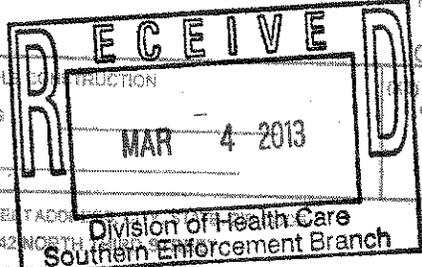


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE SITE IDENTIFICATION INSTRUCTION A. BUILDING B. WING	DATE SURVEY COMPLETED C 02/08/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-DANVILLE	STREET ADDRESS 642 NORTH DANVILLE, KY 40422
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(M) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS An abbreviated standard survey (KY19733) was conducted on 02/07-08/13. The allegation was substantiated. Deficient practice was identified at 'D' level.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	3/15/2013
F 157 SS=D	483.10(b)(1) 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 §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> The Danville Center for Health and Rehabilitation 1. Resident affected no longer resides at the facility: 2. Residents with potential to be affected: Chart audit completed on all residents to validate that physician notification was made on all resident refusals of medications. Completed 1/29/2013 3. In-service was conducted on 1/29/2013 by DNS/SDC for all licensed staff administering medications related to physician notification to include Residents' refusal to take the medication and Residents with a change of condition that may require physician intervention.	

OPERATOR, DIRECTOR, OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature] TITLE
3/4/13 DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 188127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/08/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(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 1 This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility policy it was determined the facility failed to notify the physician when there was a need to alter the treatment for one of three sampled residents (Resident #1). Interview and record review revealed Resident #1 had refused to take fourteen of eighteen prescribed doses of Warfann (anticoagulant, used to treat heart disease/blood clotting). However, facility staff failed to notify the physician of the resident's refusal to take the medication as ordered. The findings include: A review of the facility policy, "Notifications," released 08/30/12, revealed facility staff would consult with a resident's attending physician when treatment needed to be altered significantly. Resident #1 had been discharged from the facility on 01/26/13, and therefore a closed medical record review was conducted. A review of Resident #1's medical record revealed the facility admitted the resident on 01/10/13 with diagnoses including Congestive Heart Failure, Atrial Fibrillation, Artherosclerosis, Hypertension, and Hyperlipidemia. A review of Resident #1's admitting physician's order dated 01/10/13 revealed staff was to administer 5 milligrams of Warfarin to Resident #1 on a daily basis. A review of Resident #1's admission Minimum Data Set (MDS) assessment completed on 01/23/13 revealed facility staff assessed the resident to be alert and oriented, and to have no cognitive	F 157	4. Unit Managers will validate physician notification on refusals of medications by reviewing the MARS and progress notes daily (Monday through Friday). Unit Managers will randomly audit three charts per unit (4 units) equal 12 charts total to be reviewed for omission of medications for two or more occurrences. Review Physician, family and NDS notification for six weeks then reassess. 5. Unit Managers will randomly audit 3 charts weekly on each unit a total of 12 charts, to ensure the physician has been notified of any change in a Residents condition that may warrant physician intervention/treatment change. 6. Progress notes will be reviewed daily Monday through Friday to monitor any significant changes in Residents condition and ensure the Physician has been notified of these changes. Complete 3/15/2013 The results will be reviewed through PIC monthly starting 1/29/2013 until reassessed and determined resolved. Notified the Medical Director of the Action Plan. Completed 1/28/2013		

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(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	<p>Continued From page 2</p> <p>impairment. A review of Resident #1's Comprehensive Plan of Care, undated, revealed the resident had "voiced a desire to be noncompliant related to care and treatment recommendations."</p> <p>Review of Resident #1's Medication Administration Record dated January 2013, revealed Resident #1 had been consistently refusing to take the prescribed Warfarin since being admitted to the facility, and had only allowed staff to administer the medication on four days of the eighteen days the medication was ordered to be administered. However, facility staff failed to notify Resident #1's attending physician that the resident had refused the medication and, as a result, staff had not administered the medication to the resident.</p> <p>Interview with Licensed Practical Nurse (LPN) #13 on 02/07/13 at 3:59 PM, revealed Resident #1 was alert and oriented and refused medication at times, including the prescribed Warfarin. LPN #13 stated the resident would say, "I didn't take it at home and I'm not taking it now," even after the risks of not taking the medication had been explained to the resident. LPN #13 stated he failed to contact and notify Resident #1's physician that Resident #1 was refusing the medication because he "thought he had already been notified and was aware that [Resident #1] was not taking it."</p> <p>Interviews with LPN #3 on 02/07/13 at 3:20 PM and LPN #14 on 02/07/13 at 4:22 PM, confirmed Resident #1 was alert and oriented and refused to take the prescribed Warfarin because he/she had not taken the medication previously at home.</p>	F 157			

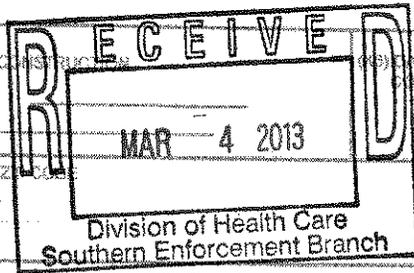
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 166127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/08/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(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	<p>Continued From page 3</p> <p>Both LPN #3 and LPN #14 stated they did not notify Resident #1's physician that the resident was refusing the Warfarin because they also thought the physician had been notified previously that the medication was being refused by Resident #1.</p> <p>Interview with Resident #1's physician on 02/08/13 at 11:00 AM, revealed he had not been notified by facility staff that Resident #1 had refused to take the Warfarin, and had been unaware the resident was not taking the medication until 01/26/13, when Resident #1 was transferred to the hospital. The physician stated he should have been notified that the resident was refusing the Warfarin, and would expect staff to notify him if a patient was not following their medication regimen consistently. The physician stated if the facility had notified him of Resident #1's refusal to take the medication he would have talked to the resident in an attempt to elicit the reason the resident was refusing the medication, possibly prescribed an alternative medication, and scheduled the resident for a follow-up exam with the Cardiologist who had originally prescribed the Warfarin for Resident #1.</p> <p>Interview with the Director of Nursing on 02/07/13 at 4:40 PM revealed staff was required to notify a resident's physician when a resident consistently refused to take a medication, or at any time the resident did not take a prescribed dose of a cardiac, blood pressure, or blood thinning medication. The DON stated she was not aware Resident #1 had refused the Warfarin until 01/26/13, when Resident #1 was transferred to the hospital.</p>	F 157			

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100636	(X2) MULTIPLE CORRECTIONS A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/08/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-DANVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(K4) ID PREFIX TAG N 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG N 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(K5) COMPLETE DATE 3/15/2013
N-019	<p>INITIAL COMMENTS</p> <p>A complaint investigation (KY19733) was conducted on 02/07-08/13. The allegation was substantiated with deficient practice identified.</p> <p>902 KAR 20:300-3(2)(i)1.c. Section 3. Resident Rights</p> <p>(2) Notice of rights and services. (i) Notification of changes. 1. Except in a medical emergency or when a resident is incompetent, a facility shall consult with the resident immediately and notify the resident's physician, and if known, the resident's legal representative or interested family member within twenty-four (24) hours when there is: c. A need to alter treatment significantly; or</p> <p>This requirement is not met as evidenced by: Based on interview, record review, and a review of the facility policy it was determined the facility failed to notify the physician when there was a need to alter the treatment for one of three sampled residents (Resident #1). Interview and record review revealed Resident #1 had refused to take fourteen of eighteen prescribed doses of Warfarin (anticoagulant, used to treat heart disease/blood clotting). However, facility staff failed to notify the physician of the resident's refusal to take the medication as ordered.</p> <p>The findings include:</p> <p>A review of the facility policy, "Notifications," released 08/30/12, revealed facility staff would consult with a resident's attending physician when treatment needed to be altered significantly.</p> <p>Resident #1 had been discharged from the facility on 01/26/13, and therefore a closed medical</p>	N 019	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>The Danville Center for Health and Rehabilitation</p> <p>1. Resident affected no longer resides at the facility:</p> <p>2. Residents with potential to be affected: Chart audit completed on all residents to validate that physician notification was made on all resident refusals of medications. Completed 1/29/2013</p> <p>3. In-service was conducted on 1/29/2013 by DNS/SDC for all licensed staff administering medications related to physician notification to include Residents' refusal to take the medication and Residents with a change of condition that may require physician intervention.</p>	



Joseph Robinson Executive Director 3/4/13
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/08/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(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) COMPLETE DATE	
N 019	<p>Continued From page 1</p> <p>record review was conducted. A review of Resident #1's medical record revealed the facility admitted the resident on 01/10/13 with diagnoses including Congestive Heart Failure, Atrial Fibrillation, Arthrosclerosis, Hypertension, and Hyperlipidemia. A review of Resident #1's admitting physician's order dated 01/10/13 revealed staff was to administer 5 milligrams of Warfarin to Resident #1 on a daily basis. A review of Resident #1's admission Minimum Data Set (MDS) assessment completed on 01/23/13 revealed facility staff assessed the resident to be alert and oriented, and to have no cognitive impairment. A review of Resident #1's Comprehensive Plan of Care, undated, revealed the resident had "voiced a desire to be noncompliant related to care and treatment recommendations."</p> <p>Review of Resident #1's Medication Administration Record dated January 2013, revealed Resident #1 had been consistently refusing to take the prescribed Warfarin since being admitted to the facility, and had only allowed staff to administer the medication on four days of the eighteen days the medication was ordered to be administered. However, facility staff failed to notify Resident #1's attending physician that the resident had refused the medication and, as a result, staff had not administered the medication to the resident.</p> <p>Interview with Licensed Practical Nurse (LPN) #13 on 02/07/13 at 3:59 PM, revealed Resident #1 was alert and oriented and refused medication at times, including the prescribed Warfarin. LPN #13 stated the resident would say, "I didn't take it at home and I'm not taking it now," even after the risks of not taking the medication had been explained to the resident. LPN #13 stated he</p>	N 019	<p>4. Unit Managers will validate physician notification on refusals of medications by reviewing the MARS and progress notes daily (Monday through Friday). Unit Managers will randomly audit three charts per unit (4 units) equal 12 charts total to be reviewed for omission of medications for two or more occurrences. Review Physician, family and NDS notification for six weeks then reassess.</p> <p>5. Unit Managers will randomly audit 3 charts weekly on each unit a total of 12 charts, to ensure the physician has been notified of any change in a Residents condition that may warrant physician intervention/treatment change.</p> <p>6. Progress notes will be reviewed daily Monday through Friday to monitor any significant changes in Residents condition and ensure the Physician has been notified of these changes.</p> <p>Complete 3/15/2013</p> <p>The results will be reviewed through PIC monthly starting 1/29/2013 until reassessed and determined resolved.</p> <p>Notified the Medical Director of the Action Plan.</p> <p>Completed 1/28/2013</p>		

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/08/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-DANVILLI			STREET ADDRESS, CITY, STATE, ZIP CODE 842 NORTH THIRD STREET DANVILLE, KY 40422		
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N 019	<p>Continued From page 2</p> <p>failed to contact and notify Resident #1's physician that Resident #1 was refusing the medication because he "thought he had already been notified and was aware that [Resident #1] was not taking it."</p> <p>Interviews with LPN #3 on 02/07/13 at 3:20 PM and LPN #14 on 02/07/13 at 4:22 PM, confirmed Resident #1 was alert and oriented and refused to take the prescribed Warfarin because he/she had not taken the medication previously at home. Both LPN #3 and LPN #14 stated they did not notify Resident #1's physician that the resident was refusing the Warfarin because they also thought the physician had been notified previously that the medication was being refused by Resident #1.</p> <p>Interview with Resident #1's physician on 02/08/13 at 11:00 AM, revealed he had not been notified by facility staff that Resident #1 had refused to take the Warfarin, and had been unaware the resident was not taking the medication until 01/26/13, when Resident #1 was transferred to the hospital. The physician stated he should have been notified that the resident was refusing the Warfarin, and would expect staff to notify him if a patient was not following their medication regimen consistently. The physician stated if the facility had notified him of Resident #1's refusal to take the medication he would have talked to the resident in an attempt to elicit the reason the resident was refusing the medication, possibly prescribed an alternative medication, and scheduled the resident for a follow-up exam with the Cardiologist who had originally prescribed the Warfarin for Resident #1.</p> <p>Interview with the Director of Nursing on 02/07/13 at 4:40 PM revealed staff was required to notify a</p>	N 019			

Office of Inspector General

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-DANVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
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