

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

PRINTED: 05/06/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/23/2014 |
| NAME OF PROVIDER OR SUPPLIER JOHNSON MATHERS NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2323 CONCRETE ROAD CARLISLE, KY 40311 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS An Abbreviated Survey investigating KY00021560 was initiated and concluded on 04/23/14. KY00021560 was unsubstantiated with unrelated deficiencies cited. | | F 000 | Johnson Mathers Nursing Home acknowledges receipt of the Statement of Deficiencies and purposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Johnson Mathers Nursing Home's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor that any deficiency is accurate. Further, Johnson Mathers Nursing Home reserves the right to refute any of the Deficiencies through Informal Dispute Resolution, formal appeal procedures and/or any other administrative or legal proceeding. | |
| F 282 SS=D | 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure services provided were in accordance with each resident's written plan of care for one (1) of four (4) sampled residents (Resident #1). Resident #1 was care planned as a two (2) person assist for all transfers; however, on 04/05/14 was assisted to the toilet by one (1) staff member. The findings include: Record review revealed the facility admitted Resident #1 on 07/13/12, with diagnoses which included Unspecified Infantile Cerebral Palsy, Mild Intellectual Disabilities, and Anxiety State Unspecified. Review of the Quarterly Minimum Data Set (MDS) dated 03/31/14, revealed the facility assessed Resident #1 to require assistance of two (2) for transfers. Review of Resident #1's Comprehensive Care Plan | | F 282 | SRNA #1 was instructed to clock out and leave the workplace immediately after the report of the incident with Resident #1 on Saturday, 4/05/2014. SRNA met with the Administrator and Director of Nursing on the following Monday, 4/7/2014. She was given a written warning and suspended for three days due to failure to follow resident care guide while providing care to Resident #1 on 4/05/2014. | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Admin DATE 5/12/14

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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| NAME OF PROVIDER OR SUPPLIER JOHNSON MATHERS NURSING HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 2323 CONCRETE ROAD CARLISLE, KY 40311 |
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F 282 Continued From page 1
revealed a care plan initiated on 08/20/12 related to Resident #1 requiring assistance to "maintain maximum function of self-sufficiency for transferring from one position to another related to : physical limitations" which indicated the resident was to be transferred with two (2) person assist with the use of a gait belt.

Interview with State Registered Nursing Assistant (SRNA) #1 on 04/23/14 at 1:45 PM, revealed she took Resident #1 to the bathroom by herself on 04/05/14 at 9:00 AM, as she thought the resident was a one (1) person assist. SRNA #1 stated SRNA #2 had assisted her in getting Resident #1 off of the toilet. She indicated she had SRNA #2 assist her because she wanted a witness to validate she was providing thorough perineal care for Resident #1.

Interview with SRNA #2 on 04/23/14 at 1:50 PM, revealed she and SRNA #1 assisted Resident #1 from the toilet to the wheelchair on 04/05/14 at approximately 9:00 AM.

Interview with SRNA #3 on 04/23/14 at 2:21 PM, revealed Resident #1 to be a two (2) person assist with gait belt. SRNA #3 stated this information was accessible on the nurse aide care guide which was located inside Resident #1's closet door. SRNA #3 indicated the nurse aide care guide was located inside each resident's closet door.

Interview with SRNA #4 on 04/23/14 at 2:30 PM, revealed the nurse aide care guide located on each residents' closet door indicated what care needs the residents had.

Review of Resident #1's nurse aide care guide,

F 282 All residents have the potential to be affected by the failure of staff to provide care according to the written plan of care. To identify other residents, rounds to resident rooms to observe care being provided were completed by the Administrator April 28 through May 2, 2014 to audit for care being provided by staff in accordance with the resident's plan of care. No other residents were identified as being affected.

All staff who provide care to residents including licensed nurses, nursing assistants, activities staff, social services and dietary were educated by the Staff Facilitator April 23 – May 15, 2015 regarding referring to the plan of care prior to providing care to any resident. Care guides are located inside each resident's closet door for quick easy reference of information contained in the care plan including but not limited to transfer status.

To monitor the effectiveness of this education and ensure continued compliance with providing care in accordance with the written plan of care, the Administrative Nursing Team, including the Director of Nurses, Assistant Director of Nurses, QI Nurse, MDS Nurses and Staff Facilitator will

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| F 282 | <p>Continued From page 2</p> <p>located inside the closet door, revealed the resident required a two (2) person assist with gait belt for all transfers.</p> <p>Interview with the Administrator on 04/23/14 at 2:40 PM, revealed SRNA #1 admitted to not reviewing Resident #1's nurse aide care guide prior to providing care and assisting the resident to the toilet. The Administrator indicated SRNA #1 should have reviewed the nurse aide care guide to ensure Resident #1 was transferred as per the care plan.</p> | F 282 | <p>monitor that resident care is being provided in accordance with the care plan and care guide as a part of their daily rounds, Monday through Friday. The results of these rounds will be documented on the Daily Rounds QI tool. Any concerns identified during these rounds will be addressed and corrected as indicated. The results of these rounds will be reported at the weekly QI meeting for four (4) weeks beginning May 23, 2014; then monthly thereafter. The results of these weekly/monthly QI meeting will be reported quarterly to the Quality Improvement Executive Committee consisting of the Administrator, DON, ADON, QI Nurse, Medical Director and any other persons required to provide information pertinent to the reports being discussed at the Executive QI Committee. The Executive QI Committee will make recommendations for further action based upon the data presented.</p> | |