

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

PRINTED: 01/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2013
NAME OF PROVIDER OR SUPPLIER BRADFORD HEIGHTS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 950 HIGHPOINT DR. HOPKINSVILLE, KY 42240		
(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 1</p> <p>1. Record review revealed Resident #1 was admitted to the facility 11/21/12 with a diagnosis of End Stage Renal Disease (ESRD), Renal Dialysis, Dementia, and Diabetes Mellitus (DM). Review of the Minimum Data Set (MDS) assessment, dated 12/09/13, revealed the resident was receiving dialysis while a resident.</p> <p>Review of Resident #1's Comprehensive Care Plan for Nutritional Risk related to ESRD, dated 09/30/13, revealed there was no interventions to address the nutritional needs of the resident while at dialysis three days a week.</p> <p>Observation of Resident #1, on 12/12/13 at 10:00 AM, revealed Emergency Medical Technician (EMT) #1, and EMT #2 present to transport Resident #1 to dialysis. EMT #1 stated he has been transporting Resident #1 since he/she has lived in the facility and has always let the staff finish feeding the resident when he arrived early.</p> <p>Interview on 12/12/13 at 1:26 PM with State Registered Nurse Aide (SRNA) #3, revealed Resident #1 did not receive an early lunch tray before transport to dialysis this morning. SRNA #3 stated the tray usually comes out about 10:00 AM and she feeds Resident #1 before the ambulance arrives around 10:30 AM. She stated today's meal trays were late and Resident #1 did not get his/her breakfast tray until 9:00 AM and the lunch tray was not received prior to transport to dialysis.</p> <p>Review of the August through December 2013 Meal and Fluid Detail Report revealed the staff had indicated Resident #1 was out of the facility for lunch meals on Dialysis days and marked a "0" for Intake.</p>	F 309	<p><u>How other residents who may have been affected by this practice were identified:</u></p> <p>Residents in current population (receiving dialysis) were assessed by DON and unit managers on 12/13/2013 for nutritional needs of residents while at dialysis center. Snacks will be provided to residents to take with them at treatment center. SRNA will assist and/or feed snack as indicated and will enter amount consumed into kiosk upon return back to facility. Dietary department notified of process 12/13/2013 by director of nursing services. Care plans and nurse aide data sheets of residents receiving dialysis reviewed and revised by unit managers on 12/13/2013.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>100% re-education with all nurse and nursing assistants regarding meal consumption documentation in kiosk immediately after resident has consumed their meal was initiated by unit manager and director of nursing on 12/12/2013. 100% education on ensuring all dialysis residents receive an early lunch before treatment and a snack while at treatment was initiated on 12/12/2013 also. Education was completed on 12/20/2013.</p> <p>Daily monitoring of meal consumption of diabetic, and/or dialysis, and/or dependent residents for 5 days times one week. If no issues are identified, monitoring will be reduced to weekly monitoring of all diabetic and dependent residents x4 weeks. If not issues are identified, monitoring will reduce to monthly x4 months. The monitoring will be completed by DON or unit manager beginning 12/13/2013 and ending 5/24/2013.</p> <p>The monitoring list will be updated with new admissions or change in status by DON or unit manager.</p>	F309 (cont)	

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

PRINTED: 01/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2013
NAME OF PROVIDER OR SUPPLIER BRADFORD HEIGHTS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 950 HIGHPOINT DR. HOPKINSVILLE, KY 42240		
(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	Continued From page 2 Interview on 12/13/13 at 3:45 PM with Cook #1 revealed tray cards used by the kitchen instruct staff to provide early trays and or sack lunches if needed. In addition, there was a list posted in the kitchen of the residents on dialysis and which days sack lunches or early meals should be served. She stated the early breakfast tray was on floor by 6:45 AM and the early lunch tray was on the floor by 10:15 AM. Interviews, with State Registered Nurse Aide (SRNA) #1, SRNA #2, and SRNA #3 on 12/12/13 at 1:26 PM, 1:40 PM, and 1:53 PM respectively, revealed it has been their practice to feed early lunch meals to Resident #1. The SRNAs stated Resident #1 usually received his/her lunch tray around 10:00 AM and the ambulance would arrive around 10:30 AM to transport the resident to dialysis. Interview on 12/12/13 at 2:45 PM with Licensed Practical Nurse (LPN) #3, revealed Resident #1 usually returned to the facility about 4:00 PM and dinner was served about 5:00 PM. Interview, on 12/13/13 at 8:40 AM with Director of Nursing (DON), revealed the facility's practice has been for Resident #1 to get an early breakfast and early lunch prior to leaving the facility to go to dialysis because he could not feed himself.	F 309	<u>Monitoring measures to maintain on-going compliance:</u> Findings of monitoring will bge brought to the quality assurance meeting monthly x 6 months for review and development of action plan to ensure nutritional needs of diabetic and dependent dialysis residents are met.	F309 (cont)	