residents to determine if any other residents had the potential to be affected by the alleged deficient practice. For any resident(s) identified, a Licensed Nurse completed required notification and documentation in resident's medical record.</p> <p><u>What measures or systemic changes were made to ensure that the alleged deficient practice will not recur:</u></p> <p>On 4/13/13, the Corporate Compliance Director reviewed the policy for Change in Resident's Condition or Status. The policy</p>	

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F 157	<p>Continued From page 4</p> <p>determined to exist on 04/10/13. The facility was notified of the Immediate Jeopardy on 04/24/13. An acceptable Allegation of Compliance (AoC) was received on 04/29/13 and the State Survey Agency validated the Immediate Jeopardy was removed on 04/28/13, as alleged. The scope and severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>Findings include:</p> <p>A review of the facility's policy and procedure, titled "Change in Resident's Condition", dated 10/15/10, revealed the Nurse Supervisor/Charge Nurse should notify the resident's attending Physician or On-Call Physician when there has been a significant change in the resident's physical/emotional/mental condition and/or when there was a need to alter the resident's medical treatment significantly.</p> <p>A record review revealed Resident #4 was admitted on 01/28/10 with diagnoses to include Dementia, Anxiety, Cardiac Dysrhythmia, Hypertension and Congestive Obstructive Pulmonary Disorder.</p> <p>A review of the acute hospital stay Minimum Data Set (MDS) assessment, dated 01/16/13, revealed the facility had assessed Resident #4 with severe cognitive impairment, unable to make needs known, non ambulatory and was dependent on staff for all activities of daily living.</p> <p>An interview with CNA #13 on 04/19/13 at 10:20</p>	F 157	<p>was determined to be a sufficient policy of when to assess and what should be reported to physician.</p> <p>On 4/13/13, an in-service for all Licensed Nurses was initiated by the DON and ADON on the Change in Resident's Condition or Status Policy.</p> <p>On 4/24/2013, the Corporate Compliance Director reviewed and revised CQI tool N-26, Notification of Change in Resident Condition, which audits the resident medical record for required documentation according to the current nursing standards of practice.</p> <p>The Corporate Compliance Director completed an in-service on 4/24/13 with the Administrator, DON, ADON, prn Administrative Nurses on the revised CQI tool N-26, Notification of Change in Resident Condition.</p> <p>The Charting and Documentation Policy was reviewed and revised 4/24/13 by the Corporate Compliance Director. This policy specifies all services provided to the resident and for any change in the resident's medical or mental condition shall be documented in the medical record.</p>	
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F 157	<p>Continued From page 5</p> <p>AM and CNA #8, on 04/19/13 at 10:40 AM, revealed on 04/10/13 they were assisting Resident #4 from the bed to the wheelchair sometime around the 3:00 PM shift change for licensed Nurses and noticed the resident's face and neck seemed swollen and he/she was "drenched in sweat". CNA #8 stated Resident #4 was breathing heavier than normal, was drenched in sweat, and was not talking as the resident usually repeated simple words repeatedly. Per interview, they notified the Nurse (could not remember which Nurse) and the Nurse told them to put oxygen on the resident but they did not place the oxygen on the resident because the facility's procedure was a Nurse had to it.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) #4, on 04/22/13 at 11:50 AM, revealed on 04/10/13, CNAs (not certain which ones) brought Resident #4 to the nursing station sometime after the 3:00 PM shift change. The CNAs reported to her that Resident #4 was sweating and his/her face was red. She stated she told LPN #2 and clocked out for the day at 4:30 PM.</p> <p>An interview conducted with LPN #2, on 04/19/13 at 3:35 PM, revealed it was after the 3:00 PM shift change on 04/10/13 when one of the CNAs (did not recall who) said Resident #4 was not feeling well. She stated she told the CNA she would get the second shift LPN #5 to look at the resident and she informed LPN #5 in report that Resident #4 had been moaning and groaning all day and that was unusual for him/her.</p> <p>However, interview with LPN #5, on 04/22/13 at 4:26 PM, revealed she received report from the</p>	F 157	<p>On 4/25/13, all Licensed Nurses were in-serviced by the ADON and DON on the revised Charting and Documentation Policy.</p> <p>A new policy "Nursing Standards of Practice Policy" was implemented and placed in the policy manual on 4/25/13 by the Corporate Compliance Director.</p> <p>On 4/25/13, all Licensed Nurses were in-serviced by the ADON and DON on the Nursing Standards of Practice Policy, placement of these reference materials in the Nurses Station and when and how to assess a resident for a change in condition.</p> <p>On 5/23/13, the policies titled Nursing Standards of Practice, Change in Resident's Condition or Status and Charting and Documentation, were added by the Administrator to the new hire packets for Licensed Nurses to educate them during orientation on the system in place to immediately assess residents and notify physician in a timely manner of a significant change in condition.</p> <p><u>How the facility plans to monitor its performance to ensure that solutions for the alleged deficient practice are sustained:</u></p>		

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F 167	<p>Continued From page 6</p> <p>day shift Nurse (LPN #2), sometime around 3:00 PM to 3:30 PM, and there was no mention of Resident #4 during the shift report. Per interview, around 3:30 PM, CNA #3 Informed her Resident #4 was sweating, but approximately ten minutes later, LPN #2 told her Resident #4 was stable and to just watch him/her. LPN #5 then went to the Administrator's office for an undetermined period of time and when she returned to the unit, the Director of Nursing (DON) had Resident #4 in the nursing station and had oxygen on him/her. The DON told LPN #5 that Resident #4's oxygen saturation was 84% with oxygen on and to go ahead and call the Physician. Per interview, LPN #5 stated she should have stopped and assessed Resident #4 when the CNA told her about the change in condition and notified the Physician. She stated she would normally do so and said Resident #4 could have died.</p> <p>An interview with the DON, on 04/24/13 at 9:00 AM, revealed the Nurse should assess the resident immediately if there was a reported change of condition in any resident and should also notify the Physician.</p> <p>Review of the clinical record revealed no documented evidence the Physician was notified of Resident #4's change in condition until 04/10/13 at 5:20 PM. A review of the Nurse's note written by LPN #5, dated 04/10/13 at 5:20 PM, revealed a call was placed to the Physician in regards to the resident's low oxygen (O2) saturation (sat.) of 84% (normal: 95%-100%) on room air, temperature 100.9 degrees (normal 98.6 degrees), pulse 100 (normal 60-80), respirations 24 (normal 20-24), and blood pressure (B/P) 94/63 (normal 120/70). The</p>	F 157	<p>N-26 Notification of Change in Resident Condition was initially completed on 4/27/13 and completed weekly x 4 on 5/3, 5/9, 5/16 and 5/22/13. The audit will be completed monthly x 2 and quarterly thereafter by the DON on a random resident sample of six. During the CQI audit, if it is determined that the primary physician did not receive notification of change in resident's status, the Licensed Nurse will contact the primary physician to complete notification. The DON will report the results of the audit to the Administrator. The Administrator will report audit results to the QA committee to confirm that physician was notified time of a significant change in condition.</p> <p>The ADON will randomly interview at least three SRNAs, alternating shifts, to make sure resident change in conditions have been addressed in a timely manner. These interviews were completed initially on 4/26/2013 and then weekly x 4 on 4/30/13, 5/8/13, 5/13/13 and 5/24/13. They will be completed monthly x 2, and quarterly thereafter by the ADON. Any concerns will be addressed, immediately, by the ADON. ADON will report the concern and</p>	

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F 167	<p>Continued From page 7</p> <p>resident was using his/her accessory muscles to breath and his/her skin was cool and clammy. A new order was received to send the resident to the emergency room and at 5:50 PM, the ambulance arrived for transport and the report was called to the emergency room.</p> <p>A review of Resident #4's Emergency Room Record, dated 04/10/13, revealed the hospital diagnosed the resident with Hypoxia and Bilateral Pulmonary Emboli and the resident's O2 sat was 81%.</p> <p>An interview with Resident #4's Physician, on 04/23/13 at 8:00 AM and on 04/24/13 at 10:00 AM, revealed she was unaware of the delay in notifying her of Resident #4's change of condition on 04/10/13 and would have expected the Nurse to notify her immediately and was concerned that she was not notified timely. The resident was diagnosed with Bilateral Pulmonary Emboli (blood clots) in both lungs and required treatment with Lovenox and Coumadin (blood thinners). Per interview, the Physician described the common symptoms of Pulmonary Embolism as sweating profusely, clammy skin, shortness of breath and it was very frightening for patients.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>*On 04/24/13, the Administrator investigated and interviewed any Licensed Nurse/CNA identified to have been involved/associated with Resident #4 on 04/10/13 prior to 5:20 PM. The Administrator counseled two Nurses identified on duty and on the floor on 04/10/13 and caring for Resident #4.</p>	F 157	<p>resolution to the Administrator. The Administrator will report to the QA committee and confirm that all changes in resident status have been addressed immediately.</p> <p>Quality Assurance Meetings were held on 4/25/13 and 4/27/13 with the facility Medical Director to discuss issues identified during the OIG complaint survey with residents having significant change in clinical status, physician notification of that change, N-26 results and the plan of action implemented.</p> <p><u>Completion Date:</u></p>	5/30/2013

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/30/2013
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD ELKTON, KY 42220		
(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 157	Continued From page 8 *The policy for Change in Resident's Condition or Status was reviewed and was determined to be a sufficient policy of when to assess and what should be reported to the Physician. *Inservicing on the Change in Resident Condition or Status policy for all Licensed Nurses was initiated and completed by the DON on 04/25/13. All new employees will be inserviced prior to completion of orientation. *The Charting and Documentation Policy was reviewed and revised 04/24/13 by the Corporate Compliance Director. All Licensed Nurses had completed inservicing on the revised policy by 04/25/13. *CQI tool N-26, Notification of Change in Resident Condition, that audits the resident medical record for required documentation according to the current Nursing Standards of Practice, was reviewed and revised 04/24/13. Inservicing was completed by the Corporate Compliance Director on 04/24/13 with the Administrator, DON, ADON, prn Administrative Nurses on the revised CQI tool N-26, Notification of Change in Resident Condition. *The policy titled Nursing Services Policy and Procedure Manuel was removed and a new policy titled Nursing Standards of Practice Policy was implemented and included references and guidelines the facility would follow in regards to current Nursing Standards of Practice to include: Lippincott: Manual of Nursing Standards, Kentucky Board of Nursing Standards of Practice and Nursing Services Policy and Procedure	F 157			

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F 157	<p>Continued From page 9</p> <p>Manual. All Nurses were inserviced by the ADON and DON on the Nursing Standards of Practice Policy, placement of these reference materials in the Nurse's Station and when and how to assess a resident for a change of condition. All new employees will be inserviced prior to completion of orientation.</p> <p>*The CQI tool N-26 was completed on 04/27/13 on all residents under the supervision of the DON to identify any other resident with the potential to be affected by the failure to notify a Physician of a change in condition.</p> <p>* The N26 Notification of Change in Resident Condition will be completed weekly x 4, monthly x 2, and quarterly thereafter by the DON on a random resident sample of six. The DON will report the results of the audit to the Administrator, the Administrator will report audit results to the QA committee and confirm that all notifications were made correctly.</p> <p>*On 04/26/13, the ADON randomly interviewed CNAs who had worked the 3:00 PM to 11 PM shift to make sure resident change in conditions have been addressed in a timely manner. The ADON will randomly interview at least three CNAs alternating shifts to make sure resident change in conditions have been addressed in a timely manner. Any concerns will be addressed immediately, by the ADON. These interviews will be completed weekly x 4, then monthly x 2, and quarterly thereafter by the ADON.</p> <p>*A QA meeting was held 04/26/13 with the facility Medical Director to discuss issues identified with residents having significant change in clinical</p>	F 157			

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F 157	<p>Continued From page 10 status, Physician notification of that change and the plan of action implemented.</p> <p>The State Survey Agency validated the corrective action taken by the facility as follows:</p> <p>On 04/30/13, on site verification included interviews with CNAs #5, #8 and #13 on 04/30/13 beginning at 3:20 PM that confirmed the Administrator had interviewed them related to Resident #4 on 04/24/13 related to the resident's status on 04/10/13. Interviews conducted with LPN #2, #4 and #5 on 04/24/13 beginning at 3:40 PM revealed they had received inservicing and counseling related to the events on 04/10/13. In addition, the LPNs revealed they had received inservicing related to the policy "Change In Resident Condition" by the DON.</p> <p>The facility's previous and revised policy "Charting and Documentation" was reviewed and determined to have been revised on 04/24/13. Inservicing for the Licensed Nurses was confirmed completed on the revised policy on 04/24/13 as per sign in sheet. Interviews conducted on 04/30/13 beginning at 3:40 PM revealed LPNs #2, #4 and #5 revealed they had received that inservicing by the Corporate Compliance Nurse.</p> <p>The CQI N-26 tool revisions were reviewed and verified. Inservicing to the Administrator, DON, ADON, Administrative Nurses was verified per sign off sheets and interviews conducted with the Administrator, DON and ADON on 04/30/12 beginning at 3:20 PM confirmed they had received that inservicing per the Corporate Compliance Director. The new Nursing</p>	F 157			

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F 157	Continued From page 11 Standards of Practice policy was reviewed and observation verified the Lippincott Manual of Nursing Standards, Kentucky Board of Nursing Standards of Practice and Nursing Services Policy and Procedure Manual were available for reference at the nursing station. The CQI N-26 tool was verified completed on all residents and scheduled for a random sample weekly x 4, monthly x 2, and quarterly thereafter.	F 157		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment. Clinical disagreement does not constitute a	F 278	<u>F 278</u> 483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED <u>The corrective action accomplished to correct the alleged deficient practice:</u> On 5/20/13, MDS assessments for Resident #9, #11, and #13 were reviewed by the Administrator. On 5/22/13, MDS modification procedures were implemented by MDS Coordinator to further assure accuracy. Then assessments were reviewed by the Administrator; MDS assessments were found to be compliant. <u>Other residents receiving Restorative Nursing Services had the potential to be affected.</u>	

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F 278	<p>Continued From page 12 material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure an accurate Minimum Data Set (MDS) assessment was completed related to the amount of days restorative care was provided for three (3) residents (#9, #11, and #13), in the selected sample of thirteen (13) residents. Residents #9, #11, and #13's MDSs were coded for a greater amount of days for restorative nursing than they actually received.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. A record review revealed Resident # 9 was a 77 year old resident admitted to the facility on 01/29/07 with diagnoses to include Bipolar Disorder, Osteoarthritis, Convulsive Epilepsy, Schizophrenia, Intellect Disability, Organic Personality Syndrome, and Asthma. <p>A review of Resident #9's quarterly Minimum Data Set (MDS) assessment, dated 03/04/13, revealed Resident #9 received seven days of Active Range of Motion (AROM) in group and seven days of grooming during the seven day look back period. However, review of the Restorative Nursing flow sheet for the seven day look back period revealed the resident received six days of grooming and five days of group AROM.</p> <ol style="list-style-type: none"> 2. A record review revealed Resident #11 was 	F 278	<p>On 5/20/13, an audit was conducted by the ADON on MDS assessments completed within the last 90 days to determine accuracy of the MDS. No further modification procedures were indicated as a result of the audit.</p> <p><u>What measures or systemic changes were made to ensure that the alleged deficient practice will not recur:</u></p> <p>On 5/22/13, Administrator completed an in-service with the Interdisciplinary MDS Team, consisting of MDS Coordinator, Certified Dietary Manager, Social Service Director, Activities Director, Rehab Director, DON and ADON regarding MDS/RAI Process.</p> <p>On 5/23/13, Administrator completed an in-service with the Interdisciplinary MDS Team regarding MDS completion and accuracy that must be related to supportive documentation from the seven day reference period to include Restorative Nursing Log.</p> <p>On 5/29/13, ADON completed an in-service with Licensed and Certified Nursing Staff on documentation requirements of Restorative Nursing Log,</p>	

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F 278	<p>Continued From page 13</p> <p>admitted to the facility on 10/27/11 with diagnoses to include Dementia with Behavior Disturbance, Dementia with Delusional Syndrome, Osteoporosis, Osteoarthritis, Congestive Heart Failure, Mood Disorder, Cardiomegaly, Hiatal Hernia, Kyphosis, and Gastro Esophageal Reflux Disease.</p> <p>A review of Resident #11's quarterly MDS assessment, dated 02/11/13, revealed Resident #11 received seven days of AROM and seven days of passive range of motion (PROM) during the seven day look back period. However, a review of the Restorative Nursing documentation for the seven day look back period revealed the resident received six days of AROM and six days of Passive Range of Motion. (PROM)</p> <p>3. A record review revealed Resident #13 was admitted to the facility on 05/08/12 with diagnoses to include Dementia, Diabetes Mellitus II, Osteoarthritis, Hypertension, Congestive Heart Failure, Renal Insufficiency, and L1 Compression Fracture.</p> <p>A review of Resident #13's quarterly MDS assessment, dated 01/21/13 revealed the resident received seven days of AROM and seven days of ambulation during the seven day look back period. However, review of the Restorative Nursing documentation for the seven day look back period revealed the resident received no days of AROM and no days of ambulation.</p> <p>An Interview with Registered Nurse (RN) #5, MDS Coordinator, on 04/17/13 at 3:25 PM, revealed she had heard it was all right to code restorative</p>	F 278	<p>Restorative Care Plan and Restorative Progress Note that includes periodic evaluation of programs.</p> <p><u>How the facility plans to monitor its performance to ensure that solutions for the alleged deficient practice are sustained:</u></p> <p>The CQI Tool N-19 RAI Process (Assessment and Care Planning) will be conducted by the ADON monthly for 3 months and then quarterly thereafter to ensure an accurate MDS assessment related to the amount of days restorative care that was provided. ADON will report the results of the N-19 to the Quality Assurance Committee during the next scheduled meeting.</p> <p><u>Completion Date:</u></p>	5/30/2013

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F 278	Continued From page 14 nursing days on the MDS even though the restorative nursing documentation did not support a valid number of days the programs were provided. The MDS Coordinator stated she interviews the Restorative Aides and asks them how many days they provided Restorative care to the resident during the seven day look back period. She revealed if the Restorative Aides tell her a higher number of days than what is documented on the Restorative Flow Sheets, she documents the number of days the aides tell her even though there is no documentation to show the restorative care was provided. The MDS Coordinator stated she assumed the restorative aides would go back and document their initials later.	F 278		
F 280 SS=J	An interview with the Administrator, on 04/22/13 at 10:45 AM, revealed the MDS Coordinator should have documentation to support what is documented on the MDS assessment. 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 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	F 280	<u>F 280</u> 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP <u>The corrective action accomplished to correct the alleged deficient practice:</u> On 4/26/13, Resident #4's comprehensive care plan was reviewed and updated by the MDS Coordinator. The revised comprehensive care plan for	

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F 280	<p>Continued From page 15</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility's policy and procedure it was determined the facility failed to have an effective system to ensure the Comprehensive Care Plan was revised for one (1) residents (#4), in the selected sample of thirteen (13) residents. Resident #4 was re-admitted to the facility from the hospital on 04/15/13. The resident was experiencing difficulty breathing on 04/15/13 and orders were received for O2 via mask, titrate from 2-4 liters per minute to maintain O2 saturation (sat.) over 90%. However, the facility failed to revise the care plan to include oxygen therapy. On 04/24/13 at 12:20 PM, Resident #4 was observed exhibiting difficulty breathing, and after surveyor intervention, staff assessed the resident's O2 sat at 81% (normal 96-100 %). Observation of the oxygen cylinder regulator revealed it indicated the cylinder was empty. Staff interviews revealed there was no system in place to ensure there was adequate O2 in the O2 cylinders. The facility was notified of the Immediate Jeopardy on 04/26/13. (Refer to F328)</p> <p>This facility's failure to have a system to ensure</p>	F 280	<p>Impaired Gas Exchange related to COPD was placed in the resident's medical record. Care plan interventions include administering oxygen as ordered, assessing respiratory status through auscultation and observation.</p> <p><u>Other residents had the potential to be affected.</u></p> <p>On 4/27/2013, ADON completed CQI for "Oxygen Audit" of residents who receive oxygen therapy this audit included to ensure comprehensive oxygen therapy care plans were currently in place; the audit showed full compliance.</p> <p><u>What measures or systemic changes were made to ensure that the alleged deficient practice will not recur:</u></p> <p>On 4/24/13, the policy titled "Oxygen, Application and Changing of Equipment and Supplies" was reviewed and revised by the Corporate Compliance Director.</p> <p>On 4/24/13, an in-service, for all Licensed Nurses and State Registered Nurses Aides, was initiated and conducted by the DON, ADON and Corporate</p>	

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F 280	<p>Continued From page 16</p> <p>residents care plans were revised has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 04/26/13 and determined to exist on 04/24/13. The facility was made aware of the Immediate Jeopardy on 04/26/13. An acceptable Allegation of Compliance (AoC) was received on 04/29/13 and the State Survey Agency validated the Immediate Jeopardy was removed on 04/28/13, as alleged. The scope and severity was lowered to a "D" while the facility developed and implemented a Plan of Correction (PoC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, Care Plan - Comprehensive, no date, revealed the facility should develop an individualized comprehensive care plan that includes measurable objectives to meet the resident's medical and nursing needs. Maintaining a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain. Each care plan will be designed to identify problem areas, risk factors, goals and department responsible for each element of care. Care plans are revised as changes in the resident's condition dictate. Care plans are reviewed/updated quarterly.</p> <p>A record review revealed Resident #4 was re-admitted to the facility on 04/15/13 with diagnoses to include Bilateral Pulmonary Emboli.</p> <p>A review of the Nursing Notes, dated 04/15/13 at 4:00 PM, revealed Licensed Practical Nurse</p>	F 280	<p>Compliance Director on the revised policy "Oxygen, Application and Changing of Equipment and Supplies."</p> <p>On 4/26/13, CQI form "Oxygen Audit" was developed and implemented by the Administrator. This audit includes ensuring a comprehensive care plan is in place for residents receiving oxygen therapy.</p> <p>On 4/26/13, the DON and ADON were in-serviced by the Administrator on the implementation, scheduling and reporting of the new CQI form "Oxygen Audit."</p> <p>On 5/29/13, the DON completed an in-service with Licensed Nurses regarding the Care Plan, Comprehensive Policy and Physician Order Policy.</p> <p><u>How the facility plans to monitor its performance to ensure that solutions for the alleged deficient practice are sustained:</u></p> <p>The CQI form "Oxygen Audit" was initially completed on 4/27/2013 and completed weekly x 4 on 5/4, 5/8, 5/16, and 5/22/13. The audit will be completed monthly x 2 and</p>	

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F 280	<p>Continued From page 17</p> <p>(LPN) #2 called the Physician's answering service related to Resident #4 having increased respirations and decreased oxygen saturation. Further review of the nursing notes, revealed the Physician returned the call at 4:25 PM and gave an order for Resident #4 to be provided oxygen therapy.</p> <p>A review of a Physician's Order, dated 04/15/13 at 5:00 PM, revealed the Physician ordered O2 via mask, may titrate 2-5 Liters to maintain sats over 90%.</p> <p>Further record review revealed Resident #4's care plan was not revised to address the resident's decreased ability to breathe and O2 therapy and to provide interventions for staff.</p> <p>Observation on 04/24/13 at 12:20 PM revealed Resident #4 was exhibiting difficulty breathing. After surveyor intervention, staff assessed the resident's O2 sat at 81% (normal 90-100%). Further observation revealed the O2 cylinder was empty.</p> <p>Interview with LPN #2, on 04/24/13 at 12:27 PM, revealed the Certified Nurse Aides (CNA) were responsible to check the O2 cylinders when they transferred residents from the O2 concentrators in the residents' rooms to the portable O2 cylinders placed on the residents' wheelchairs.</p> <p>However, Interview on 04/24/13 at 12:45 PM with CNA #20 who transferred the resident to the O2 cylinder and transported the resident to the dining room, revealed she did not check the resident's oxygen.</p>	F 280	<p>quarterly thereafter by the DON on a random resident sample of six. The DON will report the results of the audit to the Administrator. The Administrator will report audit results to the QA committee to confirm that all oxygen is ordered, documented and care planned correctly.</p> <p><u>Completion Date:</u></p>	5/30/2013	

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F 280	<p>Continued From page 18</p> <p>An interview with CNA #8, on 04/24/13 at 12:30 PM and 5:50 PM, revealed CNA #8 did not think the O2 regulator on Resident #4's O2 cylinder displayed empty but could not say how much oxygen was in the cylinder.</p> <p>An interview with the Administrator, on 04/24/13 at 2:10 PM and 04/26/13 at 1:45 PM revealed the Nurse was responsible to obtain the Physician's Order and place the O2 on the resident's care plan at that time. The MDS Coordinator was to verify the Physician's Order and ensure the care plans were developed.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>*On 04/24/13, the Administrator began investigating and interviewing any Nurse/CNA identified to have been involved/associated with Resident #4 on 04/24/13.</p> <p>*On 04/24/13, the Administrator counseled two CNAs identified on duty and on the floor 04/24/13 providing care to Resident #4.</p> <p>*On 04/24/13, the DON completed an audit on all current residents prescribed oxygen to ensure the oxygen tank in use was not empty.</p> <p>*On 04/24/13, the policy titled "Oxygen, Application and Changing of Equipment and Supplies" was reviewed and revised by the Corporate Compliance Director. The revisions included the Licensed Nurse will verify tank fill level before meals to ensure adequate oxygen administration per Physician order.</p>	F 280		
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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 606 ALLENSVILLE ROAD ELKTON, KY 42220	
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F 280	<p>Continued From page 18</p> <p>*On 04/24/13, an in-service for all Licensed Nurses and CNAs was initiated and conducted by the DON, ADON and Corporate Compliance Director on the revised policy "Oxygen, Application and Changing of Equipment and Supplies". The in-service was completed 04/27/13.</p> <p>* On 04/26/13 the Corporate Compliance Director provided Inservice to the MDS Coordinator related to interim and Comprehensive Care Plan policy and procedures.</p> <p>*On 04/26/13, CQI form "Oxygen Audit" was developed and implemented by the Administrator.</p> <p>*On 04/26/13, the DON and ADON were in-serviced by the Administrator on the implementation, scheduling and reporting of the new CQI form "Oxygen Audit".</p> <p>*The DON and ADON completed a chart audit for residents using the "Oxygen Audit" form on 04/26/13.</p> <p>*The CQI form "Oxygen Audit" was completed on 04/26/13 and will be completed weekly x 4, monthly x 2 and quarterly thereafter by the DON on a random resident sample of six. The DON will report the results of the audit to the Administrator. The Administrator will report audit results to the QA committee to confirm that all oxygen is ordered, documented and care planned correctly.</p> <p>*The DON completed the "Oxygen Audit" on 04/27/13.</p>	F 280		

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F 280	<p>Continued From page 20</p> <p>*A Quality Assurance Meeting was held on 04/27/13 with the facility Medical Director to discuss issues identified during the OIG complaint survey.</p> <p>The State Survey Agency validated the corrective action taken by the facility as follows:</p> <p>Record review and interviews with LPN #2, #4, and #5 and CNAs #5, #8, and #13 revealed they had received inservicing related to the policy "Oxygen, Application and Changing of Equipment and Supplies" by the DON, ADON and Corporate Compliance Director on the revised. The in-service was completed 04/27/13.</p> <p>On 04/30/13 the Oxygen Application and Changing of Equipment and Supplies was verified revised and interview on 04/30/13 with the MDS Coordinator verified she had been provided inservicing related to the policy by the Corporate Compliance Director.</p> <p>The new CQI form "Oxygen Audit" was verified and interviews with the DON and ADON von 04/30/13 beginning at 3:40 PM verified they had received inservicing by the Administrator on the implementation of the new CQI form "Oxygen Audit".</p> <p>Chart reviews and interviews with the DON and ADON on 04/30/13 beginning at 3:40 PM revealed the DON and ADON had completed a chart audit for residents using the "Oxygen Audit" form and was completed 04/27/13.</p> <p>A QA meeting was verified held on 04/27/13 with the Medical Director in attendance and oxygen</p>	F 280		

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F 280	Continued From page 21	F 280		
F 309 SS=J	<p>administration and plan of action implemented was discussed.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to have an effective system to ensure one (1) resident (#4), in the selected sample of thirteen (13) residents, was provided the necessary care and services to maintain the highest practicable physical, mental and physical well-being. The facility failed to ensure Licensed Nursing staff provided a thorough assessment and followed the facility's "Change in Condition", policy and procedure related to Physician notification once informed by the Certified Nurse Aides (CNA) of a possible significant change in condition. (Refer to F157)</p> <p>On 04/10/13, CNAs observed Resident #4 to be drenched in sweat and exhibiting labored breathing. The day and second shift Nurses were made aware sometime around the 3:00 PM shift</p>	F 309	<p>F 309</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p><u>The corrective action accomplished to correct the alleged deficient practice:</u></p> <p>On 4/10/13, Resident #4's condition was assessed by a Licensed Nurse and the Primary Care Physician was notified of change in condition. A new order was obtained to send Resident #4 to the Emergency Room. Resident #4's POA was notified of new order to send to Emergency Room on 4/10/13. An ambulance arrived quickly to transport the resident to the Emergency Room and the Licensed Nurse called report to the Emergency Room, on 4/10/13.</p> <p>The Administrator investigated and interviewed any Licensed Nurse/SRNA identified to have been involved/associated with Resident #4 on 4/10/13 prior to 5:20 p.m.</p>	

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F 309	<p>Continued From page 22</p> <p>change that Resident #4 was exhibiting these symptoms. There was no documented evidence the Nurses assessed the resident. At approximately 5:20 PM, the CNAs notified the Director of Nursing (DON) when the Nurses failed to respond to Resident #4's reported change of condition. Resident #4 was transferred to the emergency room at 5:50 PM and admitted with the diagnosis of Bilateral Pulmonary Emboli. The resident was readmitted to the facility on 04/15/13.</p> <p>The facility's failure to conduct a timely thorough assessment of Resident #4 has caused, or is likely to cause, serious injury, harm, impairment or death to a resident. The Immediate Jeopardy with Substandard Quality of Care was identified on 04/24/13 and identified to exist on 04/10/13. The facility was notified of the Immediate Jeopardy on 04/24/13.</p> <p>An acceptable Allegation of Compliance (AoC) was received on 04/29/13 and the State Survey Agency validated the Immediate Jeopardy was removed on 04/28/13, as alleged. The scope and severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>Findings include:</p> <p>A record review revealed Resident #4's was admitted to the facility on 01/28/10 with diagnoses to include Dementia, Anxiety, Cardiac Dysrhythmia, Hypertension and Congestive Obstructive Pulmonary Disorder.</p>	F 309	<p>The Administrator counseled two Nurses identified on duty and on the floor on 4/10/13 and caring for Resident #4.</p> <p><u>Other residents had the potential to be affected.</u></p> <p>On 4/27/2013, Director of Nursing completed CQI Tool N -26, Notification of Change in Resident Condition, on current facility residents to determine if any other residents had the potential to be affected by the alleged deficient practice. For any resident(s) identified, a Licensed Nurse completed required notification and documentation in resident's medical record.</p> <p><u>What measures or systemic changes were made to ensure that the alleged deficient practice will not recur:</u></p> <p>On 4/13/13, the Corporate Compliance Director reviewed the policy for Change in Resident's Condition or Status. The policy was determined to be a sufficient policy of when to assess and what should be reported to physician.</p> <p>On 4/13/13, an in-service for all Licensed Nurses was initiated by the DON and ADON on the</p>	

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F 309	Continued From page 23 A review of the acute hospital stay Minimum Data Set (MDS) assessment, dated 01/16/13, revealed the facility had assessed Resident #4 with severe cognitive impairment, unable to make needs known, non ambulatory and was dependent on staff for all activities of daily living. An interview with CNA #13, on 04/19/13 at 10:20 AM, revealed on 04/10/13 she had provided care for Resident #4 and the resident seemed normal until sometime around the 3:00 PM at Nursing shift change. CNA #13 stated her and CNA #8 were assisting Resident #4 to transfer from the bed to the wheelchair when they noticed Resident #4 did not look right as the resident's face and neck seemed swollen and was "drenched in sweat" requiring CNA #13 to change the resident's clothing. CNA #8 notified the Nurse and the Nurse had told the CNAs to put oxygen on the resident but they did not because that was not something CNAs could do. The Nurse did not come to the resident's room and the CNAs moved Resident #4 to the Nursing station. The Director of Nursing came by and CNA #13 asked him to look at Resident #4 and told him Resident #4's change of condition had already been reported to one of the Nurses. An interview with CNA #8, on 04/19/13 at 10:40 AM revealed she assisted CNA #13 with transferring Resident #4 from the bed to the wheelchair around the 3:00 PM shift change for licensed Nurses. CNA #8 stated Resident #4 was breathing heavier than normal and was drenched in sweat and not speaking as he/she normally did. Resident #4 was normally always cold. The CNAs moved Resident #4 to the Nursing station	F 309	Change in Resident's Condition or Status Policy. On 4/24/2013, the Corporate Compliance Director reviewed and revised CQI tool N-26, Notification of Change in Resident Condition, which audits the resident medical record for required documentation according to the current nursing standards of practice. The Corporate Compliance Director completed an in-service on 4/24/13 with the Administrator and DON on the revised CQI tool N-26, Notification of Change in Resident Condition. The Charting and Documentation Policy was reviewed and revised 4/24/13 by the Corporate Compliance Director. This policy specifies all services provided to the resident and for any change in the resident's medical or mental condition shall be documented in the medical record. On 4/25/2013, all Licensed Nurses were in-serviced by the ADON and DON on the revised Charting and Documentation Policy. A Lippincott: Manual of Nursing Practice was purchased by the	

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F 309	<p>Continued From page 24</p> <p>and the resident remained there long enough for CNA #8 and CNA #13 to assist in transferring two or three more residents. CNA #8 stated they were told to move Resident #4 to the Nursing station so that vitals signs could be obtained by the Nurse but the Nurse did not obtain the vital signs. CNA #8 stated it made her mad when the Nurses didn't do anything and she obtained the resident's vital signs because she was worried about the resident.</p> <p>An interview with CNA/RA (Restorative Aide) #3, on 04/22/13 at 3:05 PM, revealed on 04/10/13 sometime after the licensed staff shift change at 3:00 PM, she observed Resident #4 was having trouble breathing, did not look right and was soaking wet with sweat. CNA #3 stated CNA #8 and CNA #13 were assisting Resident #4 to transfer from the bed to the wheelchair. CNA #3 stated she knew something was wrong with Resident #4 and Resident #4 was taken to the nursing station and LPN #2 told CNA #8 to put oxygen on Resident #4.</p> <p>An interview with LPN #2, on 04/19/13 at 3:05 PM, revealed on 04/10/13 after the 3:00 PM shift change one of the CNAs (did not recall which CNA) reported Resident #4 was not feeling well. She stated she told that CNA she would get the second shift LPN (LPN #5) to look at the resident. LPN #2 stated she did not obtain vital signs or conduct an assessment because she was preparing to leave for the day. The LPN also stated she informed LPN #5 that Resident #4 had been moaning and groaning all day and that was usual for the resident. LPN #2 stated she had seen Resident #4 after the CNA reported he/she wasn't feeling well but that "He/she didn't look any</p>	F 309	<p>Corporate Compliance Director and placed in the nurse's station.</p> <p>The policy titled "Nursing Services Policy and Procedure Manual" was removed from the policy manual. A new policy "Nursing Standards of Practice Policy" was implemented and placed in the policy manual on 4/25/13, by the Corporate Compliance Director. This policy includes references and guidelines the facility will follow in regards to current Nursing Standards of Practice.</p> <p>On 4/25/13, all Nurses were in-serviced by the ADON and DON on the Nursing Standards of Practice Policy, placement of these reference materials in the Nurses' Station and when and how to assess a resident for a change in condition.</p> <p>On 5/23/13, the policies titled Nursing Standards of Practice, Change in Resident's Condition or Status and Charting and Documentation, were added by the Administrator to the new hire packets for Licensed Nurses to educate them during orientation on the system in place to immediately assess residents and notify physician in a timely manner of a significant change in condition.</p>	

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F 309	Continued From page 25 different". An interview with LPN #5, on 04/22/13 at 4:26 PM, revealed she usually arrived for second shift around 2:50 PM. The LPN stated on 04/10/13, she received report from the day shift Nurse, LPN #2 sometime around 3:00 PM to 3:30 PM. She revealed there was no mention of Resident #4 during the shift report. The LPN stated after report she had gone to another resident's (Resident #3) room to perform a full skin assessment at about 3:30 PM. LPN #5 stated, during the assessment, CNA #3 entered the resident's room and informed her that Resident #4 was sweating. LPN #5 revealed she completed the skin assessment which took about ten additional minutes. LPN #5 then went to the nursing office to document the completed skin assessment and at that time LPN #2 told her Resident #4 was stable and to just watch him/her. LPN #5 then went to the Administrator's office for an undetermined period of time and when she returned the DON had Resident #4 in the nursing station and had oxygen on him/her. The LPN stated the DON told her Resident #4's O2 sat. was 84% with O2 and to notify the Physician. LPN #5 revealed she obtained vital signs herself before notifying the Physician and recalled the O2 sat was low, the pulse was high, the blood pressure was low and the temperature was elevated. LPN #5 stated she documented the vital signs in the resident's record, called the Physician, left a message, the Physician returned the call right away and gave orders to send Resident #4 to the emergency room. LPN #5 stated she should have stopped and assessed Resident #4 when the CNA had come to her during the skin assessment of the other resident.	F 309	<u>How the facility plans to monitor its performance to ensure that solutions for the alleged deficient practice are sustained:</u> N-26 Notification of Change in Resident Condition was initially completed on 4/27/13 and completed weekly x 4 on 5/3, 5/9, 5/16, and 5/22/13. The audit will be completed monthly x 2 and quarterly thereafter by the DON on a random resident sample of six. During the CQI audit, if it is determined that the primary physician did not receive notification of change in resident's status, the Licensed Nurse will contact the primary physician to complete notification. The DON will report the results of the audit to the Administrator. The Administrator will report audit results to the QA committee to confirm that necessary care and services were provided. The ADON will randomly interview at least three SRNAs, alternating shifts, to make sure resident change in conditions have been addressed in a timely manner. Any concerns will be addressed, immediately, by the ADON. These interviews were completed initially on 4/26/2013 and then weekly x 4 on 4/30/13, 5/8/13, 5/13/13 and	

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F 309	<p>Continued From page 26</p> <p>She stated she would normally do so and said Resident #4 could have died.</p> <p>An interview with the Director of Nursing (DON), on 04/19/13 at 1:15 PM and on 04/24/13 at 9:00 AM, revealed on 04/10/13 CNA #13 had notified him during the time the day shift Nurses were still in the facility and the second shift Nurses were on the floor that something was not right with Resident #4 and she had notified LPN #2. The DON said Resident #4 was very short of breath but had good lung sounds and was using accessory muscles and he told LPN #5 to send the resident out. On 04/24/13 at 9:00 AM the DON stated he did not realize there had been such a time span from when the CNAs had reported to the Nurse something was wrong with Resident #4 and the time CNA #13 had asked him to look at the resident. The DON expected the Nurse to assess immediately if there was report of a change of condition in any resident.</p> <p>An interview with Resident #4's Physician, on 04/23/13 at 8:00 AM and 04/24/13 at 10:00 AM, revealed she had been unaware of the delay in notifying her of Resident #4's change of condition on 04/10/13 and would have expected the Nurse to notify her immediately. The Physician stated she was concerned that she was not notified timely. The Physician stated Resident #4 required treatment of Coumadin and Lovenox (blood thinners) due to the diagnosis of Bilateral Pulmonary Emboli (blood clots). The Physician described the common symptoms of Pulmonary Embolism was sweating profusely, clammy skin, shortness of breath and was very frightening for patients. She additionally stated blood clots do not dissolve right away and take time, however,</p>	F 309	<p>5/24/13. They will be completed monthly x 2, and quarterly thereafter by the ADON. ADON will report the concern and resolution to the Administrator. The Administrator will report to the QA committee to confirm that necessary care and services were provided.</p> <p>A Quality Assurance Meetings were held on 4/25/13 and 4/27/13 with the facility Medical Director to discuss issues identified during the OIG complaint survey with residents having significant change in clinical status, physician notification of that change, N-26 results and the plan of action implemented.</p> <p><u>Completion Date:</u></p>	5/30/2013

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F 309	<p>Continued From page 27</p> <p>the treatment would have been the same no matter when she was notified. The Physician stated Resident #4 was fortunate as blood clots in the lung can be fatal and there was a potential it could have been fatal for Resident #4.</p> <p>A review of the Nurse's Note written by Licensed Practical Nurse (LPN) #5, dated 04/10/13 at 5:20 PM, revealed a call was placed to the Physician in regards to the resident's low oxygen (O2) saturation (sat.) of 84% (normal: 95%-100%) on room air, Temperature 100.9 degrees (normal 98.6 degrees), pulse 100 (normal 60-80), Respirations 24 (normal 20-24), blood pressure (B/P) 94/63 (normal 120/70). The resident was using his/her accessory muscles to breath and his/her skin was cool and clammy. A new order was received to send the resident to the emergency room. A call was placed to the family at 5:25 PM and they were made aware of the new order and the family agreed. At 5:50 PM, the ambulance arrived for transport and the report was called to the emergency room.</p> <p>A review of Resident #4's Emergency Room Record, dated 04/10/13, revealed the resident was diagnosed with Hypoxia and Bilateral Pulmonary Emboli and had an O2 sat of 81%.</p> <p>An interview with the Emergency Room Physician, on 04/26/13 at 11:05 AM, revealed shortness of breath and chest pain were common signs of Pulmonary Embolism. The onset of symptoms could be sudden and presence of underlying disease could cause the symptoms to vary. The Physician revealed he would expect staff to respond immediately to any resident displaying shortness of breath and report to the</p>	F 309			

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F 309	<p>Continued From page 28</p> <p>Physician. The Physician revealed the condition could cause death. The treatment would be the same for Pulmonary Embolism if it was two hours, four hours or six hours after onset. The Physician revealed treatment intervention ideally should be sooner than later to improve the chances of a good outcome.</p> <p>**The facility implemented the following actions to remove the immediate Jeopardy:</p> <p>*On 04/24/13, the Administrator investigated and interviewed any Licensed Nurse/CNA identified to have been involved/associated with Resident #4 on 04/10/13 prior to 5:20 PM. The Administrator counseled two Nurses identified on duty and on the floor on 04/10/13 and caring for Resident #4.</p> <p>*The Policy for Change in Resident's Condition or Status was reviewed and was determined to be a sufficient policy of when to assess and what should be reported to the Physician.</p> <p>*Inservicing on the policy "Resident Change in Condition or Status" for all Licensed Nurses was initiated and completed by the DON on 04/25/13. All new employees will be inserviced prior to completion of orientation.</p> <p>*The Charting and Documentation Policy was reviewed and revised 04/24/13 by the Corporate Compliance Director. All Licensed Nurses had completed inservicing on the revised policy by 04/25/13.</p> <p>*CQI tool N-26, Notification of Change in Resident Condition, that audits the resident medical record for required documentation</p>	F 309		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2013
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 606 ALLENSVILLE ROAD ELKTON, KY 42220	
(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 309	<p>Continued From page 29</p> <p>according to the current Nursing Standards of Practice, was reviewed and revised 04/24/13. Inservicing was completed by the Corporate Compliance Director on 04/24/13 with the Administrator, DON, ADON, PRN (as needed) Administrative Nurses on the revised CQI tool N-26, Notification of Change in Resident Condition.</p> <p>*The policy titled "Nursing Services Policy and Procedure Manuel" was removed and a new policy titled "Nursing Standards of Practice Policy" was implemented and included references and guidelines the facility would follow in regards to current Nursing Standards of Practice to include: Lippincott: Manual of Nursing Standards, the Kentucky Board of Nursing Standards of Practice, and Nursing Services Policy and Procedure Manual. All Nurses were inserviced by the ADON and DON on the Nursing Standards of Practice Policy, placement of these reference materials in the Nurse's Station and when and how to assess a resident for a change of condition. All new employees will be inserviced prior to completion of orientation.</p> <p>*The CQI tool N-26 was completed on 04/27/13 on all residents under the supervision of the DON to identify any other resident with the potential to be affected by the failure to notify a Physician of a change in condition.</p> <p>* The N26 Notification of Change in Resident Condition will be completed weekly x 4, monthly x 2, and quarterly thereafter by the DON on a random resident sample of six. The DON will report the results of the audit to the Administrator. The Administrator will report audit results to the</p>	F 309		

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD ELKTON, KY 42220		
(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 309	<p>Continued From page 30</p> <p>QA committee and confirm that all notifications were made correctly.</p> <p>*On 04/26/13, the ADON randomly interviewed CNAs who had worked the 3:00 PM to 11 PM shift to make sure resident change in conditions have been addressed in a timely manner. The ADON will randomly interview at least three CNAs on alternating shifts to make sure resident change in conditions have been addressed in a timely manner. Any concerns will be addressed immediately, by the ADON. These interviews will be completed weekly x 4, then monthly x 2, and quarterly thereafter by the ADON.</p> <p>*A QA meeting was held on 04/25/13 with the facility Medical Director to discuss issues identified with residents having significant change in clinical status, Physician notification of that change and the plan of action implemented.</p> <p>The State Survey Agency validated the corrective action taken by the facility as follows:</p> <p>Interviews conducted on 04/30/13 beginning at 3:20 PM with the Administrator, LPN #2, #4, and #5 and CNA #5, #8 and #13 revealed the Administrator had investigated and interviewed Licensed Nurses and CNAs identified to have been involved with Resident #4 on 04/10/13.</p> <p>Interviews with Licensed Nurses #2, #4, and #5 on 04/30/13 beginning at 3:40 PM revealed they had received inservicing related to the The Policy for Change in Resident's Condition or Status and had been provided by the DON.</p>	F 309			

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 806 ALLENSVILLE ROAD ELKTON, KY 42220		
(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 309	Continued From page 31 The revised policy "Charting and Documentation" was verified revised by the Corporate Compliance Director and sign off documentation and interviews on 04/30/13 beginning at 3:40 PM with LPNs #2, #4, and #5 verified inservicing had been completed by 04/25/13. The CQI tool N-26, Notification of Change in Resident Condition for audits of the resident medical record for required documentation was verified revised 04/24/13 and interviews with the Administrator, DON, ADON, LPN #2, LPN #4, and LPN #5 on 04/30/13 beginning at 3:40 PM revealed the revised CQI tool N-26 verified inservicing had been completed by the Corporate Compliance Director. The newly revised Nursing Standards of Practice Policy which included references and guidelines the facility will follow in regards to current Nursing Standards of Practice including Lippincott: Manual of Nursing Standards, Kentucky Board of Nursing Standards of Practice and Nursing Services Policy and Procedure Manual were all verified available at the nursing station. Review of sign off documentation and interviews with LPNs #2, #4, and #5 on 04/30/13 beginning at 3:40 PM revealed inservicing had been completed by the ADON and DON. Interview with the DON on 04/30/13 at 3:40 PM revealed he had completed the CQI tool N-26 on all residents on 04/27/13 and would be completing the tool weekly x 4, monthly x 2, and quarterly thereafter on a random sample of six residents.	F 309			
F 328	483.25(k) TREATMENT/CARE FOR SPECIAL	F 328			

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD ELKTON, KY 42220	
(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)	(X6) COMPLETION DATE
F 328 SS-J	<p>Continued From page 32 NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, uræterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility policy it was determined the facility failed to have an effective system in place to ensure one (1) resident (#4), in the selected sample of thirteen (13) residents, received the proper care and treatment related to oxygen (O2) therapy.</p> <p>Resident #4 was re-admitted to the facility from the hospital on 04/16/13. The resident was experiencing difficulty breathing on 04/16/13 and orders were received for O2 via mask, titrate from 2-4 liters per minute to maintain O2 saturation (sat.) over 90%. Resident #4 was observed on 04/24/13 at 12:20 PM exhibiting difficulty breathing. The surveyor asked the facility staff to intervene, and the resident's O2 sat was assessed at 81% (normal 95-100 %). Observation of the oxygen cylinder regulator revealed it indicated the cylinder was empty.</p>	F 328	<p>F 328</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p><u>The corrective action accomplished to correct the alleged deficient practice:</u></p> <p>On 4/24/13, Resident #4's condition was immediately assessed by a Licensed Nurse to include oxygen saturation, lung sounds and vital signs. Oxygen was immediately administered per portable oxygen tank. The resident's primary physician was notified of resident's condition with new orders received for a chest x-ray. The resident's family was notified of resident's condition and new order. The licensed nurse documented the assessment, new order and notification in the resident's medical record.</p> <p>The Administrator investigated and interviewed any Nurse/SRNA identified to have been involved/associated with Resident #4 on 4/24/13 and counseled two SRNAs providing care to this resident.</p> <p><u>Other residents had potential to be affected.</u></p>	

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD ELKTON, KY 42220
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F 328	<p>Continued From page 33</p> <p>Staff interviews revealed there was no system in place to ensure there was adequate O2 in the O2 cylinders. The facility was notified of the Immediate Jeopardy on 04/26/13.</p> <p>This facility's failure to have a system to ensure residents received adequate oxygen has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 04/26/13 and determined to exist on 04/24/13. The facility was made aware of the Immediate Jeopardy on 04/26/13. An acceptable Allegation of Compliance (AoC) was received on 04/29/13 and the State Survey Agency validated the Immediate Jeopardy was removed on 04/28/13, as alleged. The scope and severity was lowered to a "D" while the facility developed and implemented a Plan of Correction (PoC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>Findings include:</p> <p>A review of the facility's policy and procedure entitled, "Oxygen Administration", last revised 03/2004, revealed staff should check the mask, tank, humidifying jar, etc., to be sure they were in good working order and were securely fastened.</p> <p>A record review revealed Resident #4 was re-admitted to the facility on 04/15/13 at 2:30 PM from the hospital with a diagnosis of Bilateral Pulmonary Emboli (blood clots in the lungs).</p> <p>A review of the Nurse's Notes, dated 04/15/13 at 4:00 PM, revealed the resident was noted to have increased respirations with decreased oxygen</p>	F 328	<p>On 4/24/13, the DON completed an audit on all current residents prescribed oxygen; the audit showed full compliance.</p> <p><u>What measures or systemic changes were made to ensure that the alleged deficient practice will not recur:</u></p> <p>On 4/24/13, the policy titled "Oxygen, Application and Changing of Equipment and Supplies" was reviewed and revised by the Corporate Compliance Director.</p> <p>On 4/24/13, an in-service, for all Licensed Nurses and State Registered Nurses Aides, was initiated and conducted by the DON, ADON and Corporate Compliance Director on the revised policy "Oxygen, Application and Changing of Equipment and Supplies."</p> <p>On 4/26/13, CQI form "Oxygen Audit" was developed and implemented by the Administrator.</p> <p>On 4/26/13, the DON and ADON were in-serviced by the Administrator on the implementation, scheduling and</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2013
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 606 ALLENSVILLE ROAD ELKTON, KY 42220	
(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)	(X6) COMPLETION DATE
F 328	<p>Continued From page 34</p> <p> saturations. The Physician was called and an order was obtained for oxygen via mask, may titrate from 2-4 L/minute to maintain saturation of over 90%.</p> <p>Observation on 04/24/13 at 12:20 PM revealed Resident #4 was in the dining room in a wheelchair with a nasal cannula in his/her nose and O2 tubing connected to an O2 cylinder. The resident was exhibiting difficulty breathing. The staff were requested to Intervene by the surveyor, and the resident's O2 sat was assessed at 81% (normal 90-100%). Observation of the O2 cylinder revealed the cylinder regulator indicated the cylinder was empty. Licensed Practical Nurse (LPN) #2 changed the empty O2 cylinder for a new O2 cylinder that indicated full on the regulator and set the regulator to deliver O2 at 4/Liters per minute. Further observation revealed Resident #4's O2 saturation improved to 89% at 12:25 PM and additionally improved to 92% at 12:27 PM on the 4/Liters of O2.</p> <p>Interview with LPN #2, on 04/24/13 at 12:27 PM, revealed the Certified Nurse Aides (CNA) were to make sure O2 cylinders were adequately full when they transferred residents from the O2 concentrators in the residents' rooms to the portable O2 cylinders placed on the residents' wheelchairs.</p> <p>An interview with CNA #20 (who transferred the resident to the O2 cylinder and transported the resident to the dining room), on 04/24/13 at 12:45 PM, revealed she did not adjust Resident #4's O2 when she assisted him/her to transfer and that she did not see anyone set it. She additionally stated she did not know if the resident's O2 was</p>	F 328	<p>reporting of the new CQI form "Oxygen Audit."</p> <p>On 5/23/13, the Oxygen, Application and Changing of Equipment and Supplies Policy was added to the new hire packets for Licensed Nurses, CMTs and SRNAs to educate them during orientation on the system in place to ensure residents receive adequate oxygen, as ordered.</p> <p><u>How the facility plans to monitor its performance to ensure that solutions for the alleged deficient practice are sustained:</u></p> <p>The CQI form "Oxygen Audit" was initially completed on 4/27/2013 and completed weekly x 4 on 5/4, 5/8, 5/16 and 5/22/13. The audit will be completed monthly x 2 and quarterly thereafter by the DON on a random resident sample of six. The DON will report the results of the audit to the Administrator. The Administrator will report audit results to the QA committee to confirm that all oxygen is ordered, documented and care planned correctly.</p> <p>A Quality Assurance Meeting was held on 4/27/13 with the facility Medical Director to discuss issues</p>	

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 606 ALLENSVILLE ROAD ELKTON, KY 42220	
(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)	(X6) COMPLETION DATE
F 328	<p>Continued From page 35 turned on or off.</p> <p>An interview with CNA #8, on 04/24/13 at 12:30 PM and 5:50 PM, revealed normally the CNAs would transfer a resident from an O2 concentrator to a portable cylinder and would ask the Nurse to make sure it was right. CNA #8 stated that Nurses did not come to check the O2 cylinders every time they transferred a resident to a portable tank. The CNA revealed she didn't think the O2 regulator on Resident #4's O2 cylinder displayed empty but could not say what the regulator indicated. CNA #8 stated she had no idea how long O2 would last in an oxygen cylinder at any setting.</p> <p>An interview with the Director of Nursing (DON), on 04/24/13 at 2:00 PM, revealed the O2 cylinders were utilized for residents when going to activities or transported to different areas in the facility. The DON stated Nurses were responsible for setting the O2 to the appropriate setting. Per interview, staff were not required to track through documentation how much O2 was in the O2 cylinder.</p> <p>An interview with the Administrator, on 04/24/13 at 2:10 PM and 04/26/13 at 1:45 PM, revealed the CNAs can apply oxygen but can not change the regulator or initiate any new O2 administration. The Licensed Nurse was ultimately responsible to ensure there was adequate oxygen in the cylinders.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p>	F 328	<p>identified during the OIG complaint survey, with resident's oxygen administration and plan of action implemented.</p> <p><u>Completion Date:</u></p>	5/30/2013

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 808 ALLENSVILLE ROAD ELKTON, KY 42220		
(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 328	<p>Continued From page 36</p> <p>*On 04/24/13, the Administrator began investigating and interviewing any Nurse/CNA identified to have been involved/associated with Resident #4 on 04/24/13.</p> <p>*On 04/24/13, the Administrator counseled two CNAs identified on duty and on the floor 04/24/13 providing care to Resident #4.</p> <p>*On 04/24/13, the DON completed an audit on all current residents prescribed oxygen to ensure the oxygen tank in use was not empty.</p> <p>*On 04/24/13, the policy titled "Oxygen, Application and Changing of Equipment and Supplies" was reviewed and revised by the Corporate Compliance Director. The revisions included the Licensed Nurse will verify tank fill level before meals to ensure adequate oxygen administration per Physician order.</p> <p>*On 04/24/13, an in-service for all Licensed Nurses and CNAs was initiated and conducted by the DON, ADON and Corporate Compliance Director on the revised policy "Oxygen, Application and Changing of Equipment and Supplies". The in-service was completed 04/27/13.</p> <p>*On 04/26/13, CQI form "Oxygen Audit" was developed and implemented by the Administrator.</p> <p>*On 04/26/13, the DON and ADON were in-serviced by the Administrator on the implementation, scheduling and reporting of the new CQI form "Oxygen Audit".</p> <p>*The DON and ADON completed a chart audit for</p>	F 328			

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 608 ALLENSVILLE ROAD ELKTON, KY 42220	
(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)	(X6) COMPLETION DATE
F 328	<p>Continued From page 37 residents using the "Oxygen Audit" form on 04/26/13.</p> <p>*The CQI form "Oxygen Audit" was completed on 04/26/13 and will be completed weekly x 4, monthly x 2 and quarterly thereafter by the DON on a random resident sample of six. The DON will report the results of the audit to the Administrator. The Administrator will report audit results to the QA committee to confirm that all oxygen is ordered, documented and care planned correctly.</p> <p>*The DON completed the "Oxygen Audit" on 04/27/13.</p> <p>*A Quality Assurance Meeting was held on 04/27/13 with the facility Medical Director to discuss issues identified during the OIG complaint survey.</p> <p>The State Survey Agency validated the corrective action taken by the facility as follows:</p> <p>Record review and interviews with LPN #2, #4, and #5 and CNAs #5, #8, and #13 revealed they had received inservicing related to the policy "Oxygen, Application and Changing of Equipment and Supplies" by the DON, ADON and Corporate Compliance Director on the revised. The in-service was completed 04/27/13.</p> <p>The new CQI form "Oxygen Audit" was verified and interviews with the DON and ADON on 04/30/13 beginning at 3:40 PM verified they had received inservicing by the Administrator on the implementation of the new CQI form "Oxygen</p>	F 328		

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 508 ALLENSVILLE ROAD ELKTON, KY 42220		
(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 328	Continued From page 38 Audit". Chart reviews and interviews with the DON and ADON on 04/30/13 beginning at 3:40 PM revealed the DON and ADON had completed a chart audit for residents using the "Oxygen Audit" form and was completed 04/27/13. A QA meeting was verified held on 04/27/13 with the Medical Director in attendance and oxygen administration and plan of action implemented was discussed.	F 328			