

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

PRINTED: 07/21/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/07/2015
NAME OF PROVIDER OR SUPPLIER  LAUREL HEIGHTS HOME FOR THE ELDERLY		STREET ADDRESS, CITY, STATE, ZIP CODE 208 WEST TWELFTH STREET LONDON, KY 40743		
(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 000	INITIAL COMMENTS	F 000		
F 387 SS=D	<p>An abbreviated standard survey (KY23459) was conducted on 07/07/15. The complaint was substantiated with deficient practice identified at "D" level.</p> <p>483.40(c)(1)-(2) FREQUENCY &amp; TIMELINESS OF PHYSICIAN VISIT</p> <p>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</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 ensure residents were evaluated by a physician at least once every thirty (30) days for the first ninety (90) days after admission for one (1) of three (3) sampled residents (Resident #2). Interviews and record reviews revealed the facility admitted the resident on 04/02/15. The resident was evaluated by a physician on 04/30/15; however, Resident #2 was not evaluated by a physician again until 06/25/15, a period of fifty-six (56) days.</p> <p>The findings include: Review of the facility policy titled "Delinquent Physician Visits," last revised March 2013, revealed Federal and State regulations required</p>	F 387	<p>483.40 (1)-(2) FREQUENCY &amp; TIMELINESS OF PHYSICIAN VISIT</p> <p>(1.) The following corrective actions were completed for deficiencies related to the frequency and timeliness of physician visits:</p> <ul style="list-style-type: none"> <li>&gt; Resident #2 was seen by primary care Physician #1 on 06/25/15 after the missed visit. (See Physician Visit Note)</li> <li>&gt; Resident #2's chart was audited by the Medical Records Clerk on 07/22/15 utilizing the Clinical Record Audit to ensure the physician's involvement in care and all documents were in place and signed by physician and that there were no negative outcomes resulting from the missed physician visit that needed corrected. (See Clinical Record Audit Attached)</li> </ul> <p>(2.) The following actions were taken to identify other residents having the potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> <li>&gt; On 07/13/15 the Medical Records Clerk audited the physician visits compliance on every resident in the facility utilizing the Physician Visit Compliance Audit Form. (See Attached Audits).</li> <li>&gt; Physicians were notified on 07/13/15 of upcoming due dates for visits utilizing the Physician Notification of Visits Due Form. (See Attached Physician Notification Forms)</li> </ul>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kathleen K. Young*

TITLE

*Administrator*

(X6) DATE

*7/24/15*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 387	<p>Continued From page 1</p> <p>nursing facility residents to be evaluated by the attending physician every thirty (30) days during the first three (3) months after admission.</p> <p>Record review for Resident #2 revealed the facility admitted the resident on 04/02/15 with diagnoses that included Vascular Dementia and Hypertension. Review of the resident's progress notes revealed Physician #1, the resident's primary physician, evaluated the resident at the facility on 04/30/15. Continued review of the progress notes revealed Physician #1 did not evaluate the resident again until 06/25/15 (a period of 56 days).</p> <p>Interview with Medical Records Clerk #1 on 07/07/15 at 2:00 PM revealed she was responsible to conduct audits to ensure facility residents were evaluated by their physician as required by the regulatory guidelines. She stated she had conducted an audit of physician visits on 05/19/15 and had identified Resident #2's physician visit timeframe "only had about ten more days until she would have been out of compliance." However, the next audit to ensure compliance of physician visits was not conducted again until 06/23/15. The medical records clerk stated she identified at that time that the physician visits for Resident #2 were out of compliance. Physician #1 was notified and evaluated the resident on 06/25/15.</p> <p>Interview with the Assistant Administrator on 07/07/15 at 2:40 PM revealed the medical records clerk reported issues to him related to physician visits for facility residents. He stated the clerk had notified him that Physician #1 had not evaluated Resident #2 timely as required. However, when he was notified of the clerk's</p>	F 387	<p>(3.) In order to ensure that compliance is maintained with the Frequency and Timeliness of Physician Visits the following measures and systemic changes have been made:</p> <ul style="list-style-type: none"> <li>➤ The Physician Visits Policy was revised on 07/10/15 to include a <u>weekly</u> audit instead of monthly audit and a new system for notification to the physician regarding upcoming visits and late physician visits. (See attached Physician Visits Policy)</li> <li>➤ The Physician Visit Compliance Audit Form was revised on 07/10/15 to include residents admission date, date of last physician visit and next physician visit due date. (See attached Physician Visit Compliance Audit Form)</li> <li>➤ The Physician Notification of Visits Due Form was created on 07/10/15 to have a concise and clear notification to the physicians regarding upcoming and late physician visits. (See attached Physician Notification of Visits Due Form)</li> <li>➤ An In-service was conducted on 07/10/15, for The Medical Records Clerk and the Assistant Administrator on the following: <ul style="list-style-type: none"> <li>• Revised Physician Visits Policy;</li> <li>• Revised Physician Visit Compliance Audit Form; and</li> <li>• New Physician Notification of Visits Due Form.</li> </ul> </li> </ul>		

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F 387	Continued From page 2 findings (unsure of exact date), the physician had already come and evaluated the resident. He acknowledged when the clerk identified on 05/19/15 that the physician was close to being out of compliance with 30-day evaluations of facility residents, she should have notified the resident's physician to ensure compliance with physician visits.	F 387	<p align="center"><b>(SEE ATTACHED SIGN IN SHEET)</b></p> <ul style="list-style-type: none"> <li>➤ Utilizing the <b>Physician Visit Compliance Audit Form</b>, The <b>Medical Records Clerk</b> will audit <b>Physician Visits <u>weekly</u></b> to ensure compliance with regulations. Areas of non-compliance will be corrected immediately by following the <b>Physician Visits Policy</b> and notifying the physicians utilizing the <b>Physician Notification of Visits Due Form</b>. The results of the <b>Physician Visit Compliance Audit</b> and <b>Physician Notification of Visits Due</b> will be turned in to the <b>Assistant Administrator <u>weekly</u></b>.</li> </ul> <p>(4.) Monitoring the performance of measures taken to ensure that the frequency and timeliness of physician visits are compliant include:</p> <ul style="list-style-type: none"> <li>➤ Utilizing the <b>Compliance Monitoring form for Physician Visits Compliance</b> the <b>Assistant Administrator</b> will conduct <b>compliance monitoring <u>monthly</u></b> on the results of the <b>The Physician Visit Compliance Audit</b>. The <b>Assistant Administrator</b> will submit compliance monitoring results to the <b>QAPI committee <u>monthly</u></b>. Negative results will be identified and resolved through the interdisciplinary approach of the committee.</li> </ul> <p align="right"><b>CORRECTIVE ACTION TAG# F 387 COMPLETED ON</b></p>	07/23/15