

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

PRINTED: 09/18/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/03/2015
NAME OF PROVIDER OR SUPPLIER  FOUNTAIN CIRCLE CARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWAY ROAD WINCHESTER, KY 40391	
(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 57</p> <p>of the Quality Assurance meeting will be completed by the Special projects Administrator, the Regional Vice President of Operations, or a member of regional staff three (3) times a week until immediacy is removed beginning 08/15/15, then weekly for four (4) weeks, then monthly.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's investigation of the incident revealed an audit of Resident #1's medical record with areas concern noted.</li> </ol> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she audited Resident #1's medical record and identified areas of concern with immediate implementation of education provided to staff.</p> <ol style="list-style-type: none"> <li>2. Review of the facility's audit of all resident's Advance Directive, Care Plans and Physician's Orders revealed the Audit tool was printed on 08/15/15 and signed by the auditor of each resident's documentation on 08/15/15.</li> </ol> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she had participated with other management staff to audit all resident records to verify accuracy of the resident's Advance Directive, Care Plans and Physician's code status order.</p> <ol style="list-style-type: none"> <li>3. Review of the audit tool utilized to interview and assess all residents for possible resident rights violations revealed management staff interviewed all resident's with a Brief Interview for Mental Status (BIMS) score of eight (8) or greater and a physical assessment was completed for</li> </ol>	F 309	

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F 309	Continued From page 58 resident's whose BIMS was less than eight (8).  Interview with the DON, on 09/02/15 at 5:20 PM, revealed management staff interviewed or assessed each of the facility's residents for any signs or symptoms of resident rights violations. Interview with interviewable residents revealed staff did talk with them regarding their resident rights.  4. The audit tool, dated 08/18/15, utilized to audit previous thirty (30) days facility new admissions was reviewed. New admissions were audited for compliance with admission process including: Physician notification, review of New Admission Physician's Orders with Physician and ensuring professional standards were followed. Areas of concern identified with the audit were documentation in relation to missing dates and times on the Nursing Admission Assessment on four (4) residents. Review of the education provided to staff revealed policy and procedures related to accuracy of the admission process and documentation was provided. Review of the staff sign in sheets revealed instruction was provided beginning 08/15/15 with review of policy and procedure. On 08/28/15, a more comprehensive education was provided to staff related to the policy and procedure.  Interview with the DON, on 09/02/15 at 5:20 PM, revealed she initiated education to the nursing staff immediately on 08/15/15. Per the DON, the Regional Nurse provided comprehensive education to the management staff on 08/28/15. Further interview revealed, after receiving the comprehensive education, the management staff were responsible for providing the comprehensive education to the facility's nursing staff.	F 309			

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F 309	Continued From page 59  5. Review of the audit of each resident's medical record to include: Advance Directive, Physician's Orders, Assessments, Multidisciplinary Notes and Care Plans was completed by 08/26/15.  Interview with the DON, on 09/02/15 at 5:20 PM, revealed she and other management staff audited each resident's medical record to ensure compliance with quality of care delivery.  6. Review of education provided by the Regional Nurse to all management staff with the sign in sheet dated 08/28/15 and signed by the Regional Nurse revealed the education provided included: Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning - Interdisciplinary Team, Resident Rights, Quality of Care, Professional Standards, and QA.  Interview with the Regional Nurse Consultant, on 09/02/15 at 5:20 PM, revealed he provided comprehensive education to management staff related to the facility's policies and procedures stated above. Continued interview revealed the facility revised the CPR policy to include mandatory hands on skills certification for staff.  7. Review of education provided to all nursing staff to include: Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning - Interdisciplinary Team, Resident Rights, Quality of Care, Professional Standards, and QA. Review of sign in sheets revealed the education was initiated on 08/26/15 and concluded on 08/28/15. Review of certified letters sent to twenty-one (21) part-time clinical staff related to mandatory	F 309			

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F 309	<p>Continued From page 60</p> <p>education prior to working. Continued review of sign-in sheets revealed education for part-time clinical staff, non-licensed staff and non-nursing staff continued per AOC. Review of New Orientation Agenda for clinical staff, revealed education would be provided with orientation process. Review of audit tool utilized for validation of CPR certification with hands on skills component revealed staff had obtained education with hands on skill component.</p> <p>Interview, on 09/01/15 at 10:20 AM with SRNA #8; at 10:30 AM with SRNA #7; at 10:40 AM with SRNA #4; at 10:50 AM with SRNA #2; and, at 11:00 AM with SRNA #6 revealed they had all been provided education related to Cardiopulmonary Resuscitation, Resident Rights, Quality of Care and Professional Standards between 08/15/15 and 08/28/15 in a verbal lecture setting allowing for question and answers.</p> <p>Interview, on 08/20/15 at 5:50 PM with RN #1 and at 6:12 PM with LPN #1; on 09/01/15 at 11:15 AM with LPN #12; at 11:25 AM with LPN #3; at 4:16 PM with LPN #11; at 4:30 PM with LPN #2; at 4:45 PM with RN #4; at 5:00 PM with RN #2; at 5:17 PM with RN #3; and, Unit Manager #1 at 4:29 PM, revealed they had all been provided education related to Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning, Resident Rights, Professional Standards, and Quality of Care in a verbal lecture setting allowing for question and answers.</p> <p>8. Review of the education provided to all licensed staff related to the admission policy and procedure revealed the education was initiated on 08/21/15 and completed on 08/28/15 after</p>	F 309		

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F 309	<p>Continued From page 61</p> <p>additional education was provided by the Regional Nurse Consultant.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she had initiated staff education on 08/21/15. After receiving comprehensive education provided by the Regional Nurse Consultant on 08/26/15, the management team re-educated staff with the completion date for full-time clinical staff to be 08/28/15.</p> <p>9. Review of the education provided to all Physicians with privileges to included; clarification of the process for notifying the Physician of new admits and obtaining orders, and the Interim Care Plan and Professional Standards. Further review, revealed there was follow up letters sent to each Physician related to the educations provided.</p> <p>10. Review of the Audit of personnel files for CPR certification revealed the Audit was completed on 08/25/15 with the Regional Nurse Consultant review on 08/25/15. Data from the audit revealed seventeen (17) staff without the hands on skill component for CPR certification.</p> <p>11. Review of the Audit of personnel files for CPR certifications revealed sixteen (16) of the seventeen (17) identified staff without hands on skill component CPR certifications had obtained certifications with the hands on skills component.</p> <p>Interview with the DON, on 9/02/15 at 5:20 PM, revealed she was a Certified American Heart CPR Instructor. Further interview revealed, she had conducted four (4) CPR classes for staff that included the hands on skills component. Per interview, one staff still remained out of compliance with the CPR certification hands on</p>	F 309		

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F 309	<p>Continued From page 62</p> <p>component and would not be allowed to work until appropriate certification was obtained.</p> <p>12. Review of the Daily New Admission Log, revealed new admissions were reviewed daily for compliance with Physician Notification, Physician Orders, Interim Care Plan, Advance Directive, and Resident Rights beginning 08/25/15.</p> <p>Interview with the DON on 09/02/15 at 5:20 PM, revealed areas of concern were identified when the audits were initiated on 08/25/15; however, after staff received education, data collected had improved. Further interview revealed any issues identified would be immediately corrected with data reviewed with the QA committee weekly for four (4) weeks, then monthly with the results of the collected data to determine the need for additional education or the revision of the plan.</p> <p>13. Review of documentation monitoring care delivery as outlined per the resident's care plan, revealed five (5) resident care plans per day per unit were reviewed by management staff beginning 08/25/15.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed management staff had audited resident care plans daily. Further interview revealed five (5) care plans were audited on each unit daily since 08/25/15.</p> <p>14. Review of documentation of the Mock codes revealed they were conducted twice weekly on rotating shifts beginning 08/18/15.</p> <p>Interview, on 08/20/15 at 5:50 PM with RN #1 and at 6:12 PM with LPN #1; on 09/01/15 at 11:15 AM with LPN #12; at 11:25 AM with LPN #3; at 4:16</p>	F 309	

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F 309	<p>Continued From page 63</p> <p>PM with LPN #11; at 4:30 PM with LPN #2; at 4:45 PM with RN #4; at 5:00 PM with RN #2; at 5:17 PM with RN #3; and, Unit Manager #1 at 4:29 PM, revealed they had all been provided education related to Cardiopulmonary Resuscitation and Advance Directives with Mock Codes conducted on different shifts.</p> <p>15. Review of documentation of CPR certification tracking revealed the date the certification was obtained and verification the certification contained a hands on skills component.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed the facility had previously been tracking CPR expiration dates; however, the facility added verification of a hands on skills component to their tracking data to ensure compliance.</p> <p>16. Review of the documentation of a calendar, signed by the Regional Nurse and Regional Vice President of Operations revealed the Regional Vice President of Operations was on site 08/21/15 and 08/28/25. Further review revealed, the Regional Nurse was on site daily from 08/16/15 to 09/02/15 with the exception of 08/17/15.</p> <p>Interview with the Regional Nurse, on 09/02/15 at 5:20 PM, revealed he had been in the facility each day with the exception of 08/17/15.</p> <p>Interview with the Administrator on 09/01/15 at 5:20 PM, revealed the Regional Nurse had been on site daily since 08/16/15 with the exception of 08/17/15. Interview with Unit Manager #1, on 09/01/15 at 4:29 PM, revealed the Regional Nurse had been on site "seemed like" daily for over two (2) weeks.</p>	F 309		

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F 309	<p>Continued From page 64</p> <p>17. Review of documentation of a calendar, signed by the Regional Nurse and Regional Vice President of Operations revealed on site Administrative oversight was performed by the Regional Vice President of Operations on 08/21/15 and 08/28/15. Further review revealed, on site Administrative oversight was performed by the Regional Nurse on each day from 08/16/15 to 09/02/15, with the exception of 08/17/15.</p> <p>Interview with the Regional Nurse, on 09/02/15 at 5:20 PM, revealed he had been on site at the facility daily since 08/16/15 with the exception of 08/17/15.</p> <p>Interview with the Administrator on 09/01/15 at 5:20 PM, revealed the Regional Nurse had been on site daily since 08/16/15 with the exception of 08/17/15. Interview with Unit Manager #1, on 09/01/15 at 4:29 PM, revealed the Regional Nurse had been on site "seemed like" daily for over two (2) weeks.</p> <p>18. Review of the QA sign in sheets revealed, meetings were conducted on 08/21/15, 08/26/15, and 08/28/15 with the areas of concern discussed. The Medical Director was in attendance on 08/26/15.</p> <p>Interview with the Administrator, on 09/03/15 at 11:15 AM, revealed the data obtained from the audits performed, revealed areas of concern related to the Mock codes which were initially performed. Continued interview revealed, the data was analyzed and it was determined additional education was needed. Further interview revealed the additional education was provided with positive data resulting from ongoing</p>	F 309		

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F 309	Continued From page 65 Mock codes and audits.	F 309			
F 385 SS=J	483.40(a) RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.  The facility must ensure that the medical care of each resident is supervised by a physician; and another physician supervises the medical care of residents when their attending physician is unavailable.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to have an effective system to ensure a Physician provided written recommendation for admittance to the facility, and failed to ensure each resident was supervised by a physician, for one (1) of twelve (12) sampled residents (Resident #1).  Resident #1 was admitted by the facility on 08/13/15; however, there was no documented evidence the Physician was aware of the resident's admission. Additionally, on 08/15/15, Resident #1 was found to be unresponsive, and without a pulse or respirations. Staff notified the on-call Physician of Resident #1's death; however, staff failed to inform the Physician the resident was a Full Code status and CPR was not performed.	F 385 F385	1. The Director of Nursing reviewed Resident #1's medical record on 8/15/15. During the review of the medical record, the DON identified the physician notification was missing the date and time on the nursing admission assessment.  2. All resident advance directive/code status/physician order for code status along with resident care plan and SRNA care plan were audited by 8/17/15 by DON, Unit Managers, Nursing Supervisor or medical records to ensure accuracy.  All residents admitted in the past 30 days chart was audited by the DON, ADON, Unit Managers or Nursing Supervisor by 8/18/15, for compliance with the admission process, to include notification of attending MD and reviewing admitting orders with the attending MD along with ensuring professional standards were followed. Issues/concerns noted were inaccurate documentation in relation to missing dates and times on nursing admission assessment forms on 4 different residents.  3. All licensed staff were educated on the admission policy and procedure to include: clarification of process for notifying MD of new admit and obtaining admit orders (to include: when a discharge summary or orders	8-29-15	

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F 385 Continued From page 66  
The facility's failure to notify the Attending Physician of a resident's admission, and failure to provide relative information when the Physician was notified, has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 08/25/15, and was determined to exist on 08/15/15. The facility was notified of the Immediate jeopardy on 08/25/15.

The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/31/15 with the facility alleging removal of the Immediate Jeopardy on 08/29/15. The State Survey Agency validated removal of the Immediate Jeopardy as alleged on 08/29/15, prior to exit on 09/03/15, with remaining non-compliance in the area of 42 CFR 483.40 Physician Services, F-385 at a Scope and Severity of a "D" while the facility develops and implements a Plan of Correction and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.

The findings include:

Review of the facility's policy titled "Physician Visits and Medical Orders", effective 12/2010, revealed all residents admitted to the facility would be under the direct supervision of a member of the active medical staff who had delineated clinical privileges to admit residents to the facility. Continued review revealed the Attending Physician would directly supervise the activities related to treatment of the resident, and the Physician would complete a medical assessment within seventy-two (72) hours of admission.

Review of the facility's policy titled "Admission

F 385 from a discharging facility is obtained, the nurse will fax to physician's office and call physician for approval of current orders, and a telephone order will be written, stating that the physician's review and approval of the orders), interim care plan, and professional standards. Education was provided by the SDC, Unit Managers, or Nursing Supervisor starting on 8/21/15 with 100% of full time licensed nurses completed by 8/24/15. Part time and PRN licensed nurses were notified by the SDC or HR that they could not work until receiving above education. Education regarding the above stated policies will be included in the orientation process for all newly licensed nursing staff members. No newly hired nurse will be allowed to work until education has been obtained.

All physician with privileges at the facility were educated by the DON by 8/25/15 in regards to the admission process and expectation with compliance on the following: when a discharge summary or orders from a discharging facility is obtained, the nurse will fax to physician's office and call physician for approval of current orders, and a telephone order will be written, stating that the physician's review and approval of the orders.

4. DON, ADONs, Unit Managers Nursing supervisor or Medical Records will review all new admissions daily starting on 8/25/15 during the morning clinical meeting to ensure compliance with physician notification, physician orders, interim care plan, advance

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F 385	Continued From page 67  Criteria", undated, revealed prior to or at the time of admission, the resident's Attending Physician would provide the facility with information needed for the care of the resident, to include at least: diet, medication orders, Advance Directive, allergies, and routine care orders to maintain or improve the resident's function until the Physician and the care planning team could conduct a comprehensive assessment and develop a more detailed Interdisciplinary Care Plan.  Review of the facility's policy titled "Telephone Orders", undated, revealed each entry should contain the instructions from the Physician, and should include the date, time, and signature and title of the person transcribing the information.  Review of the medical record revealed the facility admitted Resident #1 from the hospital on 08/13/15, with diagnoses which included Syncope, Dementia, and Alzheimer's Disease. Review of the "Nursing Admission Information" form, dated 08/13/15, revealed Resident #1 was admitted to the facility under the care of Attending Physician (AP) #1, on 08/13/15 at 6:40 PM; however, there was no documented evidence the AP was notified of the resident's admission.  Interview with Registered Nurse (RN) #2, on 08/20/15 at 3:21 PM, revealed she did assess residents for admission to the facility. Continued interview revealed the facility's practice included notification of the Attending Physician upon the resident's arrival. RN #2 explained when residents were transferred to the facility from an acute care facility (hospital), they arrived with a Discharge Summary from the acute care facility. RN #2 stated this summary was to be faxed to the Attending Physician's office as notification of	F 385	directive, and resident rights. Audits will be completed daily for four weeks, three times per week for two weeks, then monthly for 2 months. The ongoing process will be discussed in the Quality Assurance committee meeting monthly for three months, for recommendations and for further follow up as indicated. The members of the Quality Assurance committee include, but not limited to the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, SDC, Social Services Director, Dietician, Quality of Life Director, and Unit Managers.		

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F 385	<p>Continued From page 68</p> <p>the resident's arrival. RN #2 further stated staff should follow-up with the Physician via telephone to verify the orders on the Discharge Summary were to be continued at the facility.</p> <p>Interview with AP #1, on 08/21/15 at 10:37 AM, revealed he was on-call on 08/13/15 but did not receive notification Resident #1 was admitted to the facility. Further interview revealed Resident #1 was not a previous patient of his and he was not familiar with the resident's medical history. Continued interview revealed AP #1 was not informed of Resident #1's admission until 08/16/15, after the resident had expired. AP #1 stated it was his expectation for staff to notify him when a resident arrived at the facility in order to verify the admitting orders with staff. AP #1 further stated notification was essential to enable him to have oversight of the resident's care.</p> <p>Continued review of Resident #1's medical record revealed an "Advance Directives/Informed Consent", signed and dated 08/13/15 by Resident #1's Responsible Party (RP). According to the consent form, the RP requested and consented to the use of cardiac compressions or artificial ventilation (Full Code) to resuscitate the resident in the event of death.</p> <p>Review of the Physician's Orders, dated 08/15/15 at 7:30 AM and signed by Licensed Practical Nurse (LPN) #2, revealed a telephone order was received from Resident #1's on-call Physician to withhold CPR (cardiopulmonary resuscitation). Continued review revealed the order was given related to "resident already deceased when found", "no heart rate", "no respirations", and "cool to touch".</p>	F 385		

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F 385	Continued From page 69  Interview with LPN #2, on 08/20/15 at 4:31 PM, revealed she contacted the on-call Physician to notify him of Resident #1's death. Continued interview revealed she informed the Physician the RN had decided the resident was "too far gone" for CPR. She stated she thought she had advised him the resident was a Full Code status. Continued interview revealed the Physician responded, "Oh, no...OK", but did not say to withhold CPR.  Interview with the on-call Physician, on 08/21/15 at 12:07 PM, revealed he was notified by the facility on 08/15/15 around 7:30 AM of Resident #1's death. Continued interview revealed staff did not inform him Resident #1 was a "Full Code", and he did not give an order to withhold CPR. Further interview revealed his expectation was for staff to initiate CPR for a resident with a Full Code status, notify Emergency Medical Services (EMS) for transfer to a hospital, and then call to notify him (the Physician) of the resident's change in condition.  Interview with the Director of Nursing (DON), on 08/24/15 at 3:09 PM, revealed she was not aware Resident #1's AP was not notified by staff of the resident's admission on 08/13/15. She stated the facility's process for new admissions was for the nurse to notify the AP when the resident arrived at the facility and verify the admission orders. She further stated it was her expectation for staff to follow the facility's process and ensure admission orders were verified with the Physician. Continued interview revealed the DON was not aware the on-call Physician did not state to withhold CPR. Per interview, staff should completely inform the Physician of a resident's status and document exactly what the physician	F 385			

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F 385	Continued From page 70 orders.  Interview with the Administrator, on 08/24/15 at 4:50 PM, revealed her expectation was for staff to notify the Attending Physician to verify orders when the resident arrived to the facility. Continued interview revealed should a resident be transferred from another facility, the Discharge Summary could be utilized as admission orders; however, she stated her expectation for staff to follow-up with the AP to verify the orders. Further interview revealed the Administrator's expectation for staff to fully inform the Physician when making notification of a change in status, and to write orders as stated by the Physician.  The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/31/15, which alleged removal of the IJ effective 08/29/15. Review of the AOC revealed the facility implemented the following:  1. On 08/15/15, the Director of Nursing (DON) reviewed Resident #1's medical record and care plan with the following areas of concern identified: a. The date and time were missing regarding the Physician notification on the Nursing Admission Assessment b. the Advance Directive of "Full Code" status was not care planned on the Interim Care Plan. c. CPR was not immediately initiated per Resident #1's/Power of Attorney's (POA's) request as indicated on the Advance Directive.  2. Beginning 08/15/15 and concluding on 08/17/15, the DON, Unit Managers, Nursing Supervisors or Medical Records staff audited all resident Advance Directive/Code Status/Physician's orders for code status, Care Plans and State Registered Nurse Aide (SRNA)	F 385		

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F 385	<p>Continued From page 71 Care Plans.</p> <p>3. Beginning 08/15/15 and concluding on 08/17/15, the DON, Assistant Director of Nursing (ADON), Unit Managers and Nursing Supervisors assessed all residents for any possible resident rights violations. Residents with a Brief Interview of Mental Status (BIMS) score of eight (8) or greater were interviewed and residents with a BIMS of less than eight (8) were physically assessed for any signs and symptoms of possible quality of life or resident rights violations.</p> <p>4. Compliance audits of the admission process were completed by 08/18/15 of all admissions within the previous thirty (30) days. The audits were performed by the DON, ADON, Unit Managers or Nursing Supervisors of all resident's medical records to include notification of the Attending Physician, review of the Physician Admitting Orders with the Attending Physician and ensuring professional standards were followed.</p> <p>5. The DON, Unit Managers, Nursing Supervisors or Medical Records staff completed audits of all resident charts by 08/26/15. The Audit included; resident's Advance Directive, Physician's Orders, Assessments, Multidisciplinary Notes and Care Plan to ensure compliance with quality of care delivery.</p> <p>6. On 08/26/15, all management staff was educated by the Regional Nurse Consultant. Education included: Advance Directive Policy and Procedure, Admission/Physician's Order Policy and Procedure, Care Plan Policy and Procedure, Revised CPR Policy and Procedure, Resident Rights Policy and Procedure, Quality of Care</p>	F 385		

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F 385	<p>Continued From page 72</p> <p>Delivery, Professional Standards and Quality Assurance Performance Improvement (QAPI).</p> <p>7. Education for all nursing staff was initiated on 08/15/15 and completed by 08/28/15, with the exception of four (4) full-time status staff on leave and twenty-one (21) part-time staff. Certified letters were sent to the twenty-one (21) part-time staff to notify each of the mandatory education prior to returning to duty. Education was provided by the Staff Development Coordinator, Unit Managers and Nursing Supervisors. Education included Advance Directive Policy and Procedure, Admission/Physician Order Policy and Procedure, Care Plan Policy and Procedure, Revised CPR Policy and Procedure, Resident Rights Policy and Procedure, Quality of Care Delivery, Professional Standards and QAPI. The education related to the policies and procedures was added to the training agenda for New Employee Orientation.</p> <p>8. Beginning 08/21/15 and concluding on 08/24/15, the Staff Development Coordinator, Unit Managers and Nursing Supervisors conducted education for all licensed staff (with the exception of the part-time staff who were notified by certified letter they could not work until receiving the required education) on the admission policy and procedure, to include: clarification of the process for Physician notification of new admissions, obtaining Admission Orders, the Interim Care Plan and professional standards. The above education was incorporated into the facility's New Employee Orientation.</p> <p>9. On 08/25/15, all Physicians with privileges at the facility were educated by the DON in regards to the admission process and expectations with</p>	F 385		

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F 385	<p>Continued From page 73</p> <p>compliance to include: Discharge Summaries or Orders from a discharging facility would be faxed to the Physician's office and the Physician would be called for approval of the Orders with a Telephone Order written stating the Physician's review and approval of the Orders.</p> <p>10. Human Resources and/or Staff Development performed audits of all personnel files for CPR certifications. Audits were completed by 08/25/15 and given to the Regional Nurse Consultant to review for non-compliance with CPR regulations. Seventeen (17) licensed nurses were noted to have on-line only CPR certifications.</p> <p>11. Sixteen (16) of the seventeen (17) staff identified to have on-line CPR certifications received CPR instruction with hands on component by 08/27/15, provided by the DON, a certified American Heart CPR Instructor. One (1) employee would not be allowed to work until CPR certification with hands on component was obtained.</p> <p>12. Beginning 08/25/15, the DON, ADON, Unit Manager, Nursing Supervisor or Medical Records staff will review all new admissions daily during the morning clinical meeting to ensure compliance with Physician notification, Physician Orders, Interim Care Plan, Advance Directive, and Resident Rights. Findings of the review will be reported in the Quality Assurance (QA) committee meeting. The committee consists of the Medical Director, Administrator, DON, Social Services Director and at least two (2) other department managers, different line staff as appropriate, and outside consultants as appropriate. The committee will meet weekly for four (4) weeks then monthly to determine the</p>	F 385		

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F 385	<p>Continued From page 74</p> <p>need for continued education or revision of the plan. Based on evaluation, the QA committee will determine at what frequency the ongoing review of new admissions will need to continue. Concerns identified will be corrected immediately by the DON, ADON, Unit Managers or Nursing Supervisor and reported to the Administrator to ensure any needed investigation initiated and reported guidelines were met.</p> <p>13. The DON, ADON, Unit Managers, or Nursing Supervisor will monitor care delivery as outlined per the care plan on five (5) residents per unit per day until immediacy is removed, beginning 08/25/15, then five (5) residents daily for four (4) weeks, to ensure compliance with care delivery as outlined by the Care Plan along with compliance of Professional Standards requirements. Findings will be reported in the QA committee weekly to determine the further need of continued education or the revision of the plan.</p> <p>14. Mock codes will be conducted by the DON, ADON, Unit Managers, Staff Development Coordinator or Nursing Supervisor twice weekly, on rotating shifts, for four (4) weeks beginning 08/18/15, to ensure understanding and compliance with Code Blue Policy and Procedure. The first two (2) mock codes were conducted by Clinical Managers for education on how to conduct a code; the Mock codes will be conducted by the nurses. Findings will be reported to the QA committee weekly to determine compliance and any further need of continued education or revision of the plan.</p> <p>15. The DON, Staff Development Coordinator or Human Resources will track all licensed nurses CPR certification monthly beginning 08/26/15, to</p>	F 385		

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F 385	<p>Continued From page 75</p> <p>ensure compliance with CPR policy, procedure and governing regulations. Findings and compliance will be reported monthly to the QA committee to determine any need for education or revision of the process.</p> <p>16. A Regional Nurse or corporate office staff was on site since 08/19/15 and will remain on site daily until immediacy is removed, then will be on site three (3) times weekly for four (4) weeks. Regional/Corporate staff will review compliance with the plan and will review compliance with policy and procedure of any code blue that occurs and review compliance with new or re-admissions. During weekly follow-up, guidance and recommendations will be provided with compliance validated.</p> <p>17. Administrative oversight of the facility will be completed by the Vice President of Operations, Nurse Consultant, or Special Projects Administrator daily until removal of the immediacy beginning 09/19/15, then weekly for four (4) weeks, then monthly.</p> <p>18. A Quality Assurance meeting will be held weekly until immediacy is removed beginning on 08/21/15, the for four (4) weeks, then monthly for recommendations and further follow up regarding the stated plan. Based on evaluation, the QA committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being and ensure resident rights as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be</p>	F 385		
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F 385	<p>Continued From page 76</p> <p>completed by the Special projects Administrator, the Regional Vice President of Operations, or a member of regional staff three (3) times a week until immediacy is removed beginning 08/15/15, then weekly for four (4) weeks, then monthly.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's investigation of the incident revealed an audit of Resident #1's medical record with areas concern noted.</li> </ol> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she audited Resident #1's medical record and identified areas of concern with immediate implementation of education provided to staff.</p> <ol style="list-style-type: none"> <li>2. Review of the facility's audit of all resident's Advance Directive, Care Plans and Physician's Orders revealed the Audit tool was printed on 08/15/15 and signed by the auditor of each resident's documentation on 08/15/15.</li> </ol> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she had participated with other management staff to audit all resident records to verify accuracy of the resident's Advance Directive, Care Plans and Physician's code status order.</p> <ol style="list-style-type: none"> <li>3. Review of the audit tool utilized to interview and assess all residents for possible resident rights violations revealed management staff interviewed all resident's with a Brief Interview for Mental Status (BIMS) score of eight (8) or greater and a physical assessment was completed for resident's whose BIMS was less than eight (8).</li> </ol>	F 385		

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F 385	Continued From page 77  Interview with the DON, on 09/02/15 at 5:20 PM, revealed management staff interviewed or assessed each of the facility's residents for any signs or symptoms of resident rights violations. Interview with interviewable residents revealed staff did talk with them regarding their resident rights.  4. The audit tool, dated 08/18/15, utilized to audit previous thirty (30) days facility new admissions was reviewed. New admissions were audited for compliance with admission process including: Physician notification, review of New Admission Physician's Orders with Physician and ensuring professional standards were followed. Areas of concern identified with the audit were documentation in relation to missing dates and times on the Nursing Admission Assessment on four (4) residents. Review of the education provided to staff revealed policy and procedures related to accuracy of the admission process and documentation was provided. Review of the staff sign in sheets revealed instruction was provided beginning 08/15/15 with review of policy and procedure. On 08/28/15, a more comprehensive education was provided to staff related to the policy and procedure.  Interview with the DON, on 09/02/15 at 5:20 PM, revealed she initiated education to the nursing staff immediately on 08/15/15. Per the DON, the Regional Nurse provided comprehensive education to the management staff on 08/28/15. Further interview revealed, after receiving the comprehensive education, the management staff were responsible for providing the comprehensive education to the facility's nursing staff.	F 385			

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F 385	<p>Continued From page 78</p> <p>5. Review of the audit of each resident's medical record to include: Advance Directive, Physician's Orders, Assessments, Multidisciplinary Notes and Care Plans was completed by 08/26/15.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she and other management staff audited each resident's medical record to ensure compliance with quality of care delivery.</p> <p>6. Review of education provided by the Regional Nurse to all management staff with the sign in sheet dated 08/28/15 and signed by the Regional Nurse revealed the education provided included: Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning - Interdisciplinary Team, Resident Rights, Quality of Care, Professional Standards, and QA.</p> <p>Interview with the Regional Nurse Consultant, on 09/02/15 at 5:20 PM, revealed he provided comprehensive education to management staff related to the facility's policies and procedures stated above. Continued interview revealed the facility revised the CPR policy to include mandatory hands on skills certification for staff.</p> <p>7. Review of education provided to all nursing staff to include: Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning - Interdisciplinary Team, Resident Rights, Quality of Care, Professional Standards, and QA. Review of sign in sheets revealed the education was initiated on 08/26/15 and concluded on 08/28/15. Review of certified letters sent to twenty-one (21) part-time clinical staff related to mandatory education prior to working. Continued review of</p>	F 385	

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F 385 Continued From page 79  
sign-in sheets revealed education for part-time clinical staff, non-licensed staff and non-nursing staff continued per AOC. Review of New Orientation Agenda for clinical staff, revealed education would be provided with orientation process. Review of audit tool utilized for validation of CPR certification with hands on skills component revealed staff had obtained education with hands on skill component.

Interview, on 09/01/15 at 10:20 AM with SRNA #8; at 10:30 AM with SRNA #7; at 10:40 AM with SRNA #4; at 10:50 AM with SRNA #2; and, at 11:00 AM with SRNA #6 revealed they had all been provided education related to Cardiopulmonary Resuscitation, Resident Rights, Quality of Care and Professional Standards between 08/15/15 and 08/28/15 in a verbal lecture setting allowing for question and answers.

Interview, on 08/20/15 at 5:50 PM with RN #1 and at 6:12 PM with LPN #1; on 09/01/15 at 11:15 AM with LPN #12; at 11:25 AM with LPN #3; at 4:16 PM with LPN #11; at 4:30 PM with LPN #2; at 4:45 PM with RN #4; at 5:00 PM with RN #2; at 5:17 PM with RN #3; and, Unit Manager #1 at 4:29 PM, revealed they had all been provided education related to Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning, Resident Rights, Professional Standards, and Quality of Care in a verbal lecture setting allowing for question and answers.

8. Review of the education provided to all licensed staff related to the admission policy and procedure revealed the education was initiated on 08/21/15 and completed on 08/28/15 after additional education was provided by the

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F 385	<p>Continued From page 80</p> <p>Regional Nurse Consultant.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she had initiated staff education on 08/21/15. After receiving comprehensive education provided by the Regional Nurse Consultant on 08/26/15, the management team re-educated staff with the completion date for full-time clinical staff to be 08/28/15.</p> <p>9. Review of the education provided to all Physicians with privileges to included; clarification of the process for notifying the Physician of new admits and obtaining orders, and the Interim Care Plan and Professional Standards. Further review, revealed there was follow up letters sent to each Physician related to the educations provided.</p> <p>10. Review of the Audit of personnel files for CPR certification revealed the Audit was completed on 08/25/15 with the Regional Nurse Consultant review on 08/25/15. Data from the audit revealed seventeen (17) staff without the hands on skill component for CPR certification.</p> <p>11. Review of the Audit of personnel files for CPR certifications revealed sixteen (16) of the seventeen (17) identified staff without hands on skill component CPR certifications had obtained certifications with the hands on skills component.</p> <p>Interview with the DON, on 9/02/15 at 5:20 PM, revealed she was a Certified American Heart CPR Instructor. Further interview revealed, she had conducted four (4) CPR classes for staff that included the hands on skills component. Per interview, one staff still remained out of compliance with the CPR certification hands on component and would not be allowed to work until</p>	F 385	

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F 385	<p>Continued From page 81 appropriate certification was obtained.</p> <p>12. Review of the Daily New Admission Log, revealed new admissions were reviewed daily for compliance with Physician Notification, Physician Orders, Interim Care Plan, Advance Directive, and Resident Rights beginning 08/25/15.</p> <p>Interview with the DON on 09/02/15 at 5:20 PM, revealed areas of concern were identified when the audits were initiated on 08/25/15; however, after staff received education, data collected had improved. Further interview revealed any issues identified would be immediately corrected with data reviewed with the QA committee weekly for four (4) weeks, then monthly with the results of the collected data to determine the need for additional education or the revision of the plan.</p> <p>13. Review of documentation monitoring care delivery as outlined per the resident's care plan, revealed five (5) resident care plans per day per unit were reviewed by management staff beginning 08/25/15.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed management staff had audited resident care plans daily. Further interview revealed five (5) care plans were audited on each unit daily since 08/25/15.</p> <p>14. Review of documentation of the Mock codes revealed they were conducted twice weekly on rotating shifts beginning 08/18/15.</p> <p>Interview, on 08/20/15 at 5:50 PM with RN #1 and at 6:12 PM with LPN #1; on 09/01/15 at 11:15 AM with LPN #12; at 11:25 AM with LPN #3; at 4:16 PM with LPN #11; at 4:30 PM with LPN #2; at</p>	F 385	

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F 385	<p>Continued From page 82</p> <p>4:45 PM with RN #4; at 5:00 PM with RN #2; at 5:17 PM with RN #3; and, Unit Manager #1 at 4:29 PM, revealed they had all been provided education related to Cardiopulmonary Resuscitation and Advance Directives with Mock Codes conducted on different shifts.</p> <p>15. Review of documentation of CPR certification tracking revealed the date the certification was obtained and verification the certification contained a hands on skills component.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed the facility had previously been tracking CPR expiration dates; however, the facility added verification of a hands on skills component to their tracking data to ensure compliance.</p> <p>16. Review of the documentation of a calendar, signed by the Regional Nurse and Regional Vice President of Operations revealed the Regional Vice President of Operations was on site 08/21/15 and 08/28/25. Further review revealed, the Regional Nurse was on site daily from 08/16/15 to 09/02/15 with the exception of 08/17/15.</p> <p>Interview with the Regional Nurse, on 09/02/15 at 5:20 PM, revealed he had been in the facility each day with the exception of 08/17/15.</p> <p>Interview with the Administrator on 09/01/15 at 5:20 PM, revealed the Regional Nurse had been on site daily since 08/16/15 with the exception of 08/17/15. Interview with Unit Manager #1, on 09/01/15 at 4:29 PM, revealed the Regional Nurse had been on site "seemed like" daily for over two (2) weeks.</p>	F 385		

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F 385	Continued From page 83 17. Review of documentation of a calendar, signed by the Regional Nurse and Regional Vice President of Operations revealed on site Administrative oversight was performed by the Regional Vice President of Operations on 08/21/15 and 08/28/15. Further review revealed, on site Administrative oversight was performed by the Regional Nurse on each day from 08/16/15 to 09/02/15, with the exception of 08/17/15.  Interview with the Regional Nurse, on 09/02/15 at 5:20 PM, revealed he had been on site at the facility daily since 08/16/15 with the exception of 08/17/15.  Interview with the Administrator on 09/01/15 at 5:20 PM, revealed the Regional Nurse had been on site daily since 08/16/15 with the exception of 08/17/15. Interview with Unit Manager #1, on 09/01/15 at 4:29 PM, revealed the Regional Nurse had been on site "seemed like" daily for over two (2) weeks.  18. Review of the QA sign in sheets revealed, meetings were conducted on 08/21/15, 08/26/15, and 08/28/15 with the areas of concern discussed. The Medical Director was in attendance on 08/26/15.  Interview with the Administrator, on 09/03/15 at 11:15 AM, revealed the data obtained from the audits performed, revealed areas of concern related to the Mock codes which were initially performed. Continued interview revealed, the data was analyzed and it was determined additional education was needed. Further interview revealed the additional education was provided with positive data resulting from ongoing Mock codes and audits.	F 385			

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F 490 SS-J	<p>483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING</p> <p>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the "Job Description" for the Administrator, and review of the facility's policy, it was determined the facility's Administration failed to have an effective system to evaluate its policies and staffing requirements, to ensure each resident's Advance Directives and personal choices were honored. Interview and record review revealed the facility failed to ensure all staff trained in CPR received training with a hands-on skills component. Review of the facility's policies revealed they were not specific regarding the requirement related to a mandatory hands-on skill component as part of the CPR training. (Refer to F-155, F-281 and F-309)</p> <p>On 08/13/15, Resident #1's Responsible Party signed Advance Directives requesting "Full Code" status for the resident, with life-saving measures to include Cardiopulmonary Resuscitation (CPR), in the event the resident's heart or lungs failed to function. On 08/15/15 at approximately 7:15 AM, Licensed Practical Nurse (LPN) #1 found Resident #1 to be unresponsive; however, the nurse failed to honor the resident's Advanced Directives related to his/her "Full Code" status when he did not initiate CPR. LPN #2 entered</p>	F 490	<p style="text-align: right;">8-29-15</p> <p>F490</p> <p>1. The Signature Care Consultant educated the following management staff: Administrator, Social Services, Environmental Services Director, Human Resource Director, MDS Coordinator, ADONs, Staffing Coordinator, Chaplain, Quality of Life Director, Rehab Services Manager, Business Office, Plant Operations Director, Behavioral Health Manager, Staff Development Coordinator, Admissions Coordinator, Director of Nursing, Administrator in Training, on the advance directive policy and procedure, admission/physician order policy and procedure, care plan policy and procedure, revised CPR policy and procedure to include online CPR certification only is unacceptable, resident rights policy and procedure, quality of care delivery, professional standards and QAPI on 8/26/15. This training was completed face to face in order to facilitate discussion and questions. Department administrative managers could not return to work until above education was provided.</p> <p>2. All staff (every staff member employed) were educated starting on 8/15/15 and completed by 8/28/15 on the following policies: advance directive policy and procedure, admission/physician order policy</p>

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F 490	Continued From page 85 Resident #1 room behind LPN #1 and found Resident #1 to be unresponsive; however, this nurse also failed to honor the resident's Advanced Directives related to his/her "Full Code" status when she did not initiate CPR. RN #1 was called to Resident #1's room by LPN #2, and found Resident #1 to be unresponsive; again, this nurse also failed to honor the resident's Advance Directives related to his/her "Full Code" status when she did not initiate CPR, but pronounced the resident to be deceased.  The facility's failure to have an effective Administration with oversight of planned interventions to ensure residents' wishes were honored at end-of-life has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy (IJ) was identified on 08/25/15, and was determined to exist on 08/15/15. The facility was notified of the Immediate Jeopardy on 08/25/15.  The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/31/15 with the facility alleging removal of the Immediate Jeopardy on 08/29/15. The State Survey Agency validated removal of the Immediate Jeopardy as alleged on 08/29/15, prior to exit on 09/03/15, with remaining non-compliance at 42 CFR 483.75 Administration, F-490 at a Scope and Severity of a "D" while the facility develops and implements a Plan of Corrections and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.  The findings include:  Review of the Administrator's Job Description, updated December 2011, revealed the	F 490	and procedure, care plan policy and procedure, revised CPR policy and procedure, resident rights policy and procedure, quality of care delivery, professional standards and QAPI by the Staff Development Coordinator, Unit Managers or Nursing supervisor. On 8/28/15 certified letters were sent out to 21 employees who had not received the education. No staff member was allowed to return to work until education was provided. No newly hired nursing employee will be allowed to work until education has been obtained. No licensed nurse will be allowed to work until CPR with hands on component is validated.  3. DON, SDC, or HR will track all licensed nurses CPR certification monthly, starting on 8/26/15, to ensure all licensed nurses maintain CPR certification with a hands on component and to ensure compliance with the facility's CPR policy. Findings and compliance with the audit will be reported monthly to QAPI committee to determine any need for education or revision of process.  4. A nurse from the regional team or corporate office has been onsite since 8/19/15 and will remain on site daily until immediacy is removed, then onsite 3 times weekly for 4 weeks. The nurses from the regional team or home office are reviewing compliance with above stated plan along with reviewing compliance with policy and procedure of any code blue that occurs and reviewing compliance with new/re admissions. During weekly follow up guidance and		

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F 490	<p>Continued From page 86</p> <p>Administrator was responsible for leading and directing the overall operations of the facility in accordance with residents' needs, government regulations and company policies. Continued review revealed the Administrator's management duties included, but were not limited to, hiring, training, developing, coaching, counseling and terminating facility staff as deemed necessary. In addition, the Job Description revealed the Administrator's duties included monitoring the delivery of nursing care and ensuring residents' needs were addressed. per the Job Description, the Administrator was responsible for the facility's Quality Assurance (QA) program, and was expected to maintain a working knowledge of, and compliance with, all governmental regulations.</p> <p>Review of the facility's policy, titled "Advance Directives - Kentucky", effective 12/2010, revealed it was the policy of the facility to recognize and support the use of Advance Directives through family, staff and community education and to encourage the resident's rights to self-determination through recognition and assistance with executing such directives. Continued review revealed, as long as the resident was competent to make decisions, his/her wishes would be followed to the maximum extent possible as dictated by state law and sound medical judgment. If a resident became incompetent, but had provided evidence of a properly executed Advance Directive, the facility would implement the resident's choices as outlined in the document or expressed to the appointed agent to the same extent that the competent resident's wishes would be followed. Further review revealed all residents would receive full resuscitative measures unless a "Do</p>	F 490	<p>recommendations will also be provided along with compliance validated.</p> <p>Administrative oversight of the facility will be completed by the VP of Operations, Signature Care Consultant or Special Projects Administrator, daily until removal of immediacy beginning 8/19/15, then weekly for 4 weeks, then monthly.</p> <p>A Quality Assurance meeting will be held weekly until immediacy is removed beginning on 8/21/15, then for 4 weeks, then monthly for recommendations and further follow up regarding the above stated plan. At that time based upon evaluation the QA</p> <p>Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident wellbeing and ensure resident rights as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special Projects Administrator, the Regional Vice President of Operations, or member of regional staff 3 times weekly until removal of immediacy beginning 8/15/15, then weekly for 4 weeks, then monthly.</p>

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F 490	Continued From page 87 Not Resuscitate" (DNR) directive was written in the resident's medical record and was identified in the resident's Advance Directive.  Review of the facility's policy titled "Resident Rights", reviewed 06/01/15, revealed residents had the right to choose a physician, receive treatment, and participate in decision-making and care planning. Continued review revealed residents were entitled to exercise their rights and privileges to the fullest extent possible. Per the policy, employees had a duty to read and learn the residents' rights.  Review of the facility's policy titled "Cardiopulmonary Resuscitation", undated, revealed CPR would be attempted for any resident who was found to have no palpable pulse and/or no discernible respirations, unless there was a written physician order to the contrary and/or written Advance Directives. Continued review revealed, should a resident be found unresponsive and without respirations, a licensed staff member who was certified in CPR would promptly initiate CPR in the following circumstances: for residents who have requested CPR in their Advance Directive; for residents who have not formulated an Advance Directive; and for residents who do not have a valid "DNR" order; and in the event the initiation of CPR would pose a danger to self or others.  On 08/15/15, Resident #1 was found to be unresponsive, with no pulse and no respiratory effort, by LPN #1, LPN #2 and RN #1. Review of the Advance Directives, signed by the Responsible Party on 08/13/15, and review of the Physician's Orders revealed Resident #1 was a Full Code status; however, LPN #1, LPN #2 and	F 490			

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F 490	<p>Continued From page 88</p> <p>RN #1 did not initiate CPR in accordance with the resident's wishes.</p> <p>Review of the CPR training records and staffing schedules revealed the facility failed to have an effective system to ensure all staff received CPR training which included the mandatory hands-on skill component, as required by regulation. Review of the facility's CPR certification tracking, revealed seventeen (17) staff had not received the hands-on skill component.</p> <p>Interview with the Administrator, on 08/24/15 at 4:50 PM, revealed residents had a right to execute an Advance Directive which should be honored by the staff. Continued interview revealed LPN #1, LPN #2 and RN #1 should have initiated CPR for Resident #1, who was a Full Code, when they found the resident non-responsive. Further interview revealed licensed nursing staff were required to be CPR certified; however, the Administrator was not aware CPR training could not be obtained solely on-line. Per interview, the Administrator was not aware staff requiring re-certification were required to have a hands-on skills component included in their CPR training, to ensure competency in the provision of CPR when indicated, per the regulation.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/31/15, which alleged removal of the IJ effective 08/29/15. Review of the AOC revealed the facility implemented the following:</p> <p>1. On 08/15/15, the Director of Nursing (DON) reviewed Resident #1's medical record and care plan with the following areas of concern identified:</p>	F 490		

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F 490	<p>Continued From page 89</p> <p>a. The date and time were missing regarding the Physician notification on the Nursing Admission Assessment b. the Advance Directive of "Full Code" status was not care planned on the Interim Care Plan. c. CPR was not immediately initiated per Resident #1's/Power of Attorney's (POA's) request as indicated on the Advance Directive.</p> <p>2. Beginning 08/15/15 and concluding on 08/17/15, the DON, Unit Managers, Nursing Supervisors or Medical Records staff audited all resident Advance Directive/Code Status/Physician's orders for code status, Care Plans and State Registered Nurse Aide (SRNA) Care Plans.</p> <p>3. Beginning 08/15/15 and concluding on 08/17/15, the DON, Assistant Director of Nursing (ADON), Unit Managers and Nursing Supervisors assessed all residents for any possible resident rights violations. Residents with a Brief Interview of Mental Status (BIMS) score of eight (8) or greater were interviewed and residents with a BIMS of less than eight (8) were physically assessed for any signs and symptoms of possible quality of life or resident rights violations.</p> <p>4. Compliance audits of the admission process were completed by 08/18/15 of all admissions within the previous thirty (30) days. The audits were performed by the DON, ADON, Unit Managers or Nursing Supervisors of all resident's medical records to include notification of the Attending Physician, review of the Physician Admitting Orders with the Attending Physician and ensuring professional standards were followed.</p> <p>5. The DON, Unit Managers, Nursing</p>	F 490	

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F 490	<p>Continued From page 90</p> <p>Supervisors or Medical Records staff completed audits of all resident charts by 08/26/15. The Audit included; resident's Advance Directive, Physician's Orders, Assessments, Multidisciplinary Notes and Care Plan to ensure compliance with quality of care delivery.</p> <p>6. On 08/26/15, all management staff was educated by the Regional Nurse Consultant. Education included: Advance Directive Policy and Procedure, Admission/Physician's Order Policy and Procedure, Care Plan Policy and Procedure, Revised CPR Policy and Procedure, Resident Rights Policy and Procedure, Quality of Care Delivery, Professional Standards and Quality Assurance Performance Improvement (QAPI).</p> <p>7. Education for all nursing staff was initiated on 08/15/15 and completed by 08/28/15, with the exception of four (4) full-time status staff on leave and twenty-one (21) part-time staff. Certified letters were sent to the twenty-one (21) part-time staff to notify each of the mandatory education prior to returning to duty. Education was provided by the Staff Development Coordinator, Unit Managers and Nursing Supervisors. Education included Advance Directive Policy and Procedure, Admission/Physician Order Policy and Procedure, Care Plan Policy and Procedure, Revised CPR Policy and Procedure, Resident Rights Policy and Procedure, Quality of Care Delivery, Professional Standards and QAPI. The education related to the policies and procedures was added to the training agenda for New Employee Orientation.</p> <p>8. Beginning 08/21/15 and concluding on 08/24/15, the Staff Development Coordinator, Unit Managers and Nursing Supervisors conducted education for all licensed staff (with</p>	F 490		

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F 490	<p>Continued From page 91</p> <p>the exception of the part-time staff who were notified by certified letter they could not work until receiving the required education) on the admission policy and procedure, to include: clarification of the process for Physician notification of new admissions, obtaining Admission Orders, the Interim Care Plan and professional standards. The above education was incorporated into the facility's New Employee Orientation.</p> <p>9. On 08/25/15, all Physicians with privileges at the facility were educated by the DON in regards to the admission process and expectations with compliance to include: Discharge Summaries or Orders from a discharging facility would be faxed to the Physician's office and the Physician would be called for approval of the Orders with a Telephone Order written stating the Physician's review and approval of the Orders.</p> <p>10. Human Resources and/or Staff Development performed audits of all personnel files for CPR certifications. Audits were completed by 08/25/15 and given to the Regional Nurse Consultant to review for non-compliance with CPR regulations. Seventeen (17) licensed nurses were noted to have on-line only CPR certifications.</p> <p>11. Sixteen (16) of the seventeen (17) staff identified to have on-line CPR certifications received CPR instruction with hands on component by 08/27/15, provided by the DON, a certified American Heart CPR Instructor. One (1) employee would not be allowed to work until CPR certification with hands on component was obtained.</p> <p>12. Beginning 08/25/15, the DON, ADON, Unit</p>	F 490		

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F 490	<p>Continued From page 92</p> <p>Manager, Nursing Supervisor or Medical Records staff will review all new admissions daily during the morning clinical meeting to ensure compliance with Physician notification, Physician Orders, Interim Care Plan, Advance Directive, and Resident Rights. Findings of the review will be reported in the Quality Assurance (QA) committee meeting. The committee consists of the Medical Director, Administrator, DON, Social Services Director and at least two (2) other department managers, different line staff as appropriate, and outside consultants as appropriate. The committee will meet weekly for four (4) weeks then monthly to determine the need for continued education or revision of the plan. Based on evaluation, the QA committee will determine at what frequency the ongoing review of new admissions will need to continue. Concerns identified will be corrected immediately by the DON, ADON, Unit Managers or Nursing Supervisor and reported to the Administrator to ensure any needed investigation initiated and reported guidelines were met.</p> <p>13. The DON, ADON, Unit Managers, or Nursing Supervisor will monitor care delivery as outlined per the care plan on five (5) residents per unit per day until immediacy is removed, beginning 08/25/15, then five (5) residents daily for four (4) weeks, to ensure compliance with care delivery as outlined by the Care Plan along with compliance of Professional Standards requirements. Findings will be reported in the QA committee weekly to determine the further need of continued education or the revision of the plan.</p> <p>14. Mock codes will be conducted by the DON, ADON, Unit Managers, Staff Development Coordinator or Nursing Supervisor twice weekly,</p>	F 490		

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F 490	<p>Continued From page 93</p> <p>on rotating shifts, for four (4) weeks beginning 08/18/15, to ensure understanding and compliance with Code Blue Policy and Procedure. The first two (2) mock codes were conducted by Clinical Managers for education on how to conduct a code; the Mock codes will be conducted by the nurses. Findings will be reported to the QA committee weekly to determine compliance and any further need of continued education or revision of the plan.</p> <p>15. The DON, Staff Development Coordinator or Human Resources will track all licensed nurses CPR certification monthly beginning 08/26/15, to ensure compliance with CPR policy, procedure and governing regulations. Findings and compliance will be reported monthly to the QA committee to determine any need for education or revision of the process.</p> <p>16. A Regional Nurse or corporate office staff was on site since 08/19/15 and will remain on site daily until immediacy is removed, then will be on site three (3) times weekly for four (4) weeks. Regional/Corporate staff will review compliance with the plan and will review compliance with policy and procedure of any code blue that occurs and review compliance with new or re-admissions. During weekly follow-up, guidance and recommendations will be provided with compliance validated.</p> <p>17. Administrative oversight of the facility will be completed by the Vice President of Operations, Nurse Consultant, or Special Projects Administrator daily until removal of the immediacy beginning 09/19/15, then weekly for four (4) weeks, then monthly.</p>	F 490		

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F 490	<p>Continued From page 94</p> <p>18. A Quality Assurance meeting will be held weekly until immediacy is removed beginning on 08/21/15, the for four (4) weeks, then monthly for recommendations and further follow up regarding the stated plan. Based on evaluation, the QA committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being and ensure resident rights as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special projects Administrator, the Regional Vice President of Operations, or a member of regional staff three (3) times a week until immediacy is removed beginning 08/15/15, then weekly for four (4) weeks, then monthly.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <ol style="list-style-type: none"> <li>Review of the facility's investigation of the incident revealed an audit of Resident #1's medical record with areas concern noted.</li> </ol> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she audited Resident #1's medical record and identified areas of concern with immediate implementation of education provided to staff.</p> <ol style="list-style-type: none"> <li>Review of the facility's audit of all resident's Advance Directive, Care Plans and Physician's Orders revealed the Audit tool was printed on 08/15/15 and signed by the auditor of each resident's documentation on 08/15/15.</li> </ol>	F 490		

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Interview with the DON, on 09/02/15 at 5:20 PM, revealed she had participated with other management staff to audit all resident records to verify accuracy of the resident's Advance Directive, Care Plans and Physician's code status order.

3. Review of the audit tool utilized to interview and assess all residents for possible resident rights violations revealed management staff interviewed all resident's with a Brief Interview for Mental Status (BIMS) score of eight (8) or greater and a physical assessment was completed for resident's whose BIMS was less than eight (8).

Interview with the DON, on 09/02/15 at 5:20 PM, revealed management staff interviewed or assessed each of the facility's residents for any signs or symptoms of resident rights violations. Interview with interviewable residents revealed staff did talk with them regarding their resident rights.

4. The audit tool, dated 08/18/15, utilized to audit previous thirty (30) days facility new admissions was reviewed. New admissions were audited for compliance with admission process including: Physician notification, review of New Admission Physician's Orders with Physician and ensuring professional standards were followed. Areas of concern identified with the audit were documentation in relation to missing dates and times on the Nursing Admission Assessment on four (4) residents. Review of the education provided to staff revealed policy and procedures related to accuracy of the admission process and documentation was provided. Review of the staff sign in sheets revealed instruction was provided beginning 08/15/15 with review of policy and

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F 490	Continued From page 96 procedure. On 08/28/15, a more comprehensive education was provided to staff related to the policy and procedure.  Interview with the DON, on 09/02/15 at 5:20 PM, revealed she initiated education to the nursing staff immediately on 08/15/15. Per the DON, the Regional Nurse provided comprehensive education to the management staff on 08/28/15. Further interview revealed, after receiving the comprehensive education, the management staff were responsible for providing the comprehensive education to the facility's nursing staff.  5. Review of the audit of each resident's medical record to include: Advance Directive, Physician's Orders, Assessments, Multidisciplinary Notes and Care Plans was completed by 08/26/15.  Interview with the DON, on 09/02/15 at 5:20 PM, revealed she and other management staff audited each resident's medical record to ensure compliance with quality of care delivery.  6. Review of education provided by the Regional Nurse to all management staff with the sign in sheet dated 08/28/15 and signed by the Regional Nurse revealed the education provided included: Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning - Interdisciplinary Team, Resident Rights, Quality of Care, Professional Standards, and QA.  Interview with the Regional Nurse Consultant, on 09/02/15 at 5:20 PM, revealed he provided comprehensive education to management staff related to the facility's policies and procedures stated above. Continued interview revealed the	F 490			

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F 490	Continued From page 97 facility revised the CPR policy to include mandatory hands on skills certification for staff.  7. Review of education provided to all nursing staff to include: Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning - Interdisciplinary Team, Resident Rights, Quality of Care, Professional Standards, and QA. Review of sign in sheets revealed the education was initiated on 08/26/15 and concluded on 08/28/15. Review of certified letters sent to twenty-one (21) part-time clinical staff related to mandatory education prior to working. Continued review of sign-in sheets revealed education for part-time clinical staff, non-licensed staff and non-nursing staff continued per AOC. Review of New Orientation Agenda for clinical staff, revealed education would be provided with orientation process. Review of audit tool utilized for validation of CPR certification with hands on skills component revealed staff had obtained education with hands on skill component.  Interview, on 09/01/15 at 10:20 AM with SRNA #8; at 10:30 AM with SRNA #7; at 10:40 AM with SRNA #4; at 10:50 AM with SRNA #2; and, at 11:00 AM with SRNA #6 revealed they had all been provided education related to Cardiopulmonary Resuscitation, Resident Rights, Quality of Care and Professional Standards between 08/15/15 and 08/28/15 in a verbal lecture setting allowing for question and answers.  Interview, on 08/20/15 at 5:50 PM with RN #1 and at 6:12 PM with LPN #1; on 09/01/15 at 11:15 AM with LPN #12; at 11:25 AM with LPN #3; at 4:16 PM with LPN #11; at 4:30 PM with LPN #2; at 4:45 PM with RN #4; at 5:00 PM with RN #2; at	F 490			

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F 490	<p>Continued From page 98</p> <p>5:17 PM with RN #3; and, Unit Manager #1 at 4:29 PM, revealed they had all been provided education related to Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning, Resident Rights, Professional Standards, and Quality of Care in a verbal lecture setting allowing for question and answers.</p> <p>8. Review of the education provided to all licensed staff related to the admission policy and procedure revealed the education was initiated on 08/21/15 and completed on 08/28/15 after additional education was provided by the Regional Nurse Consultant.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she had initiated staff education on 08/21/15. After receiving comprehensive education provided by the Regional Nurse Consultant on 08/26/15, the management team re-educated staff with the completion date for full-time clinical staff to be 08/28/15.</p> <p>9. Review of the education provided to all Physicians with privileges to included; clarification of the process for notifying the Physician of new admits and obtaining orders, and the Interim Care Plan and Professional Standards. Further review, revealed there was follow up letters sent to each Physician related to the educations provided.</p> <p>10. Review of the Audit of personnel files for CPR certification revealed the Audit was completed on 08/25/15 with the Regional Nurse Consultant review on 08/25/15. Data from the audit revealed seventeen (17) staff without the hands on skill component for CPR certification.</p>	F 490		

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F 490	<p>Continued From page 99</p> <p>11. Review of the Audit of personnel files for CPR certifications revealed sixteen (16) of the seventeen (17) identified staff without hands on skill component CPR certifications had obtained certifications with the hands on skills component.</p> <p>Interview with the DON, on 9/02/15 at 5:20 PM, revealed she was a Certified American Heart CPR Instructor. Further interview revealed, she had conducted four (4) CPR classes for staff that included the hands on skills component. Per interview, one staff still remained out of compliance with the CPR certification hands on component and would not be allowed to work until appropriate certification was obtained.</p> <p>12. Review of the Daily New Admission Log, revealed new admissions were reviewed daily for compliance with Physician Notification, Physician Orders, Interim Care Plan, Advance Directive, and Resident Rights beginning 08/25/15.</p> <p>Interview with the DON on 09/02/15 at 5:20 PM, revealed areas of concern were identified when the audits were initiated on 08/25/15; however, after staff received education, data collected had improved. Further interview revealed any issues identified would be immediately corrected with data reviewed with the QA committee weekly for four (4) weeks, then monthly with the results of the collected data to determine the need for additional education or the revision of the plan.</p> <p>13. Review of documentation monitoring care delivery as outlined per the resident's care plan, revealed five (5) resident care plans per day per unit were reviewed by management staff beginning 08/25/15.</p>	F 490		

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F 490	<p>Continued From page 100</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed management staff had audited resident care plans daily. Further interview revealed five (5) care plans were audited on each unit daily since 08/25/15.</p> <p>14. Review of documentation of the Mock codes revealed they were conducted twice weekly on rotating shifts beginning 08/18/15.</p> <p>Interview, on 08/20/15 at 5:50 PM with RN #1 and at 6:12 PM with LPN #1; on 09/01/15 at 11:15 AM with LPN #12; at 11:25 AM with LPN #3; at 4:16 PM with LPN #11; at 4:30 PM with LPN #2; at 4:45 PM with RN #4; at 5:00 PM with RN #2; at 5:17 PM with RN #3; and, Unit Manager #1 at 4:29 PM, revealed they had all been provided education related to Cardiopulmonary Resuscitation and Advance Directives with Mock Codes conducted on different shifts.</p> <p>15. Review of documentation of CPR certification tracking revealed the date the certification was obtained and verification the certification contained a hands on skills component.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed the facility had previously been tracking CPR expiration dates; however, the facility added verification of a hands on skills component to their tracking data to ensure compliance.</p> <p>16. Review of the documentation of a calendar, signed by the Regional Nurse and Regional Vice President of Operations revealed the Regional Vice President of Operations was on site 08/21/15 and 08/28/25. Further review revealed, the Regional Nurse was on site daily from 08/16/15 to 09/02/15 with the exception of</p>	F 490	

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F 490	<p>Continued From page 101 08/17/15.</p> <p>Interview with the Regional Nurse, on 09/02/15 at 5:20 PM, revealed he had been in the facility each day with the exception of 08/17/15.</p> <p>Interview with the Administrator on 09/01/15 at 5:20 PM, revealed the Regional Nurse had been on site daily since 08/16/15 with the exception of 08/17/15. Interview with Unit Manager #1, on 09/01/15 at 4:29 PM, revealed the Regional Nurse had been on site "seemed like" daily for over two (2) weeks.</p> <p>17. Review of documentation of a calendar, signed by the Regional Nurse and Regional Vice President of Operations revealed on site Administrative oversight was performed by the Regional Vice President of Operations on 08/21/15 and 08/28/15. Further review revealed, on site Administrative oversight was performed by the Regional Nurse on each day from 08/16/15 to 09/02/15, with the exception of 08/17/15.</p> <p>Interview with the Regional Nurse, on 09/02/15 at 5:20 PM, revealed he had been on site at the facility daily since 08/16/15 with the exception of 08/17/15.</p> <p>Interview with the Administrator on 09/01/15 at 5:20 PM, revealed the Regional Nurse had been on site daily since 08/16/15 with the exception of 08/17/15. Interview with Unit Manager #1, on 09/01/15 at 4:29 PM, revealed the Regional Nurse had been on site "seemed like" daily for over two (2) weeks.</p> <p>18. Review of the QA sign in sheets revealed, meetings were conducted on 08/21/15, 08/26/15,</p>	F 490		

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F 490	Continued From page 102 and 08/28/15 with the areas of concern discussed. The Medical Director was in attendance on 08/26/15.  Interview with the Administrator, on 09/03/15 at 11:15 AM, revealed the data obtained from the audits performed, revealed areas of concern related to the Mock codes which were initially performed. Continued interview revealed, the data was analyzed and it was determined additional education was needed. Further interview revealed the additional education was provided with positive data resulting from ongoing Mock codes and audits.	F 490	
F 514 SS=J	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by: Based interview, record review and review of facility policy, it was determined the facility failed	F 514	8-29-15  F514  1. The Director of Nursing reviewed Resident #1's medical record on 8/15/15. During the review of the medical record, the Director of Nursing identified the following concerns: missing date and time of MD notification on nursing admission assessment, the advance directive for full code was not care planned on the interim care plan, and CPR was not immediately initiated per

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F 514	<p>Continued From page 103</p> <p>to have an effective system to ensure clinical records were maintained in accordance with accepted professional standards and practices which were complete and accurately documented, for one (1) of twelve (12) sampled residents (Resident #1).</p> <p>On 08/15/15, Resident #1 was found to be unresponsive, and without a pulse or respirations. Staff notified the on-call Physician of Resident #1's death; however, staff failed to inform the Physician the resident was a "Full Code status" and CPR was not performed. In addition a Telephone Order dated 08/15/15 was documented to withhold CPR (cardiopulmonary resuscitation) related to "resident already deceased when found", "no heart rate", "no respirations", and "cool to touch" as received by the on-call Physician. However, interview with Licensed Practical Nurse (LPN) #2 who wrote the order, and interview with the on-call Physician revealed there was no order instructing staff to withhold CPR. Also, the Nurse's Note dated 08/15/15 written by LPN #1 was not complete and accurately documented as there was no time noted for the entry.</p> <p>The facility's failure to maintain clinical records which were complete and accurately documented has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 08/25/15, and was determined to exist on 08/15/15. The facility was notified of the Immediate jeopardy on 08/25/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/31/15 with the facility alleging removal of the Immediate</p>	F 514	<p>residents/POA request as indicated on the advance directive.</p> <p>2. All residents advance directive/code status/physician order for code status along with resident care plan and SRNA care plan were audited by 8/17/15 by DON, Unit managers, Nursing supervisor or medical records to ensure accuracy.</p> <p>All residents, admitted in the past 30 days, chart was audited by the DON, ADON, Unit managers or Nursing supervisor by 8/18/15, for compliance with the admission process, to include, notification of attending MD and reviewing admitting orders with attending MD along with ensuring professional standards were followed. Issues/concerns noted were inaccurate documentation in relation to missing dates and times on nursing admission assessment forms on 4 different residents.</p> <p>All residents charts, to include – advance directive, physician orders along with Physician order sheet, assessments, multidisciplinary notes and care plan were audited by 8/26/15 by DON, Unit managers, Nursing supervisor or medical records to ensure compliance with quality of care delivery.</p> <p>3. All licensed staff were educated on the admission policy and procedure to include: clarification of process for notifying MD of new admit and obtaining admit orders (to</p>

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F 514	Continued From page 104 Jeopardy on 08/29/15. The State Survey Agency validated removal of the Immediate Jeopardy as alleged on 08/29/15, prior to exit on 09/03/15, with remaining non-compliance in the area of 42 CFR 483.75 Administration, F-514 Clinical Records at a Scope and Severity of a "D" while the facility develops and implements a Plan of Correction and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.  The findings include:  Review of the facility's policy titled "Telephone Orders", undated, revealed each entry should contain the "Instructions from the Physician", and should include the date, time, and signature and title of the person transcribing the information.  Review of Resident #1's clinical record, revealed the facility admitted the resident on 08/13/15, with diagnoses including Syncope, Dementia, and Alzheimer's Disease. Review of the "Nursing Admission Information" form, dated 08/13/15, revealed the facility admitted Resident #1 under the care of the Attending Physician, on 08/13/15 at 6:40 PM. Review of the "Advance Directives/Informed Consent", signed by Resident #1's Responsible Party (RP) on 08/13/15, revealed the RP had requested/consented in the event of death for staff to use cardiac compressions or artificial ventilation to resuscitate Resident #1. Review of the Physician's Order, dated 08/13/15, revealed the resident had an order for a Full Code status.  Review of the Nurse's Note, dated 08/15/15, not timed, completed by LPN #1, revealed LPN #1 found the resident sitting on the floor next to the	F 514	include: when a discharge summary or orders from a discharging facility is obtained, the nurse will fax to physician's office and call physician for approval of current orders, and a telephone order will be written, stating that the physician's review and approval of the orders), interim care plan, and professional standards. Education was provided by the SDC, Unit Managers, or Nursing Supervisor, starting on 8/21/15 with 100% of full time licensed nurses completed by 8/24/15. Part time and PRN licensed nurses were notified by the SDC or HR that they could not work until receiving above education. Education regarding the above stated policies will be included in the orientation process for all newly licensed nursing staff members. No newly hired nurse will be allowed to work until education has been obtained.  All physician with privileges at the facility were educated by the DON by 8/25/15 in regards to the admission process and expectation with compliance on the following: when a discharge summary or orders from a discharging facility is obtained, the nurse will fax to physician's office and call physician for approval of current orders, and a telephone order will be written, stating that the physician's review and approval of the orders.  4. DON, ADONs, Unit Managers Nursing supervisor or Medical Records will review all new admissions daily starting on 8/25/15

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F 514	<p>Continued From page 105</p> <p>bed with blood on the pillow and ear, with no pulse found. However, there was no documented evidence LPN #1 immediately initiated CPR for Resident #1's as per Physician's Orders and Advance Directive.</p> <p>Review of the Physician's Orders, dated 08/15/15 at 7:30 AM and signed by Licensed Practical Nurse (LPN) #2, revealed a Telephone Order was received from Resident #1's on-call Physician to withhold CPR (cardiopulmonary resuscitation). Continued review revealed the order was given related to "resident already deceased when found", "no heart rate", "no respirations", and "cool to touch".</p> <p>Interview with LPN #2, on 08/20/15 at 4:31 PM, revealed she contacted the on-call Physician to notify him of Resident #1's death. Continued interview revealed she informed the Physician the Registered Nurse (RN) had decided the resident was "too far gone" for CPR. She stated she thought she had advised him the resident was a Full Code status. Continued interview revealed the Physician responded, "Oh, no...OK", but did not say to "withhold CPR".</p> <p>Interview with the on-call Physician, on 08/21/15 at 12:07 PM, revealed he was notified on 08/15/15 around 7:30 AM by the facility of Resident #1's death. Continued interview revealed staff did not inform him Resident #1 was a "Full Code", and he did not give an order to "withhold CPR".</p> <p>Interview with the Director of Nursing (DON), on 08/24/15 at 3:09 PM, revealed staff should completely inform the Physician of a resident's status and document exactly what the physician</p>	F 514	<p>during the morning clinical meeting to ensure compliance with physician notification, physician orders, interim care plan, advance directive, and resident rights. Audits will be completed daily for four weeks, three times per week for two weeks, then monthly for 2 months. The ongoing process will be discussed in the Quality Assurance committee meeting monthly for three months, for recommendations and for further follow up as indicated. The members of the Quality Assurance committee include, but not limited to the Medical Director,</p> <p>Administrator, Director of Nursing, Assistant Director of Nursing, SDC, Social Services Director, Dietician, Quality of Life Director, and Unit Managers.</p>

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F 514	Continued From page 106 orders, and all documentation should be dated and timed.  Interview with the Administrator, on 08/24/15 at 4:50 PM, revealed staff should write orders "as stated" by the Physician as well as ensure documentation was complete and accurate.  The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/31/15, which alleged removal of the IJ effective 08/29/15. Review of the AOC revealed the facility implemented the following:  1. On 08/15/15, the Director of Nursing (DON) reviewed Resident #1's medical record and care plan with the following areas of concern identified: a. The date and time were missing regarding the Physician notification on the Nursing Admission Assessment b. the Advance Directive of "Full Code" status was not care planned on the Interim Care Plan. c. CPR was not immediately initiated per Resident #1's/Power of Attorney's (POA's) request as indicated on the Advance Directive.  2. Beginning 08/15/15 and concluding on 08/17/15, the DON, Unit Managers, Nursing Supervisors or Medical Records staff audited all resident Advance Directive/Code Status/Physician's orders for code status, Care Plans and State Registered Nurse Aide (SRNA) Care Plans.  3. Beginning 08/15/15 and concluding on 08/17/15, the DON, Assistant Director of Nursing (ADON), Unit Managers and Nursing Supervisors assessed all residents for any possible resident rights violations. Residents with a Brief Interview of Mental Status (BIMS) score of eight (8) or	F 514			

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F 514	<p>Continued From page 107</p> <p>greater were interviewed and residents with a BIMS of less than eight (8) were physically assessed for any signs and symptoms of possible quality of life or resident rights violations.</p> <p>4. Compliance audits of the admission process were completed by 08/18/15 of all admissions within the previous thirty (30) days. The audits were performed by the DON, ADON, Unit Managers or Nursing Supervisors of all resident's medical records to include notification of the Attending Physician, review of the Physician Admitting Orders with the Attending Physician and ensuring professional standards were followed.</p> <p>5. The DON, Unit Managers, Nursing Supervisors or Medical Records staff completed audits of all resident charts by 08/26/15. The Audit included; resident's Advance Directive, Physician's Orders, Assessments, Multidisciplinary Notes and Care Plan to ensure compliance with quality of care delivery.</p> <p>6. On 08/26/15, all management staff was educated by the Regional Nurse Consultant. Education included: Advance Directive Policy and Procedure, Admission/Physician's Order Policy and Procedure, Care Plan Policy and Procedure, Revised CPR Policy and Procedure, Resident Rights Policy and Procedure, Quality of Care Delivery, Professional Standards and Quality Assurance Performance Improvement (QAPI).</p> <p>7. Education for all nursing staff was initiated on 08/15/15 and completed by 08/28/15, with the exception of four (4) full-time status staff on leave and twenty-one (21) part-time staff. Certified letters were sent to the twenty-one (21) part-time</p>	F 514		

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F 514	Continued From page 108 staff to notify each of the mandatory education prior to returning to duty. Education was provided by the Staff Development Coordinator, Unit Mangers and Nursing Supervisors. Education included Advance Directive Policy and Procedure, Admission/Physician Order Policy and Procedure, Care Plan Policy and Procedure, Revised CPR Policy and Procedure, Resident Rights Policy and Procedure, Quality of Care Delivery, Professional Standards and QAPI. The education related to the policies and procedures was added to the training agenda for New Employee Orientation.  8. Beginning 08/21/15 and concluding on 08/24/15, the Staff Development Coordinator, Unit Managers and Nursing Supervisors conducted education for all licensed staff (with the exception of the part-time staff who were notified by certified letter they could not work until receiving the required education) on the admission policy and procedure, to include: clarification of the process for Physician notification of new admissions, obtaining Admission Orders, the Interim Care Plan and professional standards. The above education was incorporated into the facility's New Employee Orientation.  9. On 08/25/15, all Physicians with privileges at the facility were educated by the DON in regards to the admission process and expectations with compliance to include: Discharge Summaries or Orders from a discharging facility would be faxed to the Physician's office and the Physician would be called for approval of the Orders with a Telephone Order written stating the Physician's review and approval of the Orders.  10. Human Resources and/or Staff Development	F 514			

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F 514	Continued From page 109 performed audits of all personnel files for CPR certifications. Audits were completed by 08/25/15 and given to the Regional Nurse Consultant to review for non-compliance with CPR regulations. Seventeen (17) licensed nurses were noted to have on-line only CPR certifications.  11. Sixteen (16) of the seventeen (17) staff identified to have on-line CPR certifications received CPR instruction with hands on component by 08/27/15, provided by the DON, a certified American Heart CPR Instructor. One (1) employee would not be allowed to work until CPR certification with hands on component was obtained.  12. Beginning 08/25/15, the DON, ADON, Unit Manager, Nursing Supervisor or Medical Records staff will review all new admissions daily during the morning clinical meeting to ensure compliance with Physician notification, Physician Orders, Interim Care Plan, Advance Directive, and Resident Rights. Findings of the review will be reported in the Quality Assurance (QA) committee meeting. The committee consists of the Medical Director, Administrator, DON, Social Services Director and at least two (2) other department managers, different line staff as appropriate, and outside consultants as appropriate. The committee will meet weekly for four (4) weeks then monthly to determine the need for continued education or revision of the plan. Based on evaluation, the QA committee will determine at what frequency the ongoing review of new admissions will need to continue. Concerns identified will be corrected immediately by the DON, ADON, Unit Managers or Nursing Supervisor and reported to the Administrator to ensure any needed investigation initiated and	F 514		

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F 514	Continued From page 110 reported guidelines were met.  13. The DON, ADON, Unit Managers, or Nursing Supervisor will monitor care delivery as outlined per the care plan on five (5) residents per unit per day until immediacy is removed, beginning 08/25/15, then five (5) residents daily for four (4) weeks, to ensure compliance with care delivery as outlined by the Care Plan along with compliance of Professional Standards requirements. Findings will be reported in the QA committee weekly to determine the further need of continued education or the revision of the plan.  14. Mock codes will be conducted by the DON, ADON, Unit Managers, Staff Development Coordinator or Nursing Supervisor twice weekly, on rotating shifts, for four (4) weeks beginning 08/18/15, to ensure understanding and compliance with Code Blue Policy and Procedure. The first two (2) mock codes were conducted by Clinical Managers for education on how to conduct a code; the Mock codes will be conducted by the nurses. Findings will be reported to the QA committee weekly to determine compliance and any further need of continued education or revision of the plan.  15. The DON, Staff Development Coordinator or Human Resources will track all licensed nurses CPR certification monthly beginning 08/26/15, to ensure compliance with CPR policy, procedure and governing regulations. Findings and compliance will be reported monthly to the QA committee to determine any need for education or revision of the process.  16. A Regional Nurse or corporate office staff was on site since 08/19/15 and will remain on site	F 514			

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

PRINTED: 09/18/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/03/2015
NAME OF PROVIDER OR SUPPLIER  FOUNTAIN CIRCLE CARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWAY ROAD WINCHESTER, KY 40391	
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F 514

Continued From page 111  
daily until immediacy is removed, then will be on site three (3) times weekly for four (4) weeks. Regional/Corporate staff will review compliance with the plan and will review compliance with policy and procedure of any code blue that occurs and review compliance with new or re-admissions. During weekly follow-up, guidance and recommendations will be provided with compliance validated.

17. Administrative oversight of the facility will be completed by the Vice President of Operations, Nurse Consultant, or Special Projects Administrator daily until removal of the immediacy beginning 09/19/15, then weekly for four (4) weeks, then monthly.

18. A Quality Assurance meeting will be held weekly until immediacy is removed beginning on 08/21/15, the for four (4) weeks, then monthly for recommendations and further follow up regarding the stated plan. Based on evaluation, the QA committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being and ensure resident rights as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special projects Administrator, the Regional Vice President of Operations, or a member of regional staff three (3) times a week until immediacy is removed beginning 08/15/15, then weekly for four (4) weeks, then monthly.

The State Survey Agency validated the implementation of the facility's AOC as follows:

F 514

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F 514	Continued From page 112  1. Review of the facility's investigation of the incident revealed an audit of Resident #1's medical record with areas concern noted.  Interview with the DON, on 09/02/15 at 5:20 PM, revealed she audited Resident #1's medical record and identified areas of concern with immediate implementation of education provided to staff.  2. Review of the facility's audit of all resident's Advance Directive, Care Plans and Physician's Orders revealed the Audit tool was printed on 08/15/15 and signed by the auditor of each resident's documentation on 08/15/15.  Interview with the DON, on 09/02/15 at 5:20 PM, revealed she had participated with other management staff to audit all resident records to verify accuracy of the resident's Advance Directive, Care Plans and Physician's code status order.  3. Review of the audit tool utilized to interview and assess all residents for possible resident rights violations revealed management staff interviewed all resident's with a Brief Interview for Mental Status (BIMS) score of eight (8) or greater and a physical assessment was completed for resident's whose BIMS was less than eight (8).  Interview with the DON, on 09/02/15 at 5:20 PM, revealed management staff interviewed or assessed each of the facility's residents for any signs or symptoms of resident rights violations. Interview with interviewable residents revealed staff did talk with them regarding their resident rights.	F 514		