

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

PRINTED: 07/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185449 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>07/10/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>KINGSBROOK LIFECARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2500 STATE ROUTE 5<br>ASHLAND, KY 41102 |
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| (X4) IO PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| <p>F 000 INITIAL COMMENTS</p> <p>F 514 483.75(l)(1) RES<br/>SS-D RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> | <p>An Abbreviated to investigate KY#00020365 was initiated on 07/09/13 and completed on 07/10/13. KY#00020365 was unsubstantiated with an unrelated deficiency cited.</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure clinical records were maintained for each resident in accordance with accepted professional standards and practices that are complete and accurately documented. The facility failed to maintain a complete and accurate clinical record for one (1) of three (3) sampled residents (Resident #1). Intravenous fluids were not documented on Resident #1's Medication Administration Record (MAR).</p> <p>The findings include:</p> | <p>F 000</p> <p>F 514</p> <p>Resident #1 was admitted on 5/23/13. The error was discovered during the complaint investigation conducted on 7/10/13. No type of corrective action was taken on resident #1 as the resident was not in the facility during the investigation and was discharged on 6/14/13. On 7/12/13 an audit was completed facility wide regarding documentation of Intravenous fluids in the Medication Administration Record (MAR). The corrective action accomplished is that all IV MARS and Master Signature Logs have been audited and all charts are complete and accurate. No other residents were identified with IV MAR or Master Signature Log errors. The facility will identify other potential residents by completing a daily audit of the IV MAR and Master Signature Log by the Quality Nurse or designee for one year or longer if needed.</p> | <p>8/9/13</p> |
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| LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><i>Ken Moo</i> | TITLE<br><br>ADMINISTRATOR | (X6) DATE<br><br>8-9-13 |
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 514  | Continued From page 1<br><br>Review of the facility's policy titled "Intravenous Therapy Practice, Roles of Nurses", effective February 2003, revealed the nurse should document when intravenous fluids were initiated or maintained.<br><br>Review of the facility's policy titled "Documentation/Nursing Service", effective December 2001, revealed nursing staff should document administration of medication, treatments and fluids. Further review of the facility's policy revealed, documenting information on the resident in the medical record provided evidence of the course of a resident's illness and treatment during each admission as well as a way to record the care received by the resident. Additionally the policy revealed staff should sign each entry with the staff's initials on the Medication Administration Record (MAR) and verified on the Master Signature Log with the staff's signature and initials.<br><br>Record review revealed Resident #1 was admitted by the facility on 05/23/13 with diagnoses which included Urinary Tract Infection, Parkinson's Disease, Hypertension, Anemia, Ileostomy Care, Wound Care and Cardiopulmonary Disease. Resident #1 was admitted to the facility with a Physician's order, dated 05/23/13, for intravenous fluids (IV) to infuse at a rate of fifty (50) ml/hour.<br><br>Review of the Medication Administration Record (MAR), for the dates of 05/23/2013 and 05/24/13 revealed no documented evidence IV fluids were infusing. Review of the facility's pharmacy log revealed intravenous fluids were requested and | F 514  | The facility will ensure compliance with the entire regulation by having the Resident Care Manager (RCM)/Supervisor complete a discharge audit on all discharge charts to ensure medical records are accurate and complete. This will be conducted monthly for one year in all QAPI meetings.<br>The corrective measures put into place are a daily audit of the IV MAR and Master Signature Log completed by the Quality Nurse or designee as well as a facility wide education regarding documentation on the IV MAR and Master Signature Log.<br>QAPI members include Keith Moore, Administrator, Lisa Queen, Assistant Administrator, Arlene Massie, Director of Nursing, Pam Bryan, Assistant Director of Nursing, Phillip Fioret, Medical Director, Christie Penick, Quality/Staff Development/ Infection Control, Teria Maynard, MDS coordinator, Jo Ann Davis, Terri Johnson, MDS Nurse, Adam Rucker, Resident Services Director, Glenna Greenslade, Social Worker, |                      |   |

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| F 514 | Continued From page 2<br>received by the facility. Review of the facility's nursing shift report revealed the resident to have fluids infusing at a rate of fifty (50) ml/hour.<br><br>Interview with Nursing Supervisor (NS) #5, on 07/10/13 at 2:55 PM, revealed she was the supervisor on duty at the time Resident #1 was admitted by the facility. Further interview revealed Resident #1 did have fluids infusing upon arrival to the facility.<br><br>Interview with Licensed Practical Nurse (LPN) #1, on 07/10/13 at 2:22 PM, revealed she was the primary nurse caring for Resident #1 on 05/24/13. Further interview revealed fluids were infusing throughout her shift. Additionally, LPN #1 stated she should have documented the fluids on the MAR and did not know why she failed to do this.<br><br>Interview with the Director of Nursing (DON), on 07/10/13 at 2:45 PM, revealed it was the nurses responsibility to sign and document on the MAR when a medication or intravenous fluid was given or infusing. Further interview revealed the documentation should have been completed. | F 514 | Tammy Rucker, Admissions, Jennifer McFarlin, Human Resources, Arinn McKnight, Activities, Kayleigh Ticknor, Registered Dietician, Gail Cunningham, Dietary Manager, Randy Payne, Environmental Services Manager, Anthony Crance, Maintenance Supervisor, Vicky Baily, Medical Records, Annie Bishop, Rehab Manager, Curtis Metzler, Cardiac Manager, Susan Kempf, Resident Care Manager, Violet Stewart, RCM, Pam Willis, RCM, Brian Neeley, RCM, Josie Armstrong, Transitional Navigator, Robin Bishop, Wound Care Nurse, Steve Bessler and Kathy Shaffer, consultant pharmacist, Dave Thomas, Finance Director. The Quality Nurse will monitor compliance through monthly QAPI meetings for one year or longer to ensure medical records are complete and accurate. |  |
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