

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

PRINTED: 12/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C 11/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARKLEY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001</b>		
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{F 000}	<p><b>INITIAL COMMENTS</b></p> <p><b>AMENDED</b></p> <p>An Onsite Revisit Survey to the 09/18/15 Abbreviated Survey was conducted in conjunction with a Recertification Survey on 11/08/15 through 11/12/15. The Revisit determined the deficiencies cited on the 09/18/15 Abbreviated Survey were corrected on 10/15/15, as alleged; however, deficiencies were cited on the Recertification Survey at the highest Scope and Severity of an "E".</p>	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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 000	<p>INITIAL COMMENTS</p> <p>AMENDED:</p> <p>An Abbreviated Survey Investigating Complaints #KY23582, #KY23583 and #KY23618, was conducted on 08/03/15 through 08/07/15. Complaint #KY23618 was unsubstantiated and Complaints #KY23583 and #KY23582 were substantiated with deficiencies cited at the highest Scope and Severity of a "G".</p> <p>On 07/04/15, Resident #3 was hollering and complaining of pain related to a urinary indwelling catheter for most of the day. Resident #3 requested pain medication and asked to be sent to the hospital, however, Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #1 failed to assess the resident's pain; failed to provide medication for the resident's pain; and failed to send the resident to the hospital. RN #1 removed the resident's voice valve for an unknown length of time to prevent the resident from hollering and voicing pain.</p> <p>RN #3 assessed the resident at approximately 9:00 PM and identified the resident's voice valve had been removed, his/her bladder was distended; and, he/she had no urinary output in the urinary catheter bag. When RN #3 replaced the resident's voice valve, the resident immediately complained of pain and started hollering. When RN #3 removed water from the catheter bulb, the catheter popped out, and the resident had a brown, bloody drainage. RN #3 sent the resident to the Emergency Room and the resident was diagnosed as having a urinary tract infection.</p>	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Barkley Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency.</p>		



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

*[Handwritten Signature]*

TITLE

*Administrator*

(X6) DATE

*11/10/15*

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

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F 000	<p>Continued From page 1</p> <p>On 09/08/15, after supervisory review the Complaint Surveys (investigating complaints #KY23583 and #KY23582) was reopened; and, an investigation of Complaint #KY23751 was initiated on 09/08/15 and Complaint KY#23837 was initiated on 09/17/15. Complaint #KY23751 was substantiated with deficiencies and Complaint #KY23837 was unsubstantiated with no deficiencies. A Partial Extended Survey was conducted on 09/18/15.</p> <p>Immediate Jeopardy (IJ) was identified in the areas of 42 CFR 483.13 Resident Behavior and Facility Practices at F224; 42 CFR 483.20 Resident Assessment at F281 and F282; and, 42 CFR 483.25 Quality of Care at F309 and F315, at a Scope and Severity of a "J". Substandard Quality of Care was identified at 42 CFR 483.13 Resident Behavior and Facility Practices; and, at 42 CFR 483.25 Quality of Care. Immediate Jeopardy was identified on 09/08/15 and determined to exist on 07/04/15. The facility was notified of the Immediate Jeopardy on 09/08/15. An acceptable Allegation of Compliance (AoC) was received on 09/17/15, alleging the removal of Immediate Jeopardy on 09/18/15.</p> <p>The State Survey Agency validated the Immediate Jeopardy was removed on 09/18/15, as alleged. The Scope and Severity was lowered to a "D" at 42 CFR 483.13 Resident Behavior and Facility Practices at F224; 42 CFR 483.20 Resident Assessment at F281 and F282; and, 42 CFR 483.25 Quality of Care at F309 and F315, while the facility develops and implements the Plans of Correction (POC); and, the facility's Quality Assurance monitors the effectiveness of the system changes.</p>	F 000			

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F 224 F 224 SS=J	Continued From page 2 483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review, it was determined the facility failed to ensure one (1) of fourteen (14) sampled residents was free from mistreatment and neglect (Resident #3).  On 07/04/15, Resident #3 was hollering and complaining of pain related to a urinary indwelling catheter. Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #1 failed to assess the resident; and failed to provide care to address the resident's catheter pain. RN #1 removed the resident's tracheostomy voice valve for an unknown length of time to prevent the resident from hollering and voicing pain. At approximately 9:00 PM, RN #3 assessed the resident and identified the resident's voice valve had been removed; his/her bladder was distended; and, the resident had no urinary output in the catheter bag.  RN #3 replaced the resident's voice valve and the resident immediately complained of pain and started hollering. RN #3 removed water from the catheter bulb, the catheter popped out and the	F 224 F 224	<u>F 224</u>  Resident # 3 was readmitted to the facility on 7/08/15 with no orders to remove speaking valve. Resident # 3 tracheostomy tube was removed on 8/24/15 by Respiratory Therapy. Resident # 3's Foley catheter was discontinued by the physician on 8/10/15 and removed by a licensed nurse. Licensed Nurse # 1 is no longer employed at the center.  All residents of the facility have the potential to be affected including residents with tracheostomies and those that utilize Foley catheters. The Director of Nursing or Licensed Nurse reviewed all residents with a tracheostomy for physician's orders in relation to Passy-Muir speaking valve to ensure care is provided as ordered and all residents who utilize a Foley catheter for signs and symptoms of pain associated with an Foley catheters on or before 9/7/2015 with corrective action upon discovery.		

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F 224	<p>Continued From page 3</p> <p>resident had brown, bloody drainage. RN #3 sent the resident to the emergency room and the resident was identified as having a urinary tract infection.</p> <p>In addition, RN #1 and LPN #1 failed to provide necessary care and services when they neglected to assess the resident's catheter pain; failed to ensure treatment was provided; and when they removed the resident's tracheostomy voice valve, depriving him/her of the means to communicate his/her needs.</p> <p>The facility's failure to ensure residents were free from mistreatment or neglect has caused or is likely to cause serious injury, harm, or impairment to a resident. Immediate Jeopardy was identified on 09/08/15 and determined to exist on 07/04/15. The facility was notified of the Immediate Jeopardy on 09/08/15. An acceptable Allegation of Compliance (AoC) was received on 09/17/15, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/18/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Abuse Prohibition", dated 07/01/13, revealed the definition of abuse as the willful infliction of physical pain, injury, or mental anguish, or the willful deprivation by a caretaker of services which are necessary to maintain physical or mental health. The policy further defined neglect as the failure to provide goods and services necessary</p>	F 224	<p>All licensed nurses including licensed nurses #2 and #3 will receive re-education regarding need to ensure residents are free from mistreatment and neglect including need to provide appropriate tracheostomy care specific to Passy-Muir speaking valves and assessing for pain associated with Foley catheters by the Respiratory Therapist, Nurse Practice Educator, Director of Nursing Services, or Licensed Nurse on or before 9/7/2015 with a return demonstration competency to be completed for tracheostomy care and posttest for pain assessment related to Foley catheters completed with a validation of a pass rate of 100%.</p> <p>The Administrator participated in Corporate sponsored mandated re-education via independent computer training on 7/7/15. The Director of Nursing participated and completed this same re-education on 9/2/15. This training included the Corporate Code of Conduct training including an attestation of understanding on how the Code of Conduct relates to his/her position with the company and his/her agreement to abide by all Code requirements. The Code requirements include details regarding "All covered persons are expected to meet professional standards, comply with regulatory guidance, and exercise good judgement regarding how best to uphold ethical behavior every day." The Code also includes information pertaining to performance improvement "Measuring clinical outcomes and patient satisfaction to confirm quality care goals are met" and "Focus &amp; discipline on improving the quality of care and creativity &amp; innovation to develop effective solutions."</p>		

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F 224	<p>Continued From page 4</p> <p>to avoid physical harm, mental anguish or mental illness.</p> <p>Record review revealed the facility admitted Resident #3 on 04/29/15 with diagnoses which included Cerebral Vascular Accident (CVA) affecting the left side, and Acute Respiratory Failure to include a Tracheostomy (artificial opening in neck to aide with breathing). Review of the Significant Change Minimum Data Set Assessment, dated 07/28/15, revealed the facility assessed Resident #3's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of eleven (11) which indicated the resident was interviewable. The facility coded the MDS as functional limitation on one side, upper and lower related to a CVA.</p> <p>Review of the facility's Complaint Investigation Initial Report, dated 07/09/15, revealed Resident #3 alleged Licensed Practical Nurse (LPN) #1 neglected him/her when she refused to send the resident to the hospital when he/she was in pain on 07/04/15.</p> <p>Interview with Resident #3, on 08/04/15 at 9:10 AM; on 08/05/15 at 11:50 AM; and, on 08/06/15 at 9:30 AM, revealed he/she had been in pain all day on 07/04/15 and LPN #1 told him/her, that he/she had been medicated for pain already. Resident #3 stated he/she told staff he/she was hurting related to the catheter and staff would not send him/her to the hospital. During further interview, Resident #3 stated when the night nurse (RN #3) came in that night, she called the ambulance and the resident was transported to the Emergency Room. Resident #3 stated he/she was unable to insert or remove his/her speaking valve by himself/herself.</p>	F 224	<p>All facility staff including the Food Service Director, Cooks, and Cook Aides, CNA's, LPN's, RN's, Social Services, Business Office Manager, Receptionist, Activities Director, Admissions Director, Medical Records, Payroll, Maintenance and Maintenance Assistant, Therapy Program Director and Therapists participated in corporate mandated Code of Conduct Training with a completion date of 09/17/15 (76 of 110). On 9/17/2015, this training will be provided to the contracted Housekeeping Supervisor and Housekeepers. Staff not available on 9/17/2015 including Housekeeping Supervisor and housekeepers, Food Service Director, Cooks, and Cook Aides, CNA's, LPN's, RN's, Social Services, Business Office Manager, Receptionist, Activities Director, Admissions Director, Medical Records, Payroll, Maintenance and Maintenance Assistant, Therapy Program Director and Therapists will be provided re-education including competency and post-test by the Nurse Practice Educator or RN with a pass rate of 100% prior to returning to work.</p> <p>Re-education occurred in the following order:</p> <p>The Nurse Practice Educator and Director of Nursing services was re-educated by the Manager of Clinical Operations on 8/26/2015 to include all re-education of all staff as detailed in the following:</p>		

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F 224	Continued From page 5  Review of the July 2015 Medication Administration Record (MAR) revealed on 07/04/15, Resident #3 received Lorazepam (anti-anxiety) 0.5 milligrams (mg) via feeding tube at 1:45 PM. However, there was no documented evidence the resident received any medication for pain.  Review of the Nursing Notes, dated 07/04/15, revealed there was no documented evidence staff addressed Resident #3's pain until 9:00 PM.  Interview with State Registered Nurse Aide (SRNA) #3, on 08/04/15 at 11:40 AM, revealed she worked 7:00 AM to 3:00 PM on 07/04/15. She stated Resident #3 yells all the time and on this particular day he/she was complaining of pain where "the catheter goes in". She said RN #1 was made aware of the resident's complaints of pain and the RN checked the catheter and the drainage bag and said the resident "was fine, maybe a UTI". The SRNA stated she was giving the resident a bath and the resident continued to yell that he/she was hurting and burning in the penis area. SRNA #3 stated she checked the resident's catheter tubing and it was clear. She stated the resident stated he/she wanted to stay in the bed.  Interview with SRNA #1, on 08/04/15 at 5:10 PM, revealed she worked the 3:00 PM to 11:00 PM shift on 07/04/15. She stated when she came into work that day, Resident #3 was in a wheelchair in the lobby area with other residents. She stated the resident was irritated and yelling out. SRNA #1 stated RN #1 and LPN #1, reported that the resident had been yelling all day. The SRNA stated the resident was screaming as	F 224	The Nurse Practice Educator, Consulting Respiratory Therapist or Regional Risk Manager who is also an R.N. began re-education on 8/26/15 and completed it on 9/4/15. RN # 1 and RN # 3 were provided with all re-education as detailed below. All other available R.N.s and/or LPN nurses (23 of 27) were provided with all re-education as detailed below. RN's and/or LPN nurses not available during this time frame will be provided re-education including competency and post-test by the Nurse Practice Educator or RN with a pass rate of 100% prior to returning to work. All re-education for nurses included the following:  1) Abuse & neglect policy including the need to provide appropriate tracheostomy care specific to Passy-Muir speaking valves (placement and cleaning) with return demonstration competency completed. All nurses educated verbalized and signed that they understood that the removal of a Passy Muir valve to prevent a resident to speak is considered abuse.  2) Tracheostomy care policy and procedure including following physician's orders regarding cleaning and care of resident with Passy -Muir speaking valve demonstrated by respiratory therapy and/or nurse practice educator; a competency was completed to ensure return demonstration.		

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F 224	<p>Continued From page 6</p> <p>if he/she was in pain and his/her face was red. SRNA #1 said when she asked the resident where the pain was, the resident pointed downward to his/her private area and said "pee pee". She stated the resident requested medication for pain and LPN #1 was made aware by her. Further interview revealed LPN #1 told her the resident had already been medicated and the resident was just trying to go out to the hospital. The SRNA stated she told LPN #1 she felt like the resident needed to be put to bed, and LPN #1 spun around and headed down the hallway with the resident before she (SRNA #1) could even secure the lift. She stated the nurse acted as if she was irritated. The SRNA stated the resident was sweating while being transferred to the bed using the lift, and LPN #1 kept telling the resident, "You are not going to the hospital". SRNA #1 stated when she entered the resident's room around 9:00 PM, the resident looked as if he/she was screaming but nothing was coming out. The SRNA stated she told RN #3 and the RN picked up the voice box valve and inserted it and the resident went back to screaming. SRNA #1 stated when the resident's covers were pulled back, there was urine on the bed sheets and when the catheter came out, the urine kept coming out. The SRNA stated RN #3 sent the resident to the hospital.</p> <p>Interview, on 08/04/15 at 5:40 PM, with SRNA #2, who worked the 3:00 PM to 11:00 PM shift on 07/04/15, revealed when RN #3 called him into the room, Resident #3 was complaining of hurting and was hollering loudly. SRNA #2 stated when RN #3 took the resident's catheter out, there was blood, urine and goeey pus and a lot of blood. SRNA stated the resident said that he/she wanted to go to the hospital. The SRNA stated the</p>	F 224	<p>3) Timely review, revision &amp; implementation of Care Plans and Care Cards to reflect response to care and changing needs/goals; a post-test was utilized to validate learning.</p> <p>4) Pain assessment and administering medications and treatments as prescribed by the physician and/or Nurse Practitioner and/or per the Care Plan. Re-education included monitoring effectiveness, monitoring side effects, and non-verbal signs/symptoms of pain.</p> <p>Re-education included completion of pain assessment regarding PRN pain medication administration when receiving communication from another staff member who suspects a resident may be in pain. Learning was validated via a post-test.</p> <p>5) Ensure assessment initiated for appropriate treatment and services to identify complications of an indwelling catheter related to a UTI to include signs and symptoms of pain, assessing for discoloration and urine flow in the tubing, and an attempt to find the root cause for the pain and take appropriate actions. Learning was validated via a post-test.</p>		

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F 224	<p>Continued From page 7</p> <p>resident's skin was very clammy and cold to touch. SRNA #2 stated he did not know anything about the speaking valve, as the resident was speaking while he was in the room.</p> <p>Telephone interview with LPN #1, on 08/05/15 at 12:48 PM, revealed she was unable to talk at that time. LPN #1 stated she would return the call to the surveyor. An attempt was made to reach LPN #1, on 08/06/15 at 12:08 PM, but there was no answer. A message was left requesting a return call.</p> <p>Interview, on 08/04/15 at 3:15 PM, with RN #1, who worked the 7:00 AM to 7:00 PM shift on 07/04/15, revealed Resident #3 was hollering so she and LPN #1 placed the resident back to bed. RN #1 stated the resident did not complain of pain and/or request to go to the hospital and the SRNA never reported the resident wanted to go to the hospital. RN #1 said she provided tracheostomy care and removed the speaking valve and put it down within the resident's reach just before shift change at 7:00 PM. However, interview with RN #3, on 08/04/15 at 2:35 PM, revealed when she entered the room at approximately 9:00 PM, she noted the voice valve was on the table on the resident's left side (the side CVA affected) and out of the resident's reach.</p> <p>Review of a Nursing Note written by RN #3, dated 07/04/15 at 9:54 PM, revealed Resident #3 complained of pain with the presence of a indwelling urinary catheter to a bedside drainage. RN #3 documented there was no urine in the drainage bag and the resident's skin was noted to be cool and clammy and his/her face was red. The RN wrote when she pulled the covers back it</p>	F 224	<p>Competency tests and/or post-tests were reviewed and graded by the Regional Risk Manager who is also an R.N. or Nurse Practice Educator (NPE) prior to releasing staff from the training. A passing score of 100% was expected prior to staff being released from training by the R.N. or NPE.</p> <p>On 9/17/2015, all CNA's will be provided with re-education on recognizing signs and symptoms of any pain but specifically related to tracheostomies or urinary catheters, observations for discoloration of urine in Foley catheters or changes in urinary output related to catheters, who to report these observations, when to report these observations, and what action to take if their concerns are not addressed. Learning will be validated via post-test graded by the Nurse Practice Educator, Director of Nursing Services, or RN with a 100% pass rate. CNA's not available during this timeframe will be provided re-education including competency and post-test by the Nurse Practice Educator or RN with a pass rate of 100% prior to returning to work.</p>		

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2015
NAME OF PROVIDER OR SUPPLIER  BARKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001		
(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 224	<p>Continued From page 8</p> <p>was noted that there was urine on the sheets and the resident continued to yell stating it hurts "down there where I pee". Further review of the Note revealed the nurse took a syringe to check for proper placement of the catheter and the resident yelled louder with pain and stated, "take out". The nurse documented she deflated the bulb, the resident yelled, the catheter came out of the urethra and the resident voided thick, brownish urine. RN #3 documented once again the resident expressed the desire to go to the hospital and then voided bright red blood. RN #3 documented she left the room to attempt to contact the physician and the family without success.</p> <p>Interview with RN #3, on 08/04/15 at 2:35 PM, revealed she had worked on 07/04/15 on the 7:00 PM-7:00 AM shift. She stated RN #1 reported to her that Resident #3 had complained all day long of having pain on urination and was told by the nurse that he/she had a catheter and shouldn't be hurting. RN #3 said RN #1 told her they had taken Resident #3's speaking valve off because he/she was yelling too much and the resident's roommate was removed from the room as well. RN #3 stated when she entered Resident #3's room, she noted the voice valve was on the table on the resident's left side (the CVA affected side). RN #3 stated the resident would normally refuse to have the valve removed. She stated Resident #3 kept telling her that he/she was in severe pain and kept grabbing the catheter saying that he/she couldn't pee. RN #3 stated the resident's catheter drainage bag was empty so she secured a syringe to flush the catheter. She stated she let out a little of the water from the bulb and the resident screamed in pain and the catheter shot out. RN #3 stated there was a brown, thick,</p>	F 224	<p>Beginning on 9/8/2015, all facility staff including Housekeeping Supervisor and housekeepers, Food Service Director, Cooks, and Cook Aides, CNA's, LPN's, RN's, Social Services, Business Office Manager, Receptionist, Activities Director, Admissions Director, Medical Records, Payroll, Maintenance and Maintenance Assistant, Therapy Program Director and Therapists were re-educated by the Nurse Practice Educator on abuse identification of all forms of abuse, including neglect, when to report suspicions of abuse, and reporting of suspicions of abuse to include the chain of command, and the abuse prevention coordinator. This was completed on 09/14/2015.</p> <p>Staff not available during this timeframe will be provided re-education including competency and posttest by the Nurse Practice Educator or Director of Nurses with a pass rate of 100% upon return to work.</p> <p>Beginning 9/18/2015, the DON, NPE, or RN Supervisor or Charge Nurse will review residents with a change of condition and audit that change of condition by completing a head to toe assessment and documenting on an audit tool that verifies the change of condition is accurately documented and followed up on timely daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p>		

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F 224	<p>Continued From page 9</p> <p>substance coming out of the resident's urethra. She stated she could tell the resident's bladder was distended and then the resident voided straight blood. The RN stated at that time the resident was begging to be sent to the hospital so she attempted to reach the On Call Physician, but she was unable to reach him so she phoned the Assistant Director of Nursing (ADON) and got permission to send the resident to the hospital. She stated she learned later in the evening the resident was being admitted to the hospital for a Urinary Tract Infection (UTI).</p> <p>Review of the Hospital History and Physical, dated 07/05/15 at 2:32 AM, revealed Resident #3 was admitted to the hospital with Hematuria and a complicated Urinary Tract Infection (UTI). The Plan of Care on admission to the hospital included the antibiotic Invanz and intravenous (IV) hydration. Review of the Hospital Discharge Summary revealed the resident was discharged back to the facility on 07/08/15.</p> <p>Interview with the former ADON, on 08/05/15 at 9:20 AM, revealed RN #3 phoned her saying she wanted to send Resident #3 to the Emergency Room because Resident #3 had no urine output. RN #3 stated the balloon had been deflated and the resident had some relief. The ADON stated RN #3 reported the resident wanted to go to the hospital and she told RN #3 to send the resident to the Emergency Room. Further interview with the ADON revealed RN #3 reported she had found the resident's speaking valve on the bedside table when she entered the room. Further interview with the ADON revealed the resident was able to take the valve out and put it back in. She stated she thought the other nurses had left the valve out intentionally related to the</p>	F 224	<p>Beginning 8/26/2015, the Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse will observe tracheostomy care specific to Passy-Muir speaking valves to ensure appropriate care and services with no evidence of abuse or neglect across all shifts X 14 days including weekends, then 3 X per week X 4 weeks then as determined by the monthly Quality Improvement Committee to ensure appropriate techniques are used with corrective action upon discovery. Findings will be reviewed in daily clinical meeting for any additional follow up.</p> <p>Beginning 9/18/2015, the Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse will observe for signs/symptoms of pain associated with indwelling Foley catheters for residents across all shifts X 14 days including weekends, then 3 X per week X 2 weeks then as determined by the monthly Quality Improvement Committee to ensure appropriate techniques are used with corrective action upon discovery. Findings will be reviewed in daily clinical meeting for any additional follow up.</p>		

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F 224	<p>Continued From page 10</p> <p>resident hollering all day long. The ADON reported he was not sure why LPN #1 didn't do a more thorough assessment of Resident #3. He stated he thanked RN #3 for assessing the resident and putting his/her safety first. The ADON stated that he would expect the staff to assess the resident for pain, administer medications as ordered and if these things didn't work, they should contact the physician.</p> <p>Interview (Post Survey) with the Director of Nursing, on 08/14/15 at 8:15 AM, revealed the facility's investigation did not determine there was any mistreatment/neglect of Resident #3. She stated the facility determined LPN #1 failed to follow clinical protocols for assessments and LPN #1 was terminated.</p> <p><b>**The facility implemented the following actions to remove the Immediate Jeopardy:</b></p> <ol style="list-style-type: none"> <li>1. Resident #1 was transferred to the hospital on 07/04/15 at 10:15 PM by RN #3 immediately upon assessment of the catheter in order to address Resident #3's complaints of pain.</li> <li>2. Resident #1 was readmitted to the facility on 07/08/15 at 5:12 PM with no orders to remove the speaking valve. Resident #3 continued to have a urinary catheter due to neurogenic bladder as assessed by the Physician related to a stroke on 04/30/15.</li> <li>3. Resident #3's tracheostomy tube was removed on 08/24/15 by the Respiratory Therapist.</li> <li>4. Resident #3's urinary catheter was discontinued by the physician on 08/10/15 and</li> </ol>	F 224	<p>The Director of Nursing will report findings of these audits to the monthly Quality Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for any additional follow up and/or in servicing needs until the issue is resolved and as need is identified thereafter.</p> <p><b>Compliance Date:</b></p>	10/15/15	

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F 224	Continued From page 11 removed by the licensed nurse on that date.  5. As of 08/27/15, there were no residents in the center with a tracheostomy tube; therefore, no potential exists for issues relating to tracheostomies at this time.  6. On 08/25/15, the center had three (3) of seventy-eight (78) residents who utilized a catheter. The DON assessed these three (3) residents on 08/25/15 for signs/symptoms of a urinary tract infection and assessed for pain. One (1) resident with a catheter was identified as having pain. The physician was notified and new orders were obtained for a urinalysis (UA) and culture and sensitivity (CNS) and antibiotic treatment was based on the preliminary analysis. The antibiotic therapy was completed on 08/31/15.  7. On 08/21/15, the three (3) residents utilizing catheters were reviewed by a RN to validate Physician's Orders to include medical justification, size of the catheter, infection control reporting form completed, pain evaluation completed, and Medication Administration Record (MAR) instructions to assess for the presence of pain every shift, which included a care plan review. No concerns were identified.  8. On 08/21/15, a RN reviewed all resident records (79 of 79) (census fluctuated) to validate the MAR and/or Treatment Administration Record (TAR) reflected daily pain monitoring, which included a care plan review. No concerns were identified.  9. On 08/27/15, all resident records (78 of 78) (census fluctuated) were reviewed by the Director	F 224			

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F 224	<p>Continued From page 12</p> <p>of Health Information Management to validate a PRN (as needed) Pain Management Flow Sheet was present for each resident which included a care plan review; no concerns were identified.</p> <p>10. On 08/28/15, a RN reviewed residents listed on a change of condition report for the period between 08/07/15-08/28/15. Twenty-two (22) of seventy-seven (77) (census fluctuated) residents were reviewed to determine if residents were assessed for the presence of pain; and, if pain interventions were initiated upon the identified change of condition, which included a care plan review; no concerns were identified.</p> <p>11. Beginning on 08/28/15 through 09/03/15, an RN reviewed all residents receiving PRN pain medication to validate accuracy of the Physician's Orders, which included care plan review. Order clarification needs were identified as requiring the specification of "mild", "moderate", or "severe" indications. These identified clarification needs were reviewed with the Physician with corrective action initiated upon discovery.</p> <p>12. The Administrator and DON participated in Corporate sponsored mandated reeducation via independent computer training. The Administrator completed training on 07/07/15 and the DON completed training on 09/02/15. This education was on the Code of Conduct related to "meeting professional standards, complying with regulatory guidance, and exercise of good judgement regarding how best to uphold ethical behavior every day". In addition, the code included "measuring clinical outcomes and resident satisfaction to confirm quality goals are met and focus and discipline on improving quality of care. Creativity and innovation to develop</p>	F 224			

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F 224	Continued From page 13 effective solutions".  13. All facility staff including Food Service Director, Cooks, and Cook Aides, SRNAs, LPNs, RNs, Social Services, Business Office Manager, Receptionist, Activities Director, Admissions Director, Medical Records, Payroll, Maintenance and Maintenance Assistant, Therapy Program Director, and Therapists participated in Corporate mandated Code of Conduct Training with a completion date of 09/17/15 (76 out of 110). On 09/17/15, this training will be completed with the contracted Housekeeping Supervisor and Housekeepers. Staff not available on 09/17/15 will be provided reeducation including competency and post-test by the Nurse Practice Educator (NPE) or RN with a pass rate of 100% prior to returning to work. In addition on 09/08/15, all were re-educated by the NPE on identification of all forms of abuse, including neglect, when to report suspicions of abuse, and reporting of suspicions of abuse, to include the chain of command, and the abuse prevention coordinator. This was completed on 09/14/15. Staff not available during this time frame (33 of 110) will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work.  The NPE and DON were reeducated by the Manager of Clinical Operations on 08/26/15 and then the NPE, Consulting Respiratory Therapist or Regional Risk Manager, who was also an RN began reeducation on 08/26/15 through 09/04/15 with all licensed nurses which included RN #1 and RN #3, were provided with all reeducation. Twenty-three (23) of twenty-seven (27) RNs and LPNs were provided with the reeducation. RNs and LPNs not available during this timeframe will	F 224			

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F 224	Continued From page 14 be provided the re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work. The above re-education included the following:  A. Abuse and Neglect Policy which covered removing a Passey Muir speaking valve with return demonstration. All nurses educated verbalized and signed that they understood the removal of the valve to prevent a resident to speak is considered abuse.  B. Tracheostomy policy and procedure.  C. Timely review, revision and implementation of care plans and care cards to reflect response to care and changing needs and goals; a post test was used to validate learning.  D. Pain assessment and administering mediation and treatments as prescribed by the physician and/or Nurse Practitioner, and/or per the care plan. Monitoring effectiveness, side effects, and non-verbal signs/symptoms of pain. Completion of pain assessment regarding PRN pain medication administration when receiving communication from another staff member who suspects a resident may be in pain. Learning was validated with a post-test.  E. Ensuring assessment initiated for appropriate treatment and services to identify complications of an indwelling catheter related to UTI to include signs and symptoms of pain, assessing for discoloration and urine flow in the tubing and an attempt to find the root cause for the pain and take appropriate action. Learning was validated with post-test.	F 224			

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F 224	<p>Continued From page 15</p> <p>On 09/17/15, all SRNA's will be provided with re-education on recognizing symptoms of any pain but specifically related to tracheostomies or urinary catheters, observations for discoloration of urine in urinary catheter or changes in urinary output related to catheters who to report these observations, when to report these observations, and what action to take if their concerns were not addressed. Learning will be validated via post-test graded by the NPE, DON, or RN with a 100% pass rate. SRNAs not available during this timeframe will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100 % prior to returning to work.</p> <p>13. The DON, NPE, or Licensed Nurse will observe licensed nurse providing all aspects of tracheostomy care including observing for sign/symptoms of pain or discomfort during the care or if resident with a tracheostomy enters into the facility. This will include speaking valve treatment and orders, abuse related to removing it when not specifically ordered to do so and following the plan of care. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>14. The DON, NPE, or Licensed Nurse will observe for signs and symptoms of pain associated with indwelling urinary catheters and following the care plan related to urinary catheter use. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action</p>	F 224			

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F 224	Continued From page 16 upon discovery.  15. The DON, NPE, or RN Supervisor or Charge Nurse will review residents with a change of condition and audit by head to toe assessment that the change of condition is accurately documented and followed up on timely daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.  16. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview five (5) residents across all shifts to determine if they feel if a staff member abused them, to include all forms of abuse or neglect, of if they have witnessed any other resident being abused daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.  17. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview three (3) staff members across all shifts to determine if they know or suspect any resident being abused that they have not reported daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.	F 224			

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F 224	<p>Continued From page 17</p> <p>18. Beginning on 09/17/15, the Administrator, DON, NPE, RN Supervisor or Licensed Nurse will observe staff interaction including care of five (5) residents to visually determine that the care plan is being followed daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <ol style="list-style-type: none"> <li>On 09/18/15, review of Resident #3's Nurse's Notes revealed the resident was transported to the emergency room on 07/4/15 at 10:15 PM via ambulance. The resident was admitted with a diagnosis of Urinary Tract Infection.</li> <li>On 09/18/15, review of Resident #3's readmission orders revealed the resident was readmitted to the facility via ambulance on 07/08/15 at 5:12 PM with an indwelling catheter in place as well as a tracheostomy. There was no order written to remove the speaking valve.</li> <li>On 09/18/15, review of Resident #3's Physician's Order and Nurses' Note, dated 08/24/15, revealed Resident #3's tracheostomy tube was removed on 08/24/15.</li> <li>On 09/18/15, review of Resident #3's Physician's Order and Nursing Note, dated 08/10/15, the indwelling urinary catheter was discontinued and removed.</li> <li>Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed as of 08/25/15 there were no other tracheostomy</li> </ol>	F 224		

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F 224	<p>Continued From page 18</p> <p>residents. However, the facility reviewed their tracheostomy care policy and procedures, including following physician's orders regarding cleaning and care of residents with passey muir speaking valve, along with demonstration by respiratory and or nurse practice educator; a competency exam was completed to ensure understanding by staff with required return demonstration.</p> <p>6. On 09/18/15, review of documentation by the DON revealed the DON identified three (3) residents with an indwelling urinary catheter in the facility. She assessed the residents for signs and symptoms of an UTI and pain. She identified one of the residents had symptoms of a UTI. The Physician was notified and orders were received for a Urinalysis and C&amp;S with antibiotic ordered. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE on 1:09 PM, revealed three (3) residents were assessed for Urinary Tract Infection symptoms and one (1) resident was started on an antibiotic which has since been completed.</p> <p>7. On 09/18/15, review of documentation by the DON revealed on 08/21/15 an RN reviewed three (3) residents with indwelling catheters to validate the Physician's Order which included the reason for the cauterization, the size of the catheter, a review of the infection control reporting form that was completed, the documentation that the pain evaluation was completed. The MAR contained instructions to assess every shift for the presence of pain. A Care Plan review was also completed. All with no concerns noted.</p> <p>8. On 09/18/15, review of check sheets on 09/18/15 revealed the DON reviewed all</p>	F 224			

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F 224	<p>Continued From page 19</p> <p>seventy-nine (79) (census fluctuated) residents medical records to ensure the MAR and TAR reflected daily pain management. The Manager of Clinical Operations assisted with this and it was completed on 08/21/15. Interviews on 09/18/15 with the DON, at 12:52 PM and the Manager of Clinical Operations at 1:09 PM revealed they reviewed all seventy-nine (79) (census fluctuated) residents' records and ensured the MAR/TAR and care plan reflected daily pain management.</p> <p>9. On 09/18/15, review of a check sheet and interview with the Director of Health Information at 1:09 PM revealed the Director of Health Information validated all resident records were complete with a pain management sheet on 08/27/15.</p> <p>10. On 09/18/15, review of documentation revealed the Regional Risk Manager (who is an RN) and the DON reviewed all resident records for a change of condition on 08/28/15. A total of twenty-five (25) change of conditions were identified, none had a concern that was identified. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed audits for change of condition were completed and if there was a change of condition, a head to toe assessment was completed.</p> <p>11. On 09/18/15, review of an Order Listing Report, revealed all PRN (as needed) pain medications were reviewed to validate the order accuracy and the Care Plan was reviewed on 09/03/15. In addition, MILD, MODERATE or SEVERE was included on the order to print on the MAR. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed</p>	F 224			

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F 224	<p>Continued From page 20</p> <p>orders were reviewed for accuracy. No concerns were identified.</p> <p>12. On 09/18/15, review of the Code Of Conduct Signature Sheets verified that mandated education via computer independent training was completed on 07/07/15 by the Administrator and by the DON on 09/02/15. The training included Code of Conduct, how it related to staff positions, all were expected to meet Professional Standards, comply with Regulatory guidance and exercise judgement on how to best uphold ethical behavior every day. The Code also included measuring clinical outcomes, patient satisfaction to confirm goals are met. Additionally, it included focused discipline on improving the Quality of Care, creativity and innovation to develop effective solutions. Interviews on 09/18/15 with the DON at 12:52 PM and the Administrator at 12.04 PM verified they received this training.</p> <p>On 09/18/15, review of the acknowledgement signature forms revealed facility staff except housekeeping, (who is contract) completed the Code of Conduct computer training on 09/17/15, except for ten (10) staff that have not completed the training and those staff will complete the training before returning to work. All housekeeping staff completed the inservices manually on 09/17/15 and signed acknowledgement forms. Further review of signature validation sheets and post tests revealed all facility staff received education by the NPE on the facility's Abuse/Neglect policy and procedure to include the forms of abuse and neglect, when to report, and including following the chain of command from 09/08/15-09/14/15. On 09/14/15, there were thirty-three (33) staff remaining to be educated and they will complete</p>	F 224			

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F 224	<p>Continued From page 21</p> <p>the training before being allowed to care for residents.</p> <p>On 09/18/15, review of signature validation sheets and post tests validated the NPE and the DON were re-educated by the Manager of Clinical Operations on 08/26/15. Further review of the signature validation sheets revealed the NPE, Consulting Respiratory Therapist or Regional Risk Manager also reeducated all licensed nurses on 09/02/15 related to the Passey-Muir speaking valve, the Abuse/Neglect policy, tracheostomy care policies and procedures, following MD orders, timely review of revision of Care Plan implementation and care cards, pain assessments and medication, treatments, and assessments related to complications of indwelling urinary catheters. Post-tests and return demonstrations were completed by staff to ensure understanding. Twenty-three (23) of twenty-seven (27) licensed staff received the education with the remaining to complete on return to work. Interview with the DON, on 09/18/15 at 12:52 PM, revealed all nurses were educated regarding Abuse and Neglect, Tracheostomy, the speaking valve, trach care, care plans and care cards and all training was completed by 09/17/15.</p> <p>On 09/18/15, review of signature validation sheets and post tests revealed SRNAs were educated by the NPE and DON on 09/17/15 on recognizing the signs and symptoms of any kind of pain, especially related to residents who have a tracheostomy or indwelling urinary catheter. Twenty-nine (29) out of thirty (30) SRNAs were education with the one (1) remaining to complete the training upon return to work.</p>	F 224			

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F 224	<p>Continued From page 22</p> <p>Interview with the NPE, on 09/18/15 at 1:09 PM, revealed there was a Code of Conduct training presented by Corporate Staff and the NPE assisted with training of facility staff. She stated the Respiratory Therapist provided education to her and she then provided education to the facility staff which included a return demonstration. She stated the education covered the revision of Care Plans, care cards, signs and symptoms and non-verbal indicators of pain, pain assessment, PRN pain medications, indwelling catheter care, recognizing pain symptoms for SRNAs and who they should report it to. She stated post tests were completed by all and were graded by the Regional Risk Manager and the NPE. Abuse and Neglect education to include reporting was completed on 09/14/15. She stated she was responsible to make sure that all staff received education before they returned to work.</p> <p>Interviews on 09/18/15 with RN #5 at 1:41 PM, RN #6 at 2:26 PM, LPN #2 at 2:41 PM, LPN #4 at 1:25 PM, LPN #5 at 1:33 PM, LPN #6 at 1:39 PM, revealed they received recent training on tracheostomys, speaking valves and the care of the valve, Care Plan revisions and implementation, pain assessment and the administration of pain medications, communication, catheters, UTI signs and symptoms, abuse and neglect and Code of Conduct, accuracy of orders, and pain to be identified as mild, moderate or severe. They stated staff was required to complete post tests.</p> <p>Interviews on 09/18/15 with SRNA #14 at 1:56 PM, SRNA #15 at 1:58 PM, SRNA #16 at 2:01 PM, SRNA #17 at 2:03 PM, SRNA #18 at 2:06 PM, SRNA #21 at 2:09 PM, SRNA #22 at 2:12 PM, SRNA #23 at 2:14 PM, SRNA #20 at 1:52</p>	F 224			

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F 224	<p>Continued From page 23</p> <p>PM, SRNA #19 at 2:38 PM, Certified Occupational Therapy Assistant (COTA) #1 at 1:54 PM, COTA #2 at 2:30 PM, Physical Therapy Assistant (PTA) #1 at 2:32 PM, and PTA #2 at 2:33 PM revealed they had received inservice training by the NPE on Abuse/Neglect, catheters, reporting of pain, care cards, and reporting of concerns to the DON. They stated post tests were provided after the training.</p> <p>Interviews on 09/18/15 with the Activities Director at 1:46 PM, the Dietary Director at 1:48 PM, the Social Services Director at 1:49 PM, the Maintenance Man at 2:15 PM, the Health Information Coordinator at 1:36 PM, the Payroll and Benefits Coordinator at 1:43 PM, the Business Office Manager at 2:23 PM, the Admissions/Marketing Director at 2:18 PM, a Receptionist at 2:05 PM, the Hairdresser at 2:21 PM, Housekeeper #2 at 2:35 PM revealed inservice training was provided by the NPE regarding the abuse/neglect policy and the types of abuse as well as the signs and symptoms and reporting. They also received education on the chain of command and the reporting of pain. They were required to take a test after completion.</p> <p>13. Review of the Roster Sample Matrix revealed as of 09/18/15, revealed there were no residents with a tracheostomy in the building.</p> <p>14. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM revealed they were observing residents with indwelling catheters daily for signs of pain and ensuring staff was following the Plan of Correction.</p> <p>15. Interviews on 09/18/15 with the DON at 12:52</p>	F 224			

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F 224	Continued From page 24 PM and the NPE at 1:09 PM revealed they were completing head to toe skin assessments and documenting daily on any resident identified as having a change of condition daily.  16. Interview with the DON, on 09/18/15 at 12:52 PM, revealed five (5) residents were being interviewed daily regarding Abuse/Neglect.  17. Interview with the DON, on 09/18/15 at 12:52 PM, revealed three (3) staff members were being interviewed daily regarding Abuse/Neglect and the proper procedures to follow.  18. Interview with the DON, on 09/18/15 at 12:52 PM, revealed Administration and various staff were watching interactions between staff and residents daily.	F 224			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after	F 280			
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F 280	Continued From page 25 each assessment.  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 ensure the care plan was reviewed and revised for two (2) of fourteen (14) sampled residents (Resident #2 and Resident #8).  On 07/21/15 at approximately 8:50 PM, Resident #2, whom the facility had assessed to have severe cognitive impairment and wandered throughout the facility in a wheelchair, entered Resident #1's room. Resident #2 was rummaging in Resident #1's personal belongings. Resident #1 attempted to get the assistance of staff by yelling out repeatedly and utilizing the call light, but staff failed to respond timely. Resident #1 called by phone to the nursing station requesting assistance to get Resident #2 out of his/her room. Resident #2 was noted to have a superficial abrasion to his/her right forehead area after he/she was removed from Resident #1's room. Resident #2 had a history of behaviors of entering other residents' rooms. The facility failed to revise Resident #2's care plan to address the resident's behavior to prevent reoccurrence.  On 04/29/15, Resident #8 sustained a fall and the facility's corrective action was to ensure "if the resident was going to be up in wheelchair unattended, he/she should be placed in the common area to be visible by staff"; however, the facility failed to revise the care plan to include the	F 280	SRNA # 7 removed resident # 2 from resident # 1's room upon discovery. Resident #1 did not experience any negative outcome. Resident #2 has not experienced additional negative outcome. Resident # 8 did not experience any negative outcome. Resident # 8 was assessed by an occupational therapist on 10/6/2015 in relation to his/her ability to return from the courtyard to inside the facility using the courtyard access door.  The care plan and CNA care card for Resident # 2 was updated to address the potential for wandering into others rooms by the Administrator on 8/13/2015 to include history of wandering in and out of others rooms. Additional intervention to offer substantial snack of sandwich, ice cream or cookie, and to take resident to dining room added to care plan/care card. The care plan and CNA care card for Resident # 8 was updated by the director of nursing services on 9/18/2015 to address supervision when in the dining room which is near the courtyard exit.  All residents of the facility including residents who wander or use the courtyard have the potential to be affected. All residents assessed as at risk for wandering behavior care plan and CNA care cards were reviewed by the Director of Nursing Services, Activities Director, Nurse Practice Educator, Licensed Nurse and Administrator on or before 9/7/15 with corrective action taken upon discovery.  Re-education will be provided with licensed nurses on or before 10/14/15 by the		

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F 280	Continued From page 26 new intervention. In addition, on 08/13/15, Resident #8's was found unsupervised in the facility courtyard area by the Resident's Daughter who became upset because the resident was outside alone and the wheel on the wheelchair was stuck in the mud. Further review of the care plan revealed the facility failed to revise the care plan to address supervision of the resident while in the courtyard after being made aware of the daughter's concerns.  The findings include:  Review of the facility's policy titled, "Care Plans", last revised 01/02/14, revealed the purpose was to provide necessary care and services to attain or maintain the resident's highest practicable physical, mental and psychosocial well being. The policy included that the comprehensive care plan should be reviewed and revised a minimum of quarterly and, as needed to reflect response to care and changing needs and goals.  Record review revealed the facility admitted Resident #2 on 07/01/12 with diagnoses which included Dysphagia, Chronic Kidney Disease, Difficulty Walking, Dementia with Behavior, and Vascular Dementia with Delusion. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 06/28/15, revealed the facility assessed Resident #2's cognition as severely impaired. The resident was not able to complete a Brief Interview of Mental Status examination, which indicated the resident was not interviewable. The facility assessed Resident #2 to be non ambulatory and required the extensive assistance with all activities of daily living (ADLs). Resident #2 was mobile via wheel chair when up out of bed.	F 280	Administrator, Nurse Practice Educator or Director of Nurses (DNS) regarding need to ensure care plans are reviewed and revised timely to reflect response to care and changing needs/goals including diversional activity to prevent reoccurrence of resident's wandering into other rooms and courtyard access and observation. A posttest will be provided by the Nurse Practice Educator or Director of Nurses to validate understanding with a pass rate of 100%.  Staff not available during this timeframe will be provided re-education including posttest by the Nurse Practice Educator or Director of Nurse with a pass rate of 100% upon return to work.  Beginning 9/18/2015 the Administrator, Director of Nursing Services, Activities Director, Social Services Director, or Licensed nurse will review care plans to include diversional activities for wandering residents and individualized approaches for courtyard access if necessary to ensure timely revision to reflect responses to care and changing needs/goals for 5 residents 3 X per week X 4 weeks, then as determined by the monthly Quality Improvement Committee with corrective action upon discovery by the Nurse Practice Educator, Registered Nurse, Director of Nursing Services, or Administrator.		

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F 280	Continued From page 27  Review of Resident #2's Comprehensive Care Plan for Anxiety, Depression and Dementia with Behavior Disturbance which included ineffective coping and motor agitation, biting, physical aggression, i.e. pushing others, revealed the care plan was last reviewed 06/15/15. Further review revealed interventions for staff to maintain a safe environment (initiated 05/08/14) and place resident at arms length away from other residents so he/she could participate in activities. If the resident expressed or demonstrated agitation (initiated 03/12/15) staff would divert the resident by giving him/her alternative objects or activity.  Interviews on 08/03/15 with Licensed Practical Nurse (LPN) #3 at 4:45 AM, State Registered Nurse Aide (SRNA) #5 at 4:45 AM, SRNA #3 at 5:00 PM, SRNA #4 at 5:15 AM, and SRNA #9 at 5:30 AM, revealed Resident #2 was usually confused, wandered about and would go into other residents' rooms at times and could be combative when redirected. However, review of the resident's Comprehensive Care Plan, last updated 06/15/15, revealed there were no revisions to the care plan to address Resident #2's behavior of entering other residents' rooms.  Interviews conducted on 08/03/15 with Registered Nurse (RN) #4 at 7.25 PM and SRNA #7 at 9.20 AM, revealed Resident #1 had called the nurses' station by telephone on 07/21/15 to report Resident #2 had been in his/her room for thirty (30) minutes. RN #4 stated she paged for staff to go to the resident's room. SRNA #7 stated when she came out of the dining room to answer the page, Resident #1's and another resident's call light were blinking which meant the lights had been on for at least a few minutes. SRNA #7	F 280	The Director of Nursing will report findings of these audits to the monthly Quality Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for any additional follow up and/or in servicing needs until the issue is resolved and as need is identified thereafter.  Compliance Date:	10/15/15	

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F 280	<p>Continued From page 28</p> <p>stated she found Resident #2 in his/her wheelchair in Resident #1's room. RN #4 and SRNA #7 stated Resident #2 resided on a different hall than Resident #1.</p> <p>Interviews on 08/03/15 with RN #3 at 4:20 AM, and LPN #2, at 1:00 PM, revealed on 07/21/15, they observed Resident #2 with an area that was not raised and had minor bleeding over the eyebrow area when she was removed from Resident #1's room.</p> <p>Further review of Resident #2's Comprehensive Care Plan, last revised 06/15/15 revealed there was no documented evidence the resident's care plan had been reviewed or revised after the 07/21/15 incident related to entering Resident #1's room.</p> <p>Interview with the Social Service Director (SSD), on 08/03/15 at 6:20 AM, revealed she initiated an investigation on 07/21/15 after she was notified of the incident. She stated there were no revisions made to Resident #2's care plan after the incident and to her knowledge, Resident #2 was not sent out for evaluation. The SSD stated there was no action taken related to Resident #2 behavior of wandering into other residents' rooms repeatedly.</p> <p>2. Record review revealed the facility admitted Resident #8 on 11/04/14 with diagnoses which included Chronic Airway Obstruction, Atrial Fibrillation, Alzheimer's Disease, Anxiety and Cerebral Infarction with Hemiplegia. Review of the Quarterly MDS Assessment, dated 07/24/15, revealed the facility assessed Resident #8's cognition as moderately impaired with a BIMS score of eight (8) which indicated the resident was interviewable. In addition, the facility assessed Resident #8 to be non-ambulatory and</p>	F 280			

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F 280	<p>Continued From page 29</p> <p>to require extensive assistance of one (1) staff for locomotion on the unit and total dependence of one (1) staff for locomotion off the unit.</p> <p>Review of the Quarterly MDS Assessment, dated 07/24/15, revealed the facility assessed Resident #8's cognition as moderately impaired with a BIMS score of eight (8) which indicated the resident was interviewable. In addition, the facility assessed Resident #8 to be non-ambulatory and to require extensive assistance of one (1) staff for locomotion on the unit and total dependence of one (1) staff for locomotion off the unit.</p> <p>Review of the Comprehensive Care Plan, dated 11/12/15, revealed Resident #8 was at risk for falls with interventions for a bed and chair alarm, and not to leave resident unattended in his/her wheelchair in room.</p> <p>Interview with Resident #8's daughter, on 09/09/15 at 1:00 PM, revealed she came into the facility on 08/13/15 around 3:00 PM and when she arrived the resident was not in his/her assigned room. The daughter stated she went to look for the resident and found the resident outside alone in the courtyard area with his/her wheelchair wheel off of the pavement and stuck in the mud. The daughter said she was not sure if she would be able to get the chair wheel out of the mud by herself, but was finally able to get it out of the mud. The daughter reported when the resident was taken back into the facility, she noted the resident's forehead and scalp were pink in color. The daughter stated another resident informed her when she reentered the building that the resident had taken him/herself out into the courtyard area with no assistance. The daughter stated she took the resident back to his/her room</p>	F 280			

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F 280	<p>Continued From page 30</p> <p>and assisted the resident to bed; however, no staff came to assist her. The daughter stated the facility Administrator was notified of the incident by the family on 09/08/15 and the DON was notified shortly after the incident.</p> <p>Further review of the Comprehensive Care Plan, dated 11/12/14, revealed there was no revisions to the care plan to address the resident going out into the courtyard without staff supervision even though the resident was a high risk for falls and the resident's daughter was upset he/she was out there without supervision and the resident's wheel was stuck in the mud.</p> <p>Interview with Resident #8, on 09/09/15 at 1:15 PM, revealed he/she did not remember who let him/her out into the courtyard, and he/she was unsure how he/she got outside.</p> <p>Interviews with SRNA #11 on 09/09/15 at 4:15 PM and SRNA #12 on 09/15/15 at 4:36 PM, revealed they were working on day shift recently and Resident #8's daughter was bringing the resident into the building from the courtyard area yelling and asking, "who took her out there?" The SRNA's stated any resident may go out into the courtyard area and staff monitor the courtyard area from inside the building as they go by doors and windows and when they go outside to smoke. The SRNA's stated, "It is everyone's responsibility to know to check on any resident's in the courtyard area." SRNA #12 said she has seen Resident #8 self propel in the wheelchair but has never seen the resident opening the door to go outside.</p> <p>Interview with RN #1, on 09/10/15 at 10:22 AM, revealed Resident #8's daughter was noted to be</p>	F 280			

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F 280	<p>Continued From page 31</p> <p>bringing the resident back into the building from the courtyard area. She stated she was unsure of the date, but knew it was a weekend, as she only works weekend shifts. RN #1 revealed the daughter reported to her the resident was found outside alone in the courtyard area and the wheel of the wheelchair had gotten caught in a crack in the sidewalk. RN #1 reported that it was everyone's responsibility to keep an eye on the courtyard. RN #1 stated the staff watch the courtyard area to make sure there isn't a resident out there that should not be, such as a resident that is confused or a high fall risk. RN #1 stated she did not make any revisions to the resident's care plan related to the incident.</p> <p>Interview with the DON, on 09/09/15 at 3:35 PM, revealed she was informed, as well as the Administrator of the incident in the courtyard with Resident #8 on 09/08/15 by the daughters. The DON stated it was reported to her the resident was found in the courtyard alone, and the wheelchair wheel was stuck in the mud. She also reported that another resident with a BIMS score of fifteen (15), told her they saw Resident #8 propel self out into the courtyard area. The DON does not feel like there was any reason to make a change in the resident's Care Plan related to the incident in the courtyard because it was reported to the nurse. She stated any resident in the facility has the right to go out into the courtyard as this is their home. Further interview with the DON, on 09/17/15 at 9:36 AM, revealed Resident #8 attempted to self transfer on 04/21/15 in the room and experienced a fall. The resident was attempting to transfer from the wheelchair to the bed. The DON stated intervention related to the resident not being left unattended in room in wheelchair did not apply when in the courtyard</p>	F 280			

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F 280	Continued From page 32 because the resident's bed was not in the courtyard, therefore there was no risk for a fall. Furthermore, the DON revealed they had no validation that the wheelchair wheel had gone into the mud as the wheelchair was not muddy nor was there dirt evident on the chair. She stated she would not have expected the nurse to update or revise the Care Plan related to this reported incident, there was no adverse problem. She stated she feels the Courtyard is considered a common area and staff should look outside regularly to see who is in the courtyard as it is visible from all the windows and the dining rooms.  Interview with the Administrator, on 09/10/15 at 8:15 AM and 1:20 PM, revealed she was unaware of the incident with Resident #8's wheelchair getting stuck in the mud. She stated no particular staff member was responsible to know the whereabouts of a resident at all times. She feels that the courtyard is a safe environment for all residents at the facility as the courtyard is monitored by staff as they look outside or walk through the courtyard to access other halls.	F 280			
F 281 SS=J	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility policy review, review of the Kentucky Board of Nursing (KBN) Advisory Opinion Statement (AOS) #14, and review of the Hospital History and Physical, it was determined the facility failed to provide	F 281			

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F 281	<p>Continued From page 33</p> <p>services, in accordance with acceptable standards of practice, for one (1) of fourteen (14) sampled residents (Resident #3).</p> <p>On 07/04/15, Resident #3 was hollering and complaining of pain related to an indwelling urinary catheter most of the day. Licensed Practical Nurse (LPN) #1 and Registered Nurse (RN) #1 failed to follow the Physician's Order and administer Tylenol for pain.</p> <p>At 9:00 PM, Registered Nurse #3 assessed the resident and identified the resident had a distended bladder and no urine output was in the catheter bag. When RN #3 deflated (removed water) the catheter bulb, the catheter popped out and the resident had brown, bloody drainage. RN #3 sent the resident to the Emergency Room. The resident was admitted to the hospital and was identified as having a urinary tract infection, resulting in intravenous (IV) antibiotic therapy and hydration therapy.</p> <p>The facility's failure to provide services in accordance with acceptable standards of practice has caused or is likely to cause serious injury, harm, or impairment to a resident. Immediate Jeopardy was identified on 09/08/15 and determined to exist on 07/04/15. The facility was notified of the Immediate Jeopardy on 09/08/15. An acceptable Allegation of Compliance (AoC) was received on 09/17/15, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/18/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p>	F 281	<p><b>F 281</b></p> <p>Resident # 3 was readmitted to the facility on 7/08/15. Resident # 3's Foley catheter was discontinued by the physician on 8/10/15 and removed by a licensed nurse. Licensed Nurse # 1 no longer works at the facility.</p> <p>All residents of the facility have the potential to be affected including those with orders for PRN pain medications. The Director of Nursing, Nurse Practice Educator, Health Information Coordinator or Licensed Nurse will review on or before 9/7/15 all residents with physician orders for PRN pain medications to ensure orders are accurate, monitoring tools in place, and provided per physician order with corrective action upon discovery.</p>	
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F 281	<p>Continued From page 34</p> <p>The findings include:</p> <p>Review of the KBN AOS #14, Patient Care Orders, last revised 10/2010, revealed licensed nurses were responsible for administering medication and treatments as prescribed by the Physician or Advanced Practice Registered Nurse (APRN).</p> <p>Record review revealed the facility admitted Resident #3 on 04/29/15 with diagnoses which included Cerebral Vascular Accident (CVA), Acute Respiratory Failure. The resident also had diagnosis of Tracheostomy and Urinary Retention with an indwelling Urinary Catheter. Review of the Significant Change Minimum Data Set (MDS) Assessment, dated 07/28/15, revealed the facility assessed Resident #3's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of eleven (11) which indicated the resident was interviewable.</p> <p>Interviews with Resident #3, on 08/04/15 at 9:10 AM, revealed he/she complained most of the day of pain on 07/04/15. Resident #3 stated he/she told staff he/she was hurting down at the urinary catheter and staff would not send him/her to the hospital. Resident #3 stated when the night nurse (RN #3) came in that night, she called the ambulance and he/she was transported to the Emergency Room.</p> <p>Review of the July 2015 Physician's Orders revealed an order initiated on 04/29/15 for Acetaminophen (Tylenol- pain medication) 650 milligrams (mg) by mouth every six (6) hours as needed (PRN) for pain. However, review of the July 2015 Medication Administration Record</p>	F 281	<p>All licensed nurses including Licensed Nurse #2, and # 3 will be provided with re-education regarding need to ensure services are provided in accordance with acceptable standards of practice including administering medications and treatments as prescribed by the physician and/or Nurse Practitioner specifically PRN pain medication administration by the Nurse Practice Educator or Director of Nursing Services on or before 9/7/2015 with a posttest to be completed on or before 9/7/2015 with a posttest to be completed to validate understanding with a pass rate of 100%. Staff not available during this timeframe will be provided re-education including posttest by the Nurse Practice Educator or Director of Nurses with a pass rate of 100% upon return to work.</p> <p>Beginning 9/8/2015, Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse will audit 10 residents who received PRN pain medications across all shifts X 14 days including weekends, then 3 X per week X 2 weeks, then as determined by the monthly Quality Improvement Committee to ensure PRN physician orders are followed and any complaints of pain are treated per physician orders with corrective action upon discovery.</p>		

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F 281	<p>Continued From page 35</p> <p>(MAR) revealed there was no documented evidence the resident received Tylenol for pain on 07/04/15.</p> <p>Review of Nursing Notes, dated 07/04/15, revealed there was no documented evidence by Registered Nurse (RN) #1 or Licensed Practical Nurse (LPN) #1 that Resident #3 had any complaints of pain or was administered pain medication from 7:00 AM through 7:00 PM. However, interviews with State Registered Nurse Aide (SRNA) #3 who worked 7:00 AM-3:00 PM on 07/04/15, on 08/04/15 at 11:40 AM; and, SRNA #1 who worked 3:00 PM to 11:00 PM shift on 07/04/15, on 08/04/15 at 5:10 PM; revealed Resident #3 complained of catheter pain most of the day on 07/04/15. SRNA #1 said she made LPN #1 aware the resident was complaining of pain and requesting pain medication on her shift and the LPN told her the resident had already been medicated.</p> <p>Interview with LPN #1, on 08/05/15 at 12:48 PM, revealed she was unable to talk at that time; she stated she would return the call to the surveyor. An attempt was made to reach LPN #1, on 08/06/15 at 12:08 PM, but there was no answer, a message was left requesting a return call.</p> <p>Interview with RN #1, on 08/04/15 at 3:15 PM, revealed Resident #3 was hollering so she and LPN #1 placed the resident back to bed. RN #1 stated the resident did not state he/she was in pain and/or wanted to go to the hospital and the SRNA never reported the resident was in pain and wanted to go to the hospital. However, interview with SRNA #3, who worked 7:00 AM-3:00 PM on 07/04/15, on 08/04/15 at 11:40 AM, revealed she told RN #1 that Resident #3</p>	F 281	<p>The Director of Nursing will report findings of these audits to the monthly Quality Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for any additional follow up and/or in servicing needs until the issue is resolved and as need is identified thereafter.</p> <p><b>Compliance Date:</b></p>	10/15/15	

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F 281	<p>Continued From page 36</p> <p>was in pain and she stated the "resident was fine, maybe a UTI".</p> <p>Review of a Nursing Note, dated 07/04/15 at 9:54 PM and 10:00 PM, and interview on 08/04/15 at 2:35 PM, with RN #3 who worked 7:00 PM to 7:AM on 07/04/15, revealed Resident #3 complained of pain with urination related to his/her indwelling urinary catheter. RN #3 stated she observed the resident's skin was cool and clammy and his/her face was red. The resident continued to yell stating it hurts "down there" and when asked to clarify, the resident stated that it hurt, "Where I pee". RN #3 stated she took a syringe to check for proper placement of the catheter and the resident yelled louder with pain and stated, "Take out". When the urinary catheter bulb deflated, the resident yelled and the catheter came out of the urethra. The resident continued to yell and voided thick, brownish urine. The resident then voided bright red blood. RN #3 was unable to contact the physician so she called the Assistant Director of Nursing (ADON) and the resident was sent to the Emergency Room.</p> <p>Review of the Hospital History and Physical, dated 07/05/15 at 2:32 AM, revealed Resident #3 was admitted to the hospital with Hematuria and a complicated Urinary Tract Infection (UTI). The plan on admission to the hospital included the antibiotic Invanz and intravenous (IV) hydration.</p> <p>Interview with the former ADON, on 08/05/15 at 9:20 AM, revealed he expected the licensed staff to assess the resident's pain, administer medications as ordered and if that was not helpful to contact the physician.</p> <p>Interview with the Director of Nursing (DON), on</p>	F 281			

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F 281	<p>Continued From page 37</p> <p>08/06/15 at 2:39 PM, revealed her expectation was that licensed staff should administer medications according to the Physician's Orders.</p> <p>Interview with the Physician/Medical Director , on 08/07/15 at 8:21 AM, revealed he expected the facility staff to provide pain medication according to the Physician's Order if the resident was in pain.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> <li>1. Resident #1 was transferred to the hospital on 07/04/15 at 10:15 PM by RN #3 immediately upon assessment of the catheter in order to address Resident #3's complaints of pain.</li> <li>2. Resident #1 was readmitted to the facility on 07/08/15 at 5:12 PM with no orders to remove the speaking valve. Resident #3 continued to have a urinary catheter due to neurogenic bladder as assessed by the Physician related to a stroke on 04/30/15.</li> <li>3. Resident #3's tracheostomy tube was removed on 08/24/15 by the Respiratory Therapist.</li> <li>4. Resident #3's urinary catheter was discontinued by the physician on 08/10/15 and removed by the licensed nurse on that date.</li> <li>5. As of 08/27/15, there were no residents in the center with a tracheostomy tube; therefore, no potential exists for issues relating to tracheostomies at this time.</li> <li>6. On 08/25/15, the center had three (3) of</li> </ol>	F 281			

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F 281	<p>Continued From page 38</p> <p>seventy-eight (78) residents who utilized a catheter. The DON assessed these three (3) residents on 08/25/15 for signs/symptoms of a urinary tract infection and assessed for pain. One (1) resident with a catheter was identified as having pain. The physician was notified and new orders were obtained for a urinalysis (UA) and culture and sensitivity (CNS) and antibiotic treatment was based on the preliminary analysis. The antibiotic therapy was completed on 08/31/15.</p> <p>7. On 08/21/15, the three (3) residents utilizing catheters were reviewed by a RN to validate Physician's Orders to include medical justification, size of the catheter, infection control reporting form completed, pain evaluation completed, and Medication Administration Record (MAR) instructions to assess for the presence of pain every shift, which included a care plan review. No concerns were identified.</p> <p>8. On 08/21/15, a RN reviewed all resident records (79 of 79) (census fluctuated) to validate the MAR and/or Treatment Administration Record (TAR) reflected daily pain monitoring, which included a care plan review. No concerns were identified.</p> <p>9. On 08/27/15, all resident records (78 of 78) (census fluctuated) were reviewed by the Director of Health Information Management to validate a PRN (as needed) Pain Management Flow Sheet was present for each resident which included a care plan review; no concerns were identified.</p> <p>10. On 08/28/15, a RN reviewed residents listed on a change of condition report for the period between 08/07/15-08/28/15. Twenty-two (22) of</p>	F 281			

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F 281	<p>Continued From page 39</p> <p>seventy-seven (77) (census fluctuated) residents were reviewed to determine if residents were assessed for the presence of pain; and, if pain interventions were initiated upon the identified change of condition, which included a care plan review; no concerns were identified.</p> <p>11. Beginning on 08/28/15 through 09/03/15, an RN reviewed all residents receiving PRN pain medication to validate accuracy of the Physician's Orders, which included care plan review. Order clarification needs were identified as requiring the specification of "mild", "moderate", or "severe" indications. These identified clarification needs were reviewed with the Physician with corrective action initiated upon discovery.</p> <p>12. The Administrator and DON participated in Corporate sponsored mandated reeducation via independent computer training. The Administrator completed training on 07/07/15 and the DON completed training on 09/02/15. This education was on the Code of Conduct related to "meeting professional standards, complying with regulatory guidance, and exercise of good judgement regarding how best to uphold ethical behavior every day". In addition, the code included "measuring clinical outcomes and resident satisfaction to confirm quality goals are met and focus and discipline on improving quality of care. Creativity and innovation to develop effective solutions".</p> <p>13. All facility staff including Food Service Director, Cooks, and Cook Aides, SRNAs, LPNs, RNs, Social Services, Business Office Manager, Receptionist, Activities Director, Admissions Director, Medical Records, Payroll, Maintenance and Maintenance Assistant, Therapy Program</p>	F 281			

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F 281	<p>Continued From page 40</p> <p>Director, and Therapists participated in Corporate mandated Code of Conduct Training with a completion date of 09/17/15 (76 out of 110). On 09/17/15, this training will be completed with the contracted Housekeeping Supervisor and Housekeepers. Staff not available on 09/17/15 will be provided reeducation including competency and post-test by the Nurse Practice Educator (NPE) or RN with a pass rate of 100% prior to returning to work. In addition on 09/08/15, all were re-educated by the NPE on identification of all forms of abuse, including neglect, when to report suspicions of abuse, and reporting of suspicions of abuse, to include the chain of command, and the abuse prevention coordinator. This was completed on 09/14/15. Staff not available during this time frame (33 of 110) will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work.</p> <p>The NPE and DON were reeducated by the Manager of Clinical Operations on 08/28/15 and then the NPE, Consulting Respiratory Therapist or Regional Risk Manager, who was also an RN began reeducation on 08/26/15 through 09/04/15 with all licensed nurses which included RN #1 and RN #3, were provided with all reeducation. Twenty-three (23) of twenty-seven (27) RNs and LPNs were provided with the reeducation. RNs and LPNs not available during this timeframe will be provided the re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work. The above re-education included the following:</p> <p>A. Abuse and Neglect Policy which covered removing a Passey Muir speaking valve with return demonstration. All nurses educated</p>	F 281			

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F 281	<p>Continued From page 41</p> <p>verbalized and signed that they understood the removal of the valve to prevent a resident to speak is considered abuse.</p> <p>B. Tracheostomy policy and procedure.</p> <p>C. Timely review, revision and implementation of care plans and care cards to reflect response to care and changing needs and goals; a post test was used to validate learning.</p> <p>D. Pain assessment and administering mediation and treatments as prescribed by the physician and/or Nurse Practitioner, and/or per the care plan. Monitoring effectiveness, side effects, and non-verbal signs/symptoms of pain. Completion of pain assessment regarding PRN pain medication administration when receiving communication from another staff member who suspects a resident may be in pain. Learning was validated with a post-test.</p> <p>E. Ensuring assessment initiated for appropriate treatment and services to identify complications of an indwelling catheter related to UTI to include signs and symptoms of pain, assessing for discoloration and urine flow in the tubing and an attempt to find the root cause for the pain and take appropriate action. Learning was validated with post-test.</p> <p>On 09/17/15, all SRNA's will be provided with re-education on recognizing symptoms of any pain but specifically related to tracheostomies or urinary catheters, observations for discoloration of urine in urinary catheter or changes in urinary output related to catheters who to report these observations, when to report these observations, and what action to take if their concerns were not</p>	F 281			

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F 281	<p>Continued From page 42</p> <p>addressed. Learning will be validated via post-test graded by the NPE, DON, or RN with a 100% pass rate. SRNAs not available during this timeframe will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100 % prior to returning to work.</p> <p>13. The DON, NPE, or Licensed Nurse will observe licensed nurse providing all aspects of tracheostomy care including observing for sign/symptoms of pain or discomfort during the care or if resident with a tracheostomy enters into the facility. This will include speaking valve treatment and orders, abuse related to removing it when not specifically ordered to do so and following the plan of care. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>14. The DON, NPE, or Licensed Nurse will observe for signs and symptoms of pain associated with indwelling urinary catheters and following the care plan related to urinary catheter use. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>15. The DON, NPE, or RN Supervisor or Charge Nurse will review residents with a change of condition and audit by head to toe assessment that the change of condition is accurately documented and followed up on timely daily times fourteen (14) days to include weekends, then</p>	F 281			

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F 281	<p>Continued From page 43</p> <p>three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>16. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview five (5) residents across all shifts to determine if they feel if a staff member abused them, to include all forms of abuse or neglect, of if they have witnessed any other resident being abused daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>17. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview three (3) staff members across all shifts to determine if they know or suspect any resident being abused that they have not reported daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>18. Beginning on 09/17/15, the Administrator, DON, NPE, RN Supervisor or Licensed Nurse will observe staff interaction including care of five (5) residents to visually determine that the care plan is being followed daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective</p>	F 281		
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F 281	<p>Continued From page 44 action upon discovery.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <ol style="list-style-type: none"> <li>On 09/18/15, review of Resident #3's Nurse's Notes revealed the resident was transported to the emergency room on 07/4/15 at 10:15 PM via ambulance. The resident was admitted with a diagnosis of Urinary Tract Infection.</li> <li>On 09/18/15, review of Resident #3's readmission orders revealed the resident was readmitted to the facility via ambulance on 07/08/15 at 5:12 PM with an indwelling catheter in place as well as a tracheostomy. There was no order written to remove the speaking valve.</li> <li>On 09/18/15, review of Resident #3's Physician's Order and Nurses' Note, dated 08/24/15, revealed Resident #3's tracheostomy tube was removed on 08/24/15.</li> <li>On 09/18/15, review of Resident #3's Physician's Order and Nursing Note, dated 08/10/15, the indwelling urinary catheter was discontinued and removed.</li> <li>Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed as of 08/25/15 there were no other tracheostomy residents. However, the facility reviewed their tracheostomy care policy and procedures, including following physician's orders regarding cleaning and care of residents with passey muir speaking valve, along with demonstration by respiratory and or nurse practice educator; a competency exam was completed to ensure understanding by staff with required return</li> </ol>	F 281			

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F 281	<p>Continued From page 45 demonstration.</p> <p>6. On 09/18/15, review of documentation by the DON revealed the DON identified three (3) residents with an indwelling urinary catheter in the facility. She assessed the residents for signs and symptoms of an UTI and pain. She identified one of the residents had symptoms of a UTI. The Physician was notified and orders were received for a Urinalysis and C&amp;S with antibiotic ordered. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE on 1:09 PM, revealed three (3) residents were assessed for Urinary Tract Infection symptoms and one (1) resident was started on an antibiotic which has since been completed.</p> <p>7. On 09/18/15, review of documentation by the DON revealed on 08/21/15 an RN reviewed three (3) residents with indwelling catheters to validate the Physician's Order which included the reason for the cauterization, the size of the catheter, a review of the infection control reporting form that was completed, the documentation that the pain evaluation was completed. The MAR contained instructions to assess every shift for the presence of pain. A Care Plan review was also completed. All with no concerns noted.</p> <p>8. On 09/18/15, review of check sheets on 09/18/15 revealed the DON reviewed all seventy-nine (79) (census fluctuated) residents medical records to ensure the MAR and TAR reflected daily pain management. The Manager of Clinical Operations assisted with this and it was completed on 08/21/15. Interviews on 09/18/15 with the DON, at 12:52 PM and the Manager of Clinical Operations at 1:09 PM revealed they reviewed all seventy-nine (79)</p>	F 281			

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F 281	<p>Continued From page 46 (census fluctuated) residents' records and ensured the MAR/TAR and care plan reflected daily pain management.</p> <p>9. On 09/18/15, review of a check sheet and interview with the Director of Health Information at 1:09 PM revealed the Director of Health Information validated all resident records were complete with a pain management sheet on 08/27/15.</p> <p>10. On 09/18/15, review of documentation revealed the Regional Risk Manager (who is an RN) and the DON reviewed all resident records for a change of condition on 08/28/15. A total of twenty-five (25) change of conditions were identified, none had a concern that was identified. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed audits for change of condition were completed and if there was a change of condition, a head to toe assessment was completed.</p> <p>11. On 09/18/15, review of an Order Listing Report, revealed all PRN (as needed) pain medications were reviewed to validate the order accuracy and the Care Plan was reviewed on 09/03/15. In addition, MILD, MODERATE or SEVERE was included on the order to print on the MAR. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed orders were reviewed for accuracy. No concerns were identified.</p> <p>12. On 09/18/15, review of the Code Of Conduct Signature Sheets verified that mandated education via computer independent training was completed on 07/07/15 by the Administrator and by the DON on 09/02/15. The training included</p>	F 281		
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F 281	<p>Continued From page 47</p> <p>Code of Conduct, how it related to staff positions, all were expected to meet Professional Standards, comply with Regulatory guidance and exercise judgement on how to best uphold ethical behavior every day. The Code also included measuring clinical outcomes, patient satisfaction to confirm goals are met. Additionally, it included focused discipline on improving the Quality of Care, creativity and innovation to develop effective solutions. Interviews on 09/18/15 with the DON at 12:52 PM and the Administrator at 12 04 PM verified they received this training.</p> <p>On 09/18/15, review of the acknowledgement signature forms revealed facility staff except housekeeping, (who is contract) completed the Code of Conduct computer training on 09/17/15, except for ten (10) staff that have not completed the training and those staff will complete the training before returning to work. All housekeeping staff completed the inservices manually on 09/17/15 and signed acknowledgement forms. Further review of signature validation sheets and post tests revealed all facility staff received education by the NPE on the facility's Abuse/Neglect policy and procedure to include the forms of abuse and neglect, when to report, and including following the chain of command from 09/08/15-09/14/15. On 09/14/15, there were thirty-three (33) staff remaining to be educated and they will complete the training before being allowed to care for residents.</p> <p>On 09/18/15, review of signature validation sheets and post tests validated the NPE and the DON were re-educated by the Manager of Clinical Operations on 08/26/15. Further review of the signature validation sheets revealed the NPE,</p>	F 281			

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F 281	<p>Continued From page 48</p> <p>Consulting Respiratory Therapist or Regional Risk Manager also reeducated all licensed nurses on 09/02/15 related to the Passey-Muir speaking valve, the Abuse/Neglect policy, tracheostomy care policies and procedures, following MD orders, timely review of revision of Care Plan implementation and care cards, pain assessments and medication, treatments, and assessments related to complications of indwelling urinary catheters. Post-tests and return demonstrations were completed by staff to ensure understanding. Twenty-three (23) of twenty-seven (27) licensed staff received the education with the remaining to complete on return to work. Interview with the DON, on 09/18/15 at 12:52 PM, revealed all nurses were educated regarding Abuse and Neglect, Tracheostomy, the speaking valve, trach care, care plans and care cards and all training was completed by 09/17/15.</p> <p>On 09/18/15, review of signature validation sheets and post tests revealed SRNAs were educated by the NPE and DON on 09/17/15 on recognizing the signs and symptoms of any kind of pain, especially related to residents who have a tracheostomy or indwelling urinary catheter. Twenty-nine (29) out of thirty (30) SRNAs were education with the one (1) remaining to complete the training upon return to work.</p> <p>Interview with the NPE, on 09/18/15 at 1:09 PM, revealed there was a Code of Conduct training presented by Corporate Staff and the NPE assisted with training of facility staff. She stated the Respiratory Therapist provided education to her and she then provided education to the facility staff which included a return demonstration. She stated the education covered the revision of Care</p>	F 281			

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F 281	<p>Continued From page 49</p> <p>Plans, care cards, signs and symptoms and non-verbal indicators of pain, pain assessment, PRN pain medications, indwelling catheter care, recognizing pain symptoms for SRNAs and who they should report it to. She stated post tests were completed by all and were graded by the Regional Risk Manager and the NPE. Abuse and Neglect education to include reporting was completed on 09/14/15. She stated she was responsible to make sure that all staff received education before they returned to work.</p> <p>Interviews on 09/18/15 with RN #5 at 1:41 PM, RN #6 at 2:26 PM, LPN #2 at 2:41 PM, LPN #4 at 1:25 PM, LPN #5 at 1:33 PM, LPN #6 at 1:39 PM, revealed they received recent training on tracheostomys, speaking valves and the care of the valve, Care Plan revisions and implementation, pain assessment and the administration of pain medications, communication, catheters, UTI signs and symptoms, abuse and neglect and Code of Conduct, accuracy of orders, and pain to be identified as mild, moderate or severe. They stated staff was required to complete post tests.</p> <p>Interviews on 09/18/15 with SRNA #14 at 1:56 PM, SRNA #15 at 1:58 PM, SRNA #16 at 2:01 PM, SRNA #17 at 2:03 PM, SRNA #18 at 2:06 PM, SRNA #21 at 2:09 PM, SRNA #22 at 2:12 PM, SRNA #23 at 2:14 PM, SRNA #20 at 1:52 PM, SRNA #19 at 2:38 PM, Certified Occupational Therapy Assistant (COTA) #1 at 1:54 PM, COTA #2 at 2:30 PM, Physical Therapy Assistant (PTA) #1 at 2:32 PM, and PTA #2 at 2:33 PM revealed they had received inservice training by the NPE on Abuse/Neglect, catheters, reporting of pain, care cards, and reporting of concerns to the DON. They stated post tests</p>	F 281			

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F 281	<p>Continued From page 50 were provided after the training.</p> <p>Interviews on 09/18/15 with the Activities Director at 1:46 PM, the Dietary Director at 1:48 PM, the Social Services Director at 1:49 PM, the Maintenance Man at 2:15 PM, the Health Information Coordinator at 1:38 PM, the Payroll and Benefits Coordinator at 1:43 PM, the Business Office Manager at 2:23 PM, the Admissions/Marketing Director at 2:18 PM, a Receptionist at 2:05 PM, the Hairdresser at 2:21 PM, Housekeeper #2 at 2:35 PM revealed inservice training was provided by the NPE regarding the abuse/neglect policy and the types of abuse as well as the signs and symptoms and reporting. They also received education on the chain of command and the reporting of pain. They were required to take a test after completion.</p> <p>13. Review of the Roster Sample Matrix revealed as of 09/18/15, revealed there were no residents with a tracheostomy in the building.</p> <p>14. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM revealed they were observing residents with indwelling catheters daily for signs of pain and ensuring staff was following the Plan of Correction.</p> <p>15. Interviews on 09/18/15 with the DON at 12.52 PM and the NPE at 1:09 PM revealed they were completing head to toe skin assessments and documenting daily on any resident identified as having a change of condition daily.</p> <p>16. Interview with the DON, on 09/18/15 at 12:52 PM, revealed five (5) residents were being interviewed daily regarding Abuse/Neglect.</p>	F 281			

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F 281	Continued From page 51  17. Interview with the DON, on 09/18/15 at 12:52 PM, revealed three (3) staff members were being interviewed daily regarding Abuse/Neglect and the proper procedures to follow.  18. Interview with the DON, on 09/18/15 at 12:52 PM, revealed Administration and various staff were watching interactions between staff and residents daily.	F 281			
F 282 SS=J	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, record review and facility policy review, it was determined the facility failed to carry out interventions in accordance to the written plan of care for two (2) of fourteen (14) sampled residents (Resident #1 and Resident #3).  Resident #3 was care planned for staff to record urinary output; monitor output for odor, color, consistency and amount; monitor for signs and symptoms of infection and report to physician, medicate the resident as ordered for pain; monitor for effectiveness and monitor for side effects; report to physician as indicated and monitor for non-verbal signs/symptoms of pain and medicate as ordered.	F 282			

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F 282	<p>Continued From page 52</p> <p>On 07/04/15, Resident #3 was hollering and complaining of pain related to a catheter most the day. Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #1 failed to administer pain medication, and monitor the resident's urinary output which included the odor, color, consistency and amount according to the care plan after the resident expressed catheter pain and discomfort.</p> <p>At 9:00 PM, RN #3 assessed the resident and identified the resident was complaining of severe pain, his/her bladder was distended and there had been no output in the catheter bag. RN #3 removed water from the catheter bulb, the catheter popped out and the resident had brown, bloody drainage. RN #3 sent the resident to the Emergency Room and the diagnosed with a urinary tract infection.</p> <p>In addition, on 07/21/15 at approximately 8:50 PM, Resident #2 was rummaging in Resident #1's personal belongings; however, when Resident #1 yelled out for help and pushed the call light, the staff failed to respond. Resident #1 called the nurses' station via the public telephone line and reported to the staff that Resident #2 had been in his/her room for approximately thirty (30) minutes and somebody needed to come get him/her out. State Registered Nurse Aide (SRNA) #7 entered Resident #1's room, and observed Resident #2 was in the room in his/her wheelchair and she removed Resident #2 from the room.</p> <p>The facility's failure to provide services in accordance with each resident's written plan of care has caused or is likely to cause serious injury, harm, or impairment to a resident. Immediate Jeopardy was identified on 09/08/15</p>	F 282	<p><u>F 282</u></p> <p>Resident # 3 was readmitted to the facility on 7/08/15. Resident # 3's Foley catheter was discontinued by the physician on 8/10/15 and removed by a licensed nurse. Licensed Nurse # 1 no longer works at the facility.</p> <p>SRNA # 7 removed resident # 2 from resident # 1's room upon discovery. Resident #1 has not experience any negative outcome. Resident #2 has not experienced any additional negative outcome.</p> <p>All residents of the facility have the potential to be affected including those with Foley Catheters and/or at risk of wandering in others rooms.</p> <p>The Director of Nursing, Nurse Practice Educator, or Licensed Nurse will review all residents with Foley catheters to observe for pain medication administration as per physician order including effectiveness, monitoring for side effects, non-verbal signs and symptoms of pain and the urinary output which includes the odor, color, consistency, and amount according to the care plan on or before 9/7/15. Residents identified at risk of wandering in others rooms will be reviewed to</p>	
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F 282	<p>Continued From page 53</p> <p>and determined to exist on 07/04/15. The facility was notified of the Immediate Jeopardy on 09/08/15. An acceptable Allegation of Compliance (AoC) was received on 09/17/15, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/18/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Care Plans", dated 01/02/14, revealed a comprehensive, individualized care plan should be developed by the interdisciplinary team for each resident. The care plan should include measurable objectives to meet resident needs and goals as identified by the assessment process. The purpose of the Care Plan was to provide necessary care and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being.</p> <p>Record review revealed the facility admitted Resident #3 on 04/29/15 with diagnoses which included Cerebral Vascular Accident (CVA), Tracheostomy and Urinary Retention. Review of the Significant Change Minimum Data Set Assessment, dated 07/28/15, revealed the facility assessed Resident #3's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of eleven (11) which indicated the resident was interviewable and did not have pain.</p> <p>Review of the Comprehensive Care Plan for</p>	F 282	<p>when indicated on or before 9/7/15.</p> <p>Observations were made by the Nurse Practice Educator on 8/27/15 to ensure call lights were within reach with corrective action upon discovery.</p> <p>All licensed nurses including Licensed Nurses #2 and #3 will receive re-education regarding need to carry out interventions in accordance with the written plan of care with pain medication administration per physician order including effectiveness, monitoring for side effects, non-verbal signs and symptoms of pain and the urinary output which includes the odor, color, consistency, and amount and care plan interventions related to call lights within reach and to diversional activity to prevent reoccurrence of resident's wandering into other rooms are followed on or before 9/7/15 by the Nurse Practice Educator or Director of Nursing Services on or before 9/7/2015 with a post-test to be completed to validate understanding with a pass rate of 100%.</p> <p>Staff not available during this timeframe will be provided re-education including posttest by the Nurse Practice Educator or Director of Nurses with a pass rate of 100% upon return to work.</p> <p>Beginning 9/17/2015, Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse will observe residents with urinary catheters to ensure that the care plan is followed related to monitoring urinary output which includes the odor, color, consistency, and amount across all shifts X 14 days including weekends, then 3 X per week for 2</p>		

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F 282	<p>Continued From page 54</p> <p>alteration in comfort, dated 05/05/15, revealed interventions for staff to medicate the resident as ordered for pain; monitor for effectiveness and monitor for side effects; report to physician as indicated and also to monitor for non-verbal signs/symptoms of pain and medicate as ordered.</p> <p>Interview with Resident #3, on 08/04/15 at 9:10 AM, on 08/05/15 at 11:50 AM, and on 08/06/15 at 9:30 AM, revealed he/she had been in pain all day on 07/04/15 and LPN #1 told him/her, he/she had been medicated for pain already. Resident #3 stated he/she told staff he/she was hurting down at the urinary catheter and staff would not send him/her to the hospital. Resident #3 stated when the night nurse (RN #3) came in that night, she called the ambulance and he/she was transported to the Emergency Room.</p> <p>Interview on 08/04/15 at 11:40 AM, with State Registered Nurse Aide (SRNA) #3 who worked 7:00 AM-3:00 PM on 07/04/15; revealed Resident #3 complained of pain in the catheter area and was hollering out most of the day. SRNA #3 stated she made RN #1 aware of the resident's complaints of pain and the RN looked at the catheter and the drainage bag and said the resident "was fine, maybe a UTI".</p> <p>Interview with SRNA #1 who worked the 3:00 PM to 11:00 PM shift on 07/04/15, on 08/04/15 at 5:10 PM, revealed Resident #3 complained of pain in the catheter area and was hollering out most of the day. SRNA #1 said she also made LPN #1 aware the resident was complaining of pain and requesting pain medication on her shift and the LPN told her the resident had already been medicated.</p>	F 282	<p>weeks, then as determined by the monthly Quality Improvement Committee with corrective action upon discovery.</p> <p>Beginning 9/8/2015, the Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse will observe 10 residents who received PRN pain medications discovery to ensure physician orders are followed in relation to PRN pain medications across all shifts X 14 days to include weekends, then 3 X week X 2 weeks, then as determined by the monthly Quality Improvement Committee with corrective action upon discovery.</p> <p>Beginning 9/18/2015, the Director of Nursing Services, Nurse Practice Educator, Activities Director, Social Services Director, or Licensed Nurse will review the care plans for 5 residents at risk for wandering to include diversional activities are followed as per care plan across all shifts X 14 days including weekends, then 3 X per week X 2 weeks, then as determined by the monthly Quality Improvement Committee with corrective action upon discovery. Findings will be reviewed in the daily clinical meeting for any additional follow up</p>		

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F 282	Continued From page 55  Review of the July 2015 Physician Orders revealed an order initiated on 04/29/15 for Acetaminophen (Tylenol- pain medication) 650 milligrams (mg) by mouth every six (6) hours as needed (PRN) for pain. However, review of the July 2015 Medication Administration Record (MAR) and Nursing Notes for 07/04/15 revealed there was no documented evidence the resident received Tylenol for pain on 07/04/15, as he/she should have, as per the care plan.  Review of the Comprehensive Care Plan for the indwelling catheter, dated 05/07/15, revealed interventions for staff to record output; monitor for signs and symptoms of infection and report to the physician; monitor output for odor, color, consistency and amount.  Review of the July 2015 Treatment Administration Record (TAR) for Resident #3 revealed staff was to monitor the resident's urinary output every shift for retention. Further review revealed no documentation noted for 07/01/15, but the remainder of the boxes had a line drawn through with a note stating, "See ADL Book".  Review of the Intake and Output document that was kept in the ADL Book, dated July 2015, revealed documentation that Resident #3 had 400 milliliter (ml) output on 07/03-04/15, on the 11:00 PM-7:00 AM shift; I/C (indwelling catheter) was documented with no amount on 07/04/15, 7:00 AM-3:00 PM; and 400 ml output on 07/04/15, 3:00 PM-11:00 PM shift.  Interview (Post Survey), on 08/14/15 at 2:40 PM, with SRNA #3, who had documented I/C for output on 7:00 AM-3:00 PM shift on 07/04/15,	F 282	The Director of Nursing will report findings of these audits to the monthly Quality Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for any additional follow up and/or in servicing needs until the issue is resolved and as need is identified thereafter.  Compliance Date:	10/15/15	

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F 282	<p>Continued From page 56</p> <p>revealed she looked for signs of irritation, discoloration in the urine and if there was urine in the drainage bag. She stated the catheters bags were emptied and the amount recorded at the end of the shift. SRNA #3 stated she emptied Resident #3's catheter bag around 2:00 PM on 07/04/15, but she did not recall how much urine was in the bag or what the urine looked like. She said she recorded "IC" on the flow sheet because they used to write the amount of urine output on a piece of paper and give it to the nurse so it could be recorded on the TAR. She stated she was not aware at the time she was supposed to document the amount of urine emptied from the bag.</p> <p>Interview with LPN #1, on 08/05/15 at 12:48 PM, revealed she was unable to talk at that time and she would return the call to the surveyor. An attempt was made to reach LPN #1, on 08/06/15 at 12:08 PM, but there was no answer and the surveyor left a message requesting a return call.</p> <p>Interview with RN #1, on 08/04/15 at 3:15 PM, revealed Resident #3 was hollering so she and LPN #1 placed the resident back to bed. RN #1 stated the licensed staff should assess catheters each shift and document the findings on the TAR. She stated pain assessments should be completed on a resident receiving an "as needed" dose of pain medication one (1) hour after the administration of the medication and documented on the MAR. She also stated residents were assessed for pain every shift. However, review of the MAR revealed no documented evidence the resident received pain medication on 07/04/15.</p> <p>Review of a Nursing Note, dated 07/04/15 at 9:54 PM and 10:00 PM, and interview on 08/04/15 at 2:35 PM, with RN #3, who worked 7:00 PM to</p>	F 282		
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F 282	<p>Continued From page 57</p> <p>7:AM on 07/04/15, revealed Resident #3 complained of pain with urination. RN #3 stated the resident's skin was cool and clammy and his/her face was red. The resident continued to yell stating it hurts "down there" and the resident clarified that it hurt, "where I pee". RN #3 stated she took a syringe to check for proper placement of the catheter and the resident yelled louder with pain and stated, "take out". The bulb was deflated, the resident yelled and the catheter came out of the urethra. The resident continued to yell and voided thick, brownish urine. The resident then voided bright red blood. RN #3 was unable to contact the physician so she called the Assistant Director of Nursing (ADON) and the resident was sent to the emergency room.</p> <p>Review of the hospital History and Physical, dated 07/05/15 at 2:32 AM, revealed Resident #3 was admitted to the hospital with Hematuria and a complicated UTI. Plan on admission included the antibiotic Invanz and intravenous (IV) hydration.</p> <p>Interview with the Director of Nursing, on 08/06/15 at 2:39 PM, revealed she would expect staff to implement the care plan and assess the resident's pain and attempt to find the root cause for the pain. She stated the staff would also need to notify the physician of any concerns identified. She stated the SRNAs were responsible for monitoring urinary output when emptying drainage bags and should alert the nurse of any concerns with the urinary output.</p> <p>Interview (Post Survey) with the Director of Nursing (DON), on 08/14/15 at 8:15 AM, revealed the SRNAs were responsible to enter output amounts on the flow sheet. She stated they should also notify the nurse in charge on the hall</p>	F 282			

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F 282	<p>Continued From page 58</p> <p>of any changes noted in color, consistency and change in output amounts. She stated licensed staff chart by exception and were required to document when there had been a change in condition for the resident. She stated she would have expected LPN #1 to have charted the care she provided for Resident #3 on 07/04/15, and licensed staff should assess catheters when providing care, and as needed per the plan of care.</p> <p>2. Record review revealed the facility admitted Resident #1 on 11/24/14 with diagnoses which included Chronic Kidney Disease, Unspecified Pyelonephritis, Hemiplegia, Rheumatoid Arthritis, Peripheral Vascular Disease and Osteodystrophy. Review of the Quarterly MDS Assessment, dated 06/26/15, revealed the facility assessed Resident #1's cognition as intact with a BIMS' score of fifteen (15) which indicated the resident was interviewable. Resident #1 required total assist with transfers, utilized a mechanical lift and required assistance with all Activities of Daily Living (ADLs).</p> <p>Review of Resident #1's Comprehensive Care Plan for falls revealed an intervention that was initiated on 04/15/15, to place the resident's call light within reach at all times.</p> <p>Review of a Progress Note, dated 07/21/15 at 8:15 PM (Change in Condition) revealed the resident had called, via telephone for someone to get a resident (Resident #2) out of his/her room and an aide had been sent to get the resident out of the room.</p> <p>Interview with Resident #1, on 08/03/15 at 11:45 AM, revealed on 07/21/15 he/she was in bed</p>	F 282			

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NAME OF PROVIDER OR SUPPLIER  BARKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001		
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F 282	<p>Continued From page 59</p> <p>asleep around 9:00 PM and woke up to Resident #2 at the foot of the bed. He/she stated he/she turned on the call light and was repeatedly yelling for help but there wasn't anyone anywhere. Resident #1 stated Resident #2 kept getting into his/her stuff and had gotten stuck by the bed and the over the bed table and they were "wrestling for the table". Resident #1 further stated Resident #2 had been in the room about twenty (20) minutes, so he/she (Resident #1) finally got on the telephone and told the person that answered that Resident #2 had been in his/her room and somebody needed to come get him/her.</p> <p>Interview (phone) conducted on 08/03/15 at 7:25 PM with RN #4 revealed she had answered the telephone on the evening of 07/21/15 and it was Resident #1. She stated Resident #1 was saying Resident #2 had been in his/her room for twenty (20) minutes so she called the other nurse and then paged for someone to go to Resident #1's room immediately.</p> <p>Interview with State Registered Nurse Aide (SRNA) #7, on 08/03/15 at 9:20 AM, revealed she worked 07/21/15 on the 3:00 PM to 11:00 PM shift. She stated she was sitting in the dining room with another resident and heard an over head page for someone to go to Resident #1's room. She stated she responded and found Resident #2 in Resident #1's room. She stated she pushed Resident #2 into the hall in his/her wheelchair. SRNA #7 stated when she came out of the dining room to answer the page, Resident #1's and another resident's call light were blinking which meant the lights had been on for a few minutes.</p>	F 282			

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F 282	<p>Continued From page 60</p> <p>Interview with the Administrator, on 08/03/15 at 7:10 AM, revealed staff was expected to answer call lights timely.</p> <p><b>**The facility implemented the following actions to remove the Immediate Jeopardy:</b></p> <ol style="list-style-type: none"> <li>1. Resident #1 was transferred to the hospital on 07/04/15 at 10:15 PM by RN #3 immediately upon assessment of the catheter in order to address Resident #3's complaints of pain.</li> <li>2. Resident #1 was readmitted to the facility on 07/08/15 at 5:12 PM with no orders to remove the speaking valve. Resident #3 continued to have a urinary catheter due to neurogenic bladder as assessed by the Physician related to a stroke on 04/30/15.</li> <li>3. Resident #3's tracheostomy tube was removed on 08/24/15 by the Respiratory Therapist.</li> <li>4. Resident #3's urinary catheter was discontinued by the physician on 08/10/15 and removed by the licensed nurse on that date.</li> <li>5. As of 08/27/15, there were no residents in the center with a tracheostomy tube; therefore, no potential exists for issues relating to tracheostomies at this time.</li> <li>6. On 08/25/15, the center had three (3) of seventy-eight (78) residents who utilized a catheter. The DON assessed these three (3) residents on 08/25/15 for signs/symptoms of a urinary tract infection and assessed for pain. One (1) resident with a catheter was identified as having pain. The physician was notified and new</li> </ol>	F 282		
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F 282	<p>Continued From page 61</p> <p>orders were obtained for a urinalysis (UA) and culture and sensitivity (CNS) and antibiotic treatment was based on the preliminary analysis. The antibiotic therapy was completed on 08/31/15.</p> <p>7. On 08/21/15, the three (3) residents utilizing catheters were reviewed by a RN to validate Physician's Orders to include medical justification, size of the catheter, infection control reporting form completed, pain evaluation completed, and Medication Administration Record (MAR) instructions to assess for the presence of pain every shift, which included a care plan review. No concerns were identified.</p> <p>8. On 08/21/15, a RN reviewed all resident records (79 of 79) (census fluctuated) to validate the MAR and/or Treatment Administration Record (TAR) reflected daily pain monitoring, which included a care plan review. No concerns were identified.</p> <p>9. On 08/27/15, all resident records (78 of 78) (census fluctuated) were reviewed by the Director of Health Information Management to validate a PRN (as needed) Pain Management Flow Sheet was present for each resident which included a care plan review; no concerns were identified.</p> <p>10. On 08/28/15, a RN reviewed residents listed on a change of condition report for the period between 08/07/15-08/28/15. Twenty-two (22) of seventy-seven (77) (census fluctuated) residents were reviewed to determine if residents were assessed for the presence of pain; and, if pain interventions were initiated upon the identified change of condition, which included a care plan review; no concerns were identified.</p>	F 282			

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F 282	Continued From page 62  11. Beginning on 08/28/15 through 09/03/15, an RN reviewed all residents receiving PRN pain medication to validate accuracy of the Physician's Orders, which included care plan review. Order clarification needs were identified as requiring the specification of "mild", "moderate", or "severe" indications. These identified clarification needs were reviewed with the Physician with corrective action initiated upon discovery.  12. The Administrator and DON participated in Corporate sponsored mandated reeducation via independent computer training. The Administrator completed training on 07/07/15 and the DON completed training on 09/02/15. This education was on the Code of Conduct related to "meeting professional standards, complying with regulatory guidance, and exercise of good judgement regarding how best to uphold ethical behavior every day". In addition, the code included "measuring clinical outcomes and resident satisfaction to confirm quality goals are met and focus and discipline on improving quality of care. Creativity and innovation to develop effective solutions".  13. All facility staff including Food Service Director, Cooks, and Cook Aides, SRNAs, LPNs, RNs, Social Services, Business Office Manager, Receptionist, Activities Director, Admissions Director, Medical Records, Payroll, Maintenance and Maintenance Assistant, Therapy Program Director, and Therapists participated in Corporate mandated Code of Conduct Training with a completion date of 09/17/15 (76 out of 110). On 09/17/15, this training will be completed with the contracted Housekeeping Supervisor and Housekeepers. Staff not available on 09/17/15	F 282			

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F 282	<p>Continued From page 63</p> <p>will be provided reeducation including competency and post-test by the Nurse Practice Educator (NPE) or RN with a pass rate of 100% prior to returning to work. In addition on 09/08/15, all were re-educated by the NPE on identification of all forms of abuse, including neglect, when to report suspicions of abuse, and reporting of suspicions of abuse, to include the chain of command, and the abuse prevention coordinator. This was completed on 09/14/15. Staff not available during this time frame (33 of 110) will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work.</p> <p>The NPE and DON were reeducated by the Manager of Clinical Operations on 08/26/15 and then the NPE, Consulting Respiratory Therapist or Regional Risk Manager, who was also an RN began reeducation on 08/26/15 through 09/04/15 with all licensed nurses which included RN #1 and RN #3, were provided with all reeducation. Twenty-three (23) of twenty-seven (27) RNs and LPNs were provided with the reeducation. RNs and LPNs not available during this timeframe will be provided the re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work. The above re-education included the following:</p> <p>A. Abuse and Neglect Policy which covered removing a Passey Muir speaking valve with return demonstration. All nurses educated verbalized and signed that they understood the removal of the valve to prevent a resident to speak is considered abuse.</p> <p>B. Tracheostomy policy and procedure.</p>	F 282			

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F 282	<p>Continued From page 64</p> <p>C. Timely review, revision and implementation of care plans and care cards to reflect response to care and changing needs and goals; a post test was used to validate learning.</p> <p>D. Pain assessment and administering medication and treatments as prescribed by the physician and/or Nurse Practitioner, and/or per the care plan. Monitoring effectiveness, side effects, and non-verbal signs/symptoms of pain. Completion of pain assessment regarding PRN pain medication administration when receiving communication from another staff member who suspects a resident may be in pain. Learning was validated with a post-test.</p> <p>E. Ensuring assessment initiated for appropriate treatment and services to identify complications of an indwelling catheter related to UTI to include signs and symptoms of pain, assessing for discoloration and urine flow in the tubing and an attempt to find the root cause for the pain and take appropriate action. Learning was validated with post-test.</p> <p>On 09/17/15, all SRNA's will be provided with re-education on recognizing symptoms of any pain but specifically related to tracheostomies or urinary catheters, observations for discoloration of urine in urinary catheter or changes in urinary output related to catheters who to report these observations, when to report these observations, and what action to take if their concerns were not addressed. Learning will be validated via post-test graded by the NPE, DON, or RN with a 100% pass rate. SRNAs not available during this timeframe will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work.</p>	F 282		

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F 282	Continued From page 65  13. The DON, NPE, or Licensed Nurse will observe licensed nurse providing all aspects of tracheostomy care including observing for sign/symptoms of pain or discomfort during the care or if resident with a tracheostomy enters into the facility. This will include speaking valve treatment and orders, abuse related to removing it when not specifically ordered to do so and following the plan of care. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.  14. The DON, NPE, or Licensed Nurse will observe for signs and symptoms of pain associated with indwelling urinary catheters and following the care plan related to urinary catheter use. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.  15. The DON, NPE, or RN Supervisor or Charge Nurse will review residents with a change of condition and audit by head to toe assessment that the change of condition is accurately documented and followed up on timely daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.  16. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager,	F 282			

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F 282	<p>Continued From page 66</p> <p>Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview five (5) residents across all shifts to determine if they feel if a staff member abused them, to include all forms of abuse or neglect, of if they have witnessed any other resident being abused daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>17. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview three (3) staff members across all shifts to determine if they know or suspect any resident being abused that they have not reported daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>18. Beginning on 09/17/15, the Administrator, DON, NPE, RN Supervisor or Licensed Nurse will observe staff interaction including care of five (5) residents to visually determine that the care plan is being followed daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. On 09/18/15, review of Resident #3's Nurse's</p>	F 282			

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F 282	<p>Continued From page 67</p> <p>Notes revealed the resident was transported to the emergency room on 07/4/15 at 10:15 PM via ambulance. The resident was admitted with a diagnosis of Urinary Tract Infection.</p> <p>2. On 09/18/15, review of Resident #3's readmission orders revealed the resident was readmitted to the facility via ambulance on 07/08/15 at 5:12 PM with an indwelling catheter in place as well as a tracheostomy. There was no order written to remove the speaking valve.</p> <p>3. On 09/18/15, review of Resident #3's Physician's Order and Nurses' Note, dated 08/24/15, revealed Resident #3's tracheostomy tube was removed on 08/24/15.</p> <p>4. On 09/18/15, review of Resident #3's Physician's Order and Nursing Note, dated 08/10/15, the indwelling urinary catheter was discontinued and removed.</p> <p>5. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed as of 08/25/15 there were no other tracheostomy residents. However, the facility reviewed their tracheostomy care policy and procedures, including following physician's orders regarding cleaning and care of residents with passey muir speaking valve, along with demonstration by respiratory and or nurse practice educator; a competency exam was completed to ensure understanding by staff with required return demonstration.</p> <p>6. On 09/18/15, review of documentation by the DON revealed the DON identified three (3) residents with an indwelling urinary catheter in the facility. She assessed the residents for signs and</p>	F 282			

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F 282	<p>Continued From page 68</p> <p>symptoms of an UTI and pain. She identified one of the residents had symptoms of a UTI. The Physician was notified and orders were received for a Urinalysis and C&amp;S with antibiotic ordered. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE on 1:09 PM, revealed three (3) residents were assessed for Urinary Tract Infection symptoms and one (1) resident was started on an antibiotic which has since been completed.</p> <p>7. On 09/18/15, review of documentation by the DON revealed on 08/21/15 an RN reviewed three (3) residents with indwelling catheters to validate the Physician's Order which included the reason for the cauterization, the size of the catheter, a review of the infection control reporting form that was completed, the documentation that the pain evaluation was completed. The MAR contained instructions to assess every shift for the presence of pain. A Care Plan review was also completed. All with no concerns noted.</p> <p>8. On 09/18/15, review of check sheets on 09/18/15 revealed the DON reviewed all seventy-nine (79) (census fluctuated) residents medical records to ensure the MAR and TAR reflected daily pain management. The Manager of Clinical Operations assisted with this and it was completed on 08/21/15. Interviews on 09/18/15 with the DON, at 12:52 PM and the Manager of Clinical Operations at 1:09 PM revealed they reviewed all seventy-nine (79) (census fluctuated) residents' records and ensured the MAR/TAR and care plan reflected daily pain management.</p> <p>9. On 09/18/15, review of a check sheet and interview with the Director of Health Information</p>	F 282			

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F 282	<p>Continued From page 69</p> <p>at 1:09 PM revealed the Director of Health Information validated all resident records were complete with a pain management sheet on 08/27/15.</p> <p>10. On 09/18/15, review of documentation revealed the Regional Risk Manager (who is an RN) and the DON reviewed all resident records for a change of condition on 08/28/15. A total of twenty-five (25) change of conditions were identified, none had a concern that was identified. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed audits for change of condition were completed and if there was a change of condition, a head to toe assessment was completed.</p> <p>11. On 09/18/15, review of an Order Listing Report, revealed all PRN (as needed) pain medications were reviewed to validate the order accuracy and the Care Plan was reviewed on 09/03/15. In addition, MILD, MODERATE or SEVERE was included on the order to print on the MAR. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed orders were reviewed for accuracy. No concerns were identified.</p> <p>12. On 09/18/15, review of the Code Of Conduct Signature Sheets verified that mandated education via computer independent training was completed on 07/07/15 by the Administrator and by the DON on 09/02/15. The training included Code of Conduct, how it related to staff positions, all were expected to meet Professional Standards, comply with Regulatory guidance and exercise judgement on how to best uphold ethical behavior every day. The Code also included measuring clinical outcomes, patient satisfaction</p>	F 282			

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F 282	<p>Continued From page 70</p> <p>to confirm goals are met. Additionally, it included focused discipline on improving the Quality of Care, creativity and innovation to develop effective solutions. Interviews on 09/18/15 with the DON at 12:52 PM and the Administrator at 12:04 PM verified they received this training.</p> <p>On 09/18/15, review of the acknowledgement signature forms revealed facility staff except housekeeping, (who is contract) completed the Code of Conduct computer training on 09/17/15, except for ten (10) staff that have not completed the training and those staff will complete the training before returning to work. All housekeeping staff completed the inservices manually on 09/17/15 and signed acknowledgement forms. Further review of signature validation sheets and post tests revealed all facility staff received education by the NPE on the facility's Abuse/Neglect policy and procedure to include the forms of abuse and neglect, when to report, and including following the chain of command from 09/08/15-09/14/15. On 09/14/15, there were thirty-three (33) staff remaining to be educated and they will complete the training before being allowed to care for residents.</p> <p>On 09/18/15, review of signature validation sheets and post tests validated the NPE and the DON were re-educated by the Manager of Clinical Operations on 08/26/15. Further review of the signature validation sheets revealed the NPE, Consulting Respiratory Therapist or Regional Risk Manager also reeducated all licensed nurses on 09/02/15 related to the Passey-Muir speaking valve, the Abuse/Neglect policy, tracheostomy care policies and procedures, following MD orders, timely review of revision of Care Plan</p>	F 282			

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F 282	<p>Continued From page 71</p> <p>implementation and care cards. pain assessments and medication, treatments, and assessments related to complications of indwelling urinary catheters. Post-tests and return demonstrations were completed by staff to ensure understanding. Twenty-three (23) of twenty-seven (27) licensed staff received the education with the remaining to complete on return to work. Interview with the DON, on 09/18/15 at 12:52 PM, revealed all nurses were educated regarding Abuse and Neglect, Tracheostomy, the speaking valve, trach care, care plans and care cards and all training was completed by 09/17/15.</p> <p>On 09/18/15, review of signature validation sheets and post tests revealed SRNAs were educated by the NPE and DON on 09/17/15 on recognizing the signs and symptoms of any kind of pain, especially related to residents who have a tracheostomy or indwelling urinary catheter. Twenty-nine (29) out of thirty (30) SRNAs were education with the one (1) remaining to complete the training upon return to work.</p> <p>Interview with the NPE, on 09/18/15 at 1:09 PM, revealed there was a Code of Conduct training presented by Corporate Staff and the NPE assisted with training of facility staff. She stated the Respiratory Therapist provided education to her and she then provided education to the facility staff which included a return demonstration. She stated the education covered the revision of Care Plans, care cards, signs and symptoms and non-verbal indicators of pain, pain assessment, PRN pain medications, indwelling catheter care, recognizing pain symptoms for SRNAs and who they should report it to. She stated post tests were completed by all and were graded by the</p>	F 282		
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F 282	<p>Continued From page 72</p> <p>Regional Risk Manager and the NPE. Abuse and Neglect education to include reporting was completed on 09/14/15. She stated she was responsible to make sure that all staff received education before they returned to work.</p> <p>Interviews on 09/18/15 with RN #5 at 1:41 PM, RN #6 at 2:26 PM, LPN #2 at 2:41 PM, LPN #4 at 1:25 PM, LPN #5 at 1:33 PM, LPN #6 at 1:39 PM, revealed they received recent training on tracheostomys, speaking valves and the care of the valve, Care Plan revisions and implementation, pain assessment and the administration of pain medications, communication, catheters, UTI signs and symptoms, abuse and neglect and Code of Conduct, accuracy of orders, and pain to be identified as mild, moderate or severe. They stated staff was required to complete post tests.</p> <p>Interviews on 09/18/15 with SRNA #14 at 1:56 PM, SRNA #15 at 1:58 PM, SRNA #16 at 2:01 PM, SRNA #17 at 2:03 PM, SRNA #18 at 2:06 PM, SRNA #21 at 2:09 PM, SRNA #22 at 2:12 PM, SRNA #23 at 2:14 PM, SRNA #20 at 1:52 PM, SRNA #19 at 2:38 PM, Certified Occupational Therapy Assistant (COTA) #1 at 1:54 PM, COTA #2 at 2:30 PM, Physical Therapy Assistant (PTA) #1 at 2:32 PM, and PTA #2 at 2:33 PM revealed they had received inservice training by the NPE on Abuse/Neglect, catheters, reporting of pain, care cards, and reporting of concerns to the DON. They stated post tests were provided after the training.</p> <p>Interviews on 09/18/15 with the Activities Director at 1:46 PM, the Dietary Director at 1:48 PM, the Social Services Director at 1:49 PM, the Maintenance Man at 2:15 PM, the Health</p>	F 282			

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F 282	<p>Continued From page 73</p> <p>Information Coordinator at 1:36 PM, the Payroll and Benefits Coordinator at 1:43 PM, the Business Office Manager at 2:23 PM, the Admissions/Marketing Director at 2:18 PM, a Receptionist at 2:05 PM, the Haldresser at 2:21 PM, Housekeeper #2 at 2:35 PM revealed inservice training was provided by the NPE regarding the abuse/neglect policy and the types of abuse as well as the signs and symptoms and reporting. They also received education on the chain of command and the reporting of pain. They were required to take a test after completion.</p> <p>13. Review of the Roster Sample Matrix revealed as of 09/18/15, revealed there were no residents with a tracheostomy in the building.</p> <p>14. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM revealed they were observing residents with indwelling catheters daily for signs of pain and ensuring staff was following the Plan of Correction.</p> <p>15. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM revealed they were completing head to toe skin assessments and documenting daily on any resident identified as having a change of condition daily.</p> <p>16. Interview with the DON, on 09/18/15 at 12:52 PM, revealed five (5) residents were being interviewed daily regarding Abuse/Neglect.</p> <p>17. Interview with the DON, on 09/18/15 at 12:52 PM, revealed three (3) staff members were being interviewed daily regarding Abuse/Neglect and the proper procedures to follow.</p>	F 282			

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F 282	Continued From page 74 18. Interview with the DON, on 09/18/15 at 12:52 PM, revealed Administration and various staff were watching interactions between staff and residents daily.	F 282			
F 309 SS=J	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, it was determined the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being for one (1) of fourteen (14) sampled residents (Resident #3).  On 07/04/15, Resident #3 was hollering and complaining of pain related to a catheter. Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #1 failed to assess Resident #1's pain and administer pain medication. RN #1 and LPN #1 failed to determine what was causing the resident's pain to determine if further action was needed. At approximately 9:00 PM, RN #3 assessed the resident and identified the resident was in pain, bladder was distended, had no urine in the catheter bag and was requesting to go to the hospital. RN #3 removed water from the	F 309			

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F 309	<p>Continued From page 75</p> <p>catheter bulb, the catheter popped out and the resident had a brown, bloody drainage. RN #3 sent the resident to the Emergency Room and admitted to the hospital. The resident was diagnosed as having a urinary tract infection.</p> <p>The facility's failure to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being has caused or is likely to cause serious injury, harm, or impairment to a resident. Immediate Jeopardy was identified on 09/08/15 and determined to exist on 07/04/15. The facility was notified of the Immediate Jeopardy on 09/08/15. An acceptable Allegation of Compliance (AoC) was received on 09/17/15, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/18/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Pain Management", last revised 01/02/15, revealed residents should be evaluated as part of the nursing assessment process for the presence of pain upon admission/re-admission, quarterly, with change in condition or change in pain status. The purpose is to maintain the highest possible level of comfort for residents by providing a system to identify, assess, treat and evaluate pain. In addition, the purpose is to design a plan of care to achieve an optimal balance between pain relief and preservation of function, in accordance with the resident's directed goals. At a minimum of</p>	F 309	<p><u>F 309</u></p> <p>Resident # 3 was readmitted to the facility on 7/08/15. A pain assessment was completed upon readmission by the licensed nurse. Resident # 3's Foley catheter was discontinued by the physician on 8/10/15 and removed by a licensed nurse. Licensed Nurse # 1 no longer works at the facility.</p> <p>All residents of the facility have the potential to be affected including those who utilize a Foley catheter or PRN pain medications. All residents with a Foley Catheter will be re-assessed for presence of pain by a licensed nurse on or before 9/7/2015 by the Director of Nursing Services or Nurse Practice Educator with corrective action upon discovery.</p> <p>All residents including residents with PRN medication were reviewed on or before 9/7/2015 by the Director of Nursing Services, for daily evaluation of pain present, verbal &amp; non-verbal, presence of the pain documentation tool and administration of PRN pain medication with change of condition with corrective action upon discovery.</p> <p>All licensed nurses will be re-educated regarding the need to ensure residents receive necessary care and services to attain or</p>		

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F 309	<p>Continued From page 76</p> <p>daily, residents should be evaluated for the presence of pain by making an inquiry of the resident or by observing for signs of pain. Documentation will be completed using the Pain Presence Monitor documentation tool. The Center's staff will report any observation or communication of pain to the nurse responsible for that resident.</p> <p>Review of the facility's policy titled, "Assessment: Nursing", dated 01/02/14, revealed routine and focused assessments should be performed on an ongoing basis as needed. The purpose of the assessment is to determine a resident's condition and clinical needs.</p> <p>Record review revealed the facility admitted Resident #3 on 04/29/15 with diagnoses which included Cerebral Vascular Accident (CVA), and Acute Respiratory Failure to include a Tracheostomy. Review of the Significant Change Minimum Data Set Assessment, dated 07/28/15, revealed the facility assessed Resident #3's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of eleven (11) which indicated the resident was interviewable and did not have pain.</p> <p>Review of the Comprehensive Care Plan for alteration in comfort, dated 05/05/15, revealed interventions for staff to medicate the resident as ordered for pain and monitor for effectiveness and monitor for side effects, and report to the physician, as indicated. Staff should also monitor for non-verbal signs/symptoms of pain and medicate as ordered.</p> <p>Interview with Resident #3, on 08/04/15 at 9:10 AM, revealed he/she had been in pain all day on</p>	F 309	<p>maintain the highest practicable physical, mental, and psychosocial well-being in accordance with comprehensive assessment and care plan including completion of pain assessment regarding PRN pain administration/evaluation, non-verbal signs and symptoms of pain, and assessment of pain when receiving communication from another staff member who suspects a resident may be in pain by the Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse by 9/7/2015 with a post-test to be completed with a validation of a pass rate of 100%.</p> <p>Reeducation by the Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse included need to ensure assessment initiated for appropriate treatment and services to identify complications of an indwelling catheter related to a UTI to include signs and symptoms of pain, assessing for discoloration and urine flow in the tubing, and an attempt to find the root cause for the pain and take appropriate actions. Learning was validated via a post-test.</p> <p>Staff not available during this timeframe will be provided re-education including posttest by the Nurse Practice Educator or Director of Nurses with a pass rate of 100% upon return to work.</p> <p>Beginning 9/18/2015, the DON, NPE, or RN Supervisor or Charge Nurse will review residents with a change of condition and audit that change of condition by completing a head to toe assessment and documenting on an audit tool that verifies the change of condition is accurately documented and followed up on timely daily</p>		

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F 309	<p>Continued From page 77</p> <p>07/04/15 and LPN #1 would not give him/her anything for pain stating he/she had already been medicated.</p> <p>Review of Nursing Notes, dated 07/04/15, revealed there was no documented evidence by Registered Nurse (RN) #1 or Licensed Practical Nurse (LPN) #1 that Resident #3 had any complaints of pain or was assessed for pain from 7:00 AM through 7:00 PM. In addition, review of the Pain Presence Monitor form revealed there was no pain assessment documented on the tool for 07/04/15 per the facility policy, as the space was blank.</p> <p>Review of the July 2015 Physician Orders revealed an order initiated on 04/29/15 for Acetaminophen 650 mg by mouth every six (6) hours as needed for pain; however, review of the July 2015 Medication Administration Record (MAR) revealed there was no documented evidence Resident #3 was administered Tylenol for pain on 07/04/15.</p> <p>Review of a Nursing Note by RN #3, dated 07/04/15 at 9:54 PM, revealed Resident #3 complained of pain with the presence of an indwelling urinary catheter to the bedside drainage and no urine in the drainage bag. RN #3 documented the resident's skin was noted to have been cool and clammy and his/her face was red. The resident vital signs were documented as a temperature of 96.0 degrees Fahrenheit orally (normal: 97.5) and was 98.6 degrees Fahrenheit under the arm. The resident's blood sugar was documented to be 144 (normal: 80- 120 mg/dL), pulse was 78 (normal: 85), respirations were 20 (normal: 19) and blood pressure was 128/84 (normal range: 135/85). Further review of the</p>	F 309	<p>then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>Beginning 9/18/2015, Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse will audit residents with a Foley Catheter for presence of pain and 10 residents who received PRN medication for daily evaluation of pain present, verbal &amp; non-verbal, presence of the pain documentation tool and administration of PRN pain medication with change of condition across all shifts X 14 days including weekends, then 3 X per week X 2 weeks, then as determined by the monthly Quality Improvement Committee with corrective action upon discovery to ensure pain is assessed and PRN pain medication is administered as ordered. Findings will be reviewed in the daily clinical meeting for any additional follow up.</p> <p>The Director of Nursing will report findings of these audits to the monthly Quality Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for any additional follow up and/or in servicing needs until the issue is resolved and as need is identified thereafter.</p>		

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F 309	<p>Continued From page 78</p> <p>Nursing Note revealed when RN #3 pulled the covers back it was noted that there was urine on the sheets. RN #3 documented the resident continued to yell stating it hurts "down there where I pee". The nurse documented she took a syringe to check for proper placement of the catheter and the resident yelled louder with pain and stated, "take out". She documented she deflated the bulb, the resident yelled and the catheter came out of the urethra. RN #3 documented the resident continued to yell, voided thick, brownish urine, once again expressed the desire to go to the hospital and then voided bright red blood. RN #3 documented she left the room to attempt to contact the physician and the family without success.</p> <p>Review of a Nursing Note, dated 07/04/15 at 10:00 PM, revealed RN #3 was unable to contact the physician and family of Resident #3. A phone call was placed to the Assistant Director of Nursing (ADON) in which she reported the situation to him and RN #3 was told to send the resident to the emergency room if he/she wanted to go. Emergency Medical Services (EMS) was notified regarding the need for transport to the emergency room.</p> <p>Review of the Hospital History and Physical, dated 07/05/15 at 2:32 AM, revealed Resident #3 was admitted to the hospital with Hematuria and a complicated Urinary Tract Infection (UTI). The plan on admission included the antibiotic Invanz and intravenous (IV) hydration.</p> <p>Interview, on 08/04/15 at 11:40 AM, with State Registered Nurse Aide (SRNA) #3 who worked 7:00 AM-3:00 PM on 07/04/15, revealed Resident #3 complained of pain in the catheter area and</p>	F 309	Compliance Date:	10/15/15	

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F 309	<p>Continued From page 79</p> <p>was hollering out most of the day. She said RN #1 was made aware of the resident's complaints of pain and the RN looked at the catheter and the drainage bag and said the resident "was fine, maybe a UTI".</p> <p>Interview with SRNA #1, on 08/04/15 at 5:10 PM, revealed she worked the 3:00 PM to 11:00 PM shift on 07/04/15. She stated when she came into work that day, Resident #3 was in a wheelchair in the lobby area with other residents and was irritated and yelling out. SRNA #1 stated RN #1 and LPN #1, reported the resident had been yelling all day. The SRNA stated the resident was screaming as if in pain and his/her face was red. SRNA #1 said when she asked the resident where the pain was, the resident pointed downward to his/her private area and said "pee pee". She stated the resident requested medication for pain and LPN #1 was made aware by the SRNA and the LPN told her the resident had already been medicated.</p> <p>Interview with LPN #1, on 08/05/15 at 12:48 PM, revealed she was unable to talk at that time and stated she would return the call. An attempt was made to reach LPN #1, on 08/06/15 at 12:08 PM, but there was no answer and the Surveyor left a message requesting a return call.</p> <p>Interview with RN #1, on 08/04/15 at 3:15 PM, revealed Resident #3 was hollering so she and LPN #1 placed the resident back to bed. RN #1 stated the resident did not complain of pain and did not request to go to the hospital. In addition, she said the SRNA never reported the resident was in pain and/or wanted to go to the hospital.</p> <p>Interview with RN #3, on 08/04/15 at 2:35 PM,</p>	F 309			

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F 309	<p>Continued From page 80</p> <p>revealed she had worked on 07/04/15 on the 7:00 PM-7:00 AM shift. She stated RN #1 reported to her in report that Resident #3 had complained all day long of having pain on urination and was told by the nurse that he had a catheter and shouldn't be hurting. RN #3 said RN #1 told her they had taken Resident #3's speaking valve off because he/she was yelling too much and the resident's roommate was removed from the room as well. RN #3 stated when she entered Resident #3's room, she noted the voice valve was on the table on the resident's left side and the resident would normally refuse to have the valve removed. RN #3 revealed Resident #3 kept telling her that he/she was in severe pain and kept grabbing the catheter saying that he/she couldn't urinate. RN #3 stated the resident's catheter drainage bag was empty so she secured a syringe to flush the catheter. She stated she let out a little of the water from the bulb and the resident screamed in pain and the catheter shot out. She revealed there was a brown, thick, substance coming out of the resident's urethra. The nurse stated she could tell the resident's bladder was distended and then the resident voided straight blood. She stated at that time the resident was begging to be sent to the hospital so the nurse attempted to reach the on call physician, but she was unable to reach him so she phoned the Assistant Director of Nursing (ADON) and got permission to send the resident to the hospital. She stated she learned later in the evening the resident was being admitted for a Urinary Tract Infection (UTI).</p> <p>Interview, on 08/04/15 at 5:40 PM, with SRNA #2, who worked the 3:00 PM to 11:00 PM shift on 07/04/15, revealed RN #3 called him into the room and Resident #3 was complaining of hurting and was hollering loudly. SRNA #2 stated when</p>	F 309		
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F 309	<p>Continued From page 81</p> <p>RN #3 took the catheter out, there was blood, urine and goeey pus and a lot of blood and the resident said that he/she wanted to go to the hospital. SRNA #2 said the resident's skin was very clammy and cold to touch.</p> <p>Interview with the former ADON, on 08/05/15 at 9:20 AM, revealed RN #3 phoned saying she wanted to send Resident #3 to the Emergency Room because the resident was in pain, and had no urinary output and the resident was requesting to go to the hospital. The ADON stated she told RN #3 to send the resident to the hospital, He revealed that he would expect the staff to assess the resident for pain, administer medications as ordered and if not helpful to contact the physician. Further interview (Post Survey) with the former ADON, on 08/14/15 at 10:35 AM, revealed pain assessments should be completed daily and as needed; should be documented on the MAR; and should be conducted by licensed nurses.</p> <p>Interview with the Physician/Medical Director of the facility, on 08/07/15 at 8:21 AM, revealed he would expect the facility staff to assess residents for pain and take the appropriate action. If staff were unable to reach the physician, it would be appropriate to send the resident to the emergency room. The Physician reported that complications from not assessing the resident could be increased pain from a distended bladder.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>1. Resident #3 was transferred to the hospital on 07/04/15 at 10:15 PM by RN #3 immediately upon assessment of the catheter in order to address</p>	F 309			

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F 309	<p>Continued From page 82</p> <p>Resident #3's complaints of pain.</p> <p>2. Resident #3 was readmitted to the facility on 07/08/15 at 5:12 PM with no orders to remove the speaking valve. Resident #3 continued to have a urinary catheter due to neurogenic bladder as assessed by the Physician related to a stroke on 04/30/15.</p> <p>3. Resident #3's tracheostomy tube was removed on 08/24/15 by the Respiratory Therapist.</p> <p>4. Resident #3's urinary catheter was discontinued by the physician on 08/10/15 and removed by the licensed nurse on that date.</p> <p>5. As of 08/27/15, there were no residents in the center with a tracheostomy tube; therefore, no potential exists for issues relating to tracheostomies at this time.</p> <p>6. On 08/25/15, the center had three (3) of seventy-eight (78) residents who utilized a catheter. The DON assessed these three (3) residents on 08/25/15 for signs/symptoms of a urinary tract infection and assessed for pain. One (1) resident with a catheter was identified as having pain. The physician was notified and new orders were obtained for a urinalysis (UA) and culture and sensitivity (CNS) and antibiotic treatment was based on the preliminary analysis. The antibiotic therapy was completed on 08/31/15.</p> <p>7. On 08/21/15, the three (3) residents utilizing catheters were reviewed by a RN to validate Physician's Orders to include medical justification, size of the catheter, infection control</p>	F 309			

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F 309	<p>Continued From page 83</p> <p>reporting form completed, pain evaluation completed, and Medication Administration Record (MAR) instructions to assess for the presence of pain every shift, which included a care plan review. No concerns were identified.</p> <p>8. On 08/21/15, a RN reviewed all resident records (79 of 79) (census fluctuated) to validate the MAR and/or Treatment Administration Record (TAR) reflected daily pain monitoring, which included a care plan review. No concerns were identified.</p> <p>9. On 08/27/15, all resident records (78 of 78) (census fluctuated) were reviewed by the Director of Health Information Management to validate a PRN (as needed) Pain Management Flow Sheet was present for each resident which included a care plan review; no concerns were identified.</p> <p>10. On 08/28/15, a RN reviewed residents listed on a change of condition report for the period between 08/07/15-08/28/15. Twenty-two (22) of seventy-seven (77) (census fluctuated) residents were reviewed to determine if residents were assessed for the presence of pain; and, if pain interventions were initiated upon the identified change of condition, which included a care plan review; no concerns were identified.</p> <p>11. Beginning on 08/28/15 through 09/03/15, an RN reviewed all residents receiving PRN pain medication to validate accuracy of the Physician's Orders, which included care plan review. Order clarification needs were identified as requiring the specification of "mild", "moderate", or "severe" indications. These identified clarification needs were reviewed with the Physician with corrective action initiated upon discovery.</p>	F 309		
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F 309	Continued From page 84  12 The Administrator and DON participated in Corporate sponsored mandated reeducation via independent computer training. The Administrator completed training on 07/07/15 and the DON completed training on 09/02/15. This education was on the Code of Conduct related to "meeting professional standards, complying with regulatory guidance, and exercise of good judgement regarding how best to uphold ethical behavior every day". In addition, the code included "measuring clinical outcomes and resident satisfaction to confirm quality goals are met and focus and discipline on improving quality of care. Creativity and innovation to develop effective solutions".  13. All facility staff including Food Service Director, Cooks, and Cook Aides, SRNAs, LPNs, RNs, Social Services, Business Office Manager, Receptionist, Activities Director, Admissions Director, Medical Records, Payroll, Maintenance and Maintenance Assistant, Therapy Program Director, and Therapists participated in Corporate mandated Code of Conduct Training with a completion date of 09/17/15 (76 out of 110). On 09/17/15, this training will be completed with the contracted Housekeeping Supervisor and Housekeepers. Staff not available on 09/17/15 will be provided reeducation including competency and post-test by the Nurse Practice Educator (NPE) or RN with a pass rate of 100% prior to returning to work. In addition on 09/08/15, all were re-educated by the NPE on identification of all forms of abuse, including neglect, when to report suspicions of abuse, and reporting of suspicions of abuse, to include the chain of command, and the abuse prevention coordinator. This was completed on 09/14/15.	F 309			

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F 309	<p>Continued From page 85</p> <p>Staff not available during this time frame (33 of 110) will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work.</p> <p>The NPE and DON were reeducated by the Manager of Clinical Operations on 08/26/15 and then the NPE, Consulting Respiratory Therapist or Regional Risk Manager, who was also an RN began reeducation on 08/26/15 through 09/04/15 with all licensed nurses which included RN #1 and RN #3, were provided with all reeducation. Twenty-three (23) of twenty-seven (27) RNs and LPNs were provided with the reeducation. RNs and LPNs not available during this timeframe will be provided the re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work. The above re-education included the following:</p> <p>A. Abuse and Neglect Policy which covered removing a Passey Muir speaking valve with return demonstration. All nurses educated verbalized and signed that they understood the removal of the valve to prevent a resident to speak is considered abuse.</p> <p>B. Tracheostomy policy and procedure.</p> <p>C. Timely review, revision and implementation of care plans and care cards to reflect response to care and changing needs and goals; a post test was used to validate learning.</p> <p>D. Pain assessment and administering medication and treatments as prescribed by the physician and/or Nurse Practitioner, and/or per the care plan. Monitoring effectiveness, side effects, and non-verbal signs/symptoms of pain.</p>	F 309		
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F 309	<p>Continued From page 86</p> <p>Completion of pain assessment regarding PRN pain medication administration when receiving communication from another staff member who suspects a resident may be in pain. Learning was validated with a post-test.</p> <p>E. Ensuring assessment initiated for appropriate treatment and services to identify complications of an indwelling catheter related to UTI to include signs and symptoms of pain, assessing for discoloration and urine flow in the tubing and an attempt to find the root cause for the pain and take appropriate action. Learning was validated with post-test.</p> <p>On 09/17/15, all SRNA's will be provided with re-education on recognizing symptoms of any pain but specifically related to tracheostomies or urinary catheters, observations for discoloration of urine in urinary catheter or changes in urinary output related to catheters who to report these observations, when to report these observations, and what action to take if their concerns were not addressed. Learning will be validated via post-test graded by the NPE, DON, or RN with a 100% pass rate. SRNAs not available during this timeframe will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work.</p> <p>13. The DON, NPE, or Licensed Nurse will observe licensed nurse providing all aspects of tracheostomy care including observing for sign/symptoms of pain or discomfort during the care or if resident with a tracheostomy enters into the facility. This will include speaking valve treatment and orders, abuse related to removing it when not specifically ordered to do so and following the plan of care. This will be completed</p>	F 309			

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F 309	<p>Continued From page 87</p> <p>across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>14. The DON, NPE, or Licensed Nurse will observe for signs and symptoms of pain associated with indwelling urinary catheters and following the care plan related to urinary catheter use. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>15. The DON, NPE, or RN Supervisor or Charge Nurse will review residents with a change of condition and audit by head to toe assessment that the change of condition is accurately documented and followed up on timely daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>16. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview five (5) residents across all shifts to determine if they feel if a staff member abused them, to include all forms of abuse or neglect, of if they have witnessed any other resident being abused daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement</p>	F 309			

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F 309	<p>Continued From page 88</p> <p>Committee with corrective action upon discovery.</p> <p>17. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview three (3) staff members across all shifts to determine if they know or suspect any resident being abused that they have not reported daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>18. Beginning on 09/17/15, the Administrator, DON, NPE, RN Supervisor or Licensed Nurse will observe staff interaction including care of five (5) residents to visually determine that the care plan is being followed daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. On 09/18/15, review of Resident #3's Nurse's Notes revealed the resident was transported to the emergency room on 07/4/15 at 10:15 PM via ambulance. The resident was admitted with a diagnosis of Urinary Tract Infection.</p> <p>2. On 09/18/15, review of Resident #3's readmission orders revealed the resident was readmitted to the facility via ambulance on 07/08/15 at 5:12 PM with an indwelling catheter in place as well as a tracheostomy. There was no</p>	F 309			

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F 309	<p>Continued From page 89 order written to remove the speaking valve.</p> <p>3. On 09/18/15, review of Resident #3's Physician's Order and Nurses' Note, dated 08/24/15, revealed Resident #3's tracheostomy tube was removed on 08/24/15.</p> <p>4. On 09/18/15, review of Resident #3's Physician's Order and Nursing Note, dated 08/10/15, the indwelling urinary catheter was discontinued and removed.</p> <p>5. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed as of 08/25/15 there were no other tracheostomy residents. However, the facility reviewed their tracheostomy care policy and procedures, including following physician's orders regarding cleaning and care of residents with passey muir speaking valve, along with demonstration by respiratory and or nurse practice educator; a competency exam was completed to ensure understanding by staff with required return demonstration.</p> <p>6. On 09/18/15, review of documentation by the DON revealed the DON identified three (3) residents with an indwelling urinary catheter in the facility. She assessed the residents for signs and symptoms of an UTI and pain. She identified one of the residents had symptoms of a UTI. The Physician was notified and orders were received for a Urinalysis and C&amp;S with antibiotic ordered. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE on 1:09 PM, revealed three (3) residents were assessed for Urinary Tract Infection symptoms and one (1) resident was started on an antibiotic which has since been completed.</p>	F 309			

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F 309	<p>Continued From page 90</p> <p>7. On 09/18/15, review of documentation by the DON revealed on 08/21/15 an RN reviewed three (3) residents with indwelling catheters to validate the Physician's Order which included the reason for the cauterization, the size of the catheter, a review of the infection control reporting form that was completed, the documentation that the pain evaluation was completed. The MAR contained instructions to assess every shift for the presence of pain. A Care Plan review was also completed. All with no concerns noted.</p> <p>8. On 09/18/15, review of check sheets on 09/18/15 revealed the DON reviewed all seventy-nine (79) (census fluctuated) residents medical records to ensure the MAR and TAR reflected daily pain management. The Manager of Clinical Operations assisted with this and it was completed on 08/21/15. Interviews on 09/18/15 with the DON, at 12:52 PM and the Manager of Clinical Operations at 1:09 PM revealed they reviewed all seventy-nine (79) (census fluctuated) residents' records and ensured the MAR/TAR and care plan reflected daily pain management.</p> <p>9. On 09/18/15, review of a check sheet and interview with the Director of Health Information at 1:09 PM revealed the Director of Health Information validated all resident records were complete with a pain management sheet on 08/27/15.</p> <p>10. On 09/18/15, review of documentation revealed the Regional Risk Manager (who is an RN) and the DON reviewed all resident records for a change of condition on 08/28/15. A total of twenty-five (25) change of conditions were</p>	F 309			

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F 309	<p>Continued From page 91</p> <p>identified, none had a concern that was identified. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed audits for change of condition were completed and if there was a change of condition, a head to toe assessment was completed.</p> <p>11. On 09/18/15, review of an Order Listing Report, revealed all PRN (as needed) pain medications were reviewed to validate the order accuracy and the Care Plan was reviewed on 09/03/15. In addition, MILD, MODERATE or SEVERE was included on the order to print on the MAR. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed orders were reviewed for accuracy. No concerns were identified.</p> <p>12. On 09/18/15, review of the Code Of Conduct Signature Sheets verified that mandated education via computer independent training was completed on 07/07/15 by the Administrator and by the DON on 09/02/15. The training included Code of Conduct, how it related to staff positions, all were expected to meet Professional Standards, comply with Regulatory guidance and exercise judgement on how to best uphold ethical behavior every day. The Code also included measuring clinical outcomes, patient satisfaction to confirm goals are met. Additionally, it included focused discipline on improving the Quality of Care, creativity and innovation to develop effective solutions. Interviews on 09/18/15 with the DON at 12:52 PM and the Administrator at 12:04 PM verified they received this training.</p> <p>On 09/18/15, review of the acknowledgement signature forms revealed facility staff except housekeeping, (who is contract) completed the</p>	F 309			

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F 309	<p>Continued From page 92</p> <p>Code of Conduct computer training on 09/17/15, except for ten (10) staff that have not completed the training and those staff will complete the training before returning to work. All housekeeping staff completed the inservices manually on 09/17/15 and signed acknowledgement forms. Further review of signature validation sheets and post tests revealed all facility staff received education by the NPE on the facility's Abuse/Neglect policy and procedure to include the forms of abuse and neglect, when to report, and including following the chain of command from 09/08/15-09/14/15. On 09/14/15, there were thirty-three (33) staff remaining to be educated and they will complete the training before being allowed to care for residents.</p> <p>On 09/18/15, review of signature validation sheets and post tests validated the NPE and the DON were re-educated by the Manager of Clinical Operations on 08/26/15. Further review of the signature validation sheets revealed the NPE, Consulting Respiratory Therapist or Regional Risk Manager also reeducated all licensed nurses on 09/02/15 related to the Passey-Muir speaking valve, the Abuse/Neglect policy, tracheostomy care policies and procedures, following MD orders, timely review of revision of Care Plan implementation and care cards, pain assessments and medication, treatments, and assessments related to complications of indwelling urinary catheters. Post-tests and return demonstrations were completed by staff to ensure understanding. Twenty-three (23) of twenty-seven (27) licensed staff received the education with the remaining to complete on return to work. Interview with the DON, on 09/18/15 at 12:52 PM, revealed all nurses were</p>	F 309			

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F 309	<p>Continued From page 93</p> <p>educated regarding Abuse and Neglect, Tracheostomy, the speaking valve, trach care, care plans and care cards and all training was completed by 09/17/15.</p> <p>On 09/18/15, review of signature validation sheets and post tests revealed SRNAs were educated by the NPE and DON on 09/17/15 on recognizing the signs and symptoms of any kind of pain, especially related to residents who have a tracheostomy or indwelling urinary catheter. Twenty-nine (29) out of thirty (30) SRNAs were education with the one (1) remaining to complete the training upon return to work.</p> <p>Interview with the NPE, on 09/18/15 at 1:09 PM, revealed there was a Code of Conduct training presented by Corporate Staff and the NPE assisted with training of facility staff. She stated the Respiratory Therapist provided education to her and she then provided education to the facility staff which included a return demonstration. She stated the education covered the revision of Care Plans, care cards, signs and symptoms and non-verbal indicators of pain, pain assessment, PRN pain medications, indwelling catheter care, recognizing pain symptoms for SRNAs and who they should report it to. She stated post tests were completed by all and were graded by the Regional Risk Manager and the NPE. Abuse and Neglect education to include reporting was completed on 09/14/15. She stated she was responsible to make sure that all staff received education before they returned to work.</p> <p>Interviews on 09/18/15 with RN #5 at 1:41 PM, RN #6 at 2:26 PM, LPN #2 at 2:41 PM, LPN #4 at 1:25 PM, LPN #5 at 1:33 PM, LPN #6 at 1:39 PM, revealed they received recent training on</p>	F 309			

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F 309	<p>Continued From page 94</p> <p>tracheostomys, speaking valves and the care of the valve, Care Plan revisions and implementation, pain assessment and the administration of pain medications, communication, catheters, UTI signs and symptoms, abuse and neglect and Code of Conduct, accuracy of orders, and pain to be identified as mild, moderate or severe. They stated staff was required to complete post tests.</p> <p>Interviews on 09/18/15 with SRNA #14 at 1:56 PM, SRNA #15 at 1:58 PM, SRNA #16 at 2:01 PM, SRNA #17 at 2:03 PM, SRNA #18 at 2:06 PM, SRNA #21 at 2:09 PM, SRNA #22 at 2:12 PM, SRNA #23 at 2:14 PM, SRNA #20 at 1:52 PM, SRNA #19 at 2:38 PM, Certified Occupational Therapy Assistant (COTA) #1 at 1:54 PM, COTA #2 at 2:30 PM, Physical Therapy Assistant (PTA) #1 at 2:32 PM, and PTA #2 at 2:33 PM revealed they had received inservice training by the NPE on Abuse/Neglect, catheters, reporting of pain, care cards, and reporting of concerns to the DON. They stated post tests were provided after the training.</p> <p>Interviews on 09/18/15 with the Activities Director at 1:46 PM, the Dietary Director at 1:48 PM, the Social Services Director at 1:49 PM, the Maintenance Man at 2:15 PM, the Health Information Coordinator at 1:36 PM, the Payroll and Benefits Coordinator at 1:43 PM, the Business Office Manager at 2:23 PM, the Admissions/Marketing Director at 2:18 PM, a Receptionist at 2:05 PM, the Hairdresser at 2:21 PM, Housekeeper #2 at 2:35 PM revealed inservice training was provided by the NPE regarding the abuse/neglect policy and the types of abuse as well as the signs and symptoms and reporting. They also received education on the</p>	F 309			

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F 309	Continued From page 95 chain of command and the reporting of pain. They were required to take a test after completion.  13. Review of the Roster Sample Matrix revealed as of 09/18/15, revealed there were no residents with a tracheostomy in the building.  14. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM revealed they were observing residents with indwelling catheters daily for signs of pain and ensuring staff was following the Plan of Correction.  15. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM revealed they were completing head to toe skin assessments and documenting daily on any resident identified as having a change of condition daily.  16. Interview with the DON, on 09/18/15 at 12:52 PM, revealed five (5) residents were being interviewed daily regarding Abuse/Neglect.  17. Interview with the DON, on 09/18/15 at 12:52 PM, revealed three (3) staff members were being interviewed daily regarding Abuse/Neglect and the proper procedures to follow.  18. Interview with the DON, on 09/18/15 at 12:52 PM, revealed Administration and various staff were watching interactions between staff and residents daily.	F 309			
F 315 SS=J	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a	F 315			

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F 315	<p>Continued From page 96</p> <p>resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined the facility failed to provide appropriate treatment and services to identify complications of an indwelling urinary catheter related to a Urinary Tract Infection (UTI) for one (1) of fourteen (14) sampled residents (Resident #3).</p> <p>On 07/04/15, Resident #3 was hollering and complaining of pain related to an indwelling catheter most of the day. Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #1 failed to assess the resident's catheter and catheter pain. They failed to assess the resident's urine output, the amount, color, consistency and odor of urine. At 9:00 PM, RN #3 assessed the resident and identified the resident had no urine output, his/her bladder was distended and was complaining of pain due to the catheter. RN #3 removed water from the catheter bulb, the catheter popped out and the resident had a brown, bloody drainage. RN #3 sent the resident to the emergency room and the resident was identified as having a UTI.</p> <p>The facility's failure to provide appropriate treatment and services to identify complications</p>	F 315			
			<b>F 315</b>		

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F 315	<p>Continued From page 97</p> <p>of an indwelling urinary catheter has caused or is likely to cause serious injury, harm, or impairment to a resident. Immediate Jeopardy was identified on 09/08/15 and determined to exist on 07/04/15. The facility was notified of the Immediate Jeopardy on 09/08/15. An acceptable Allegation of Compliance (AoC) was received on 09/17/15, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/18/15, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Catheter: Indwelling Urinary - Care of", last revised 01/02/14, revealed that any abnormal findings should be reported to the nurse or physician/mid-level provider. Documentation should include any abnormal findings and physician/mid-level provider notification, if indicated.</p> <p>Review of the facility's policy titled, "Assessment: Nursing", dated 01/02/14, revealed routine and focused assessments should be performed on an ongoing basis, as needed. The purpose of the assessment is to determine a resident's condition and clinical needs.</p> <p>Record review revealed the facility admitted Resident #3 on 04/29/15 with diagnoses which included Cerebral Vascular Accident (CVA), and Acute Respiratory Failure, to include a Tracheostomy. Review of the Significant Change Minimum Data Set Assessment, dated 07/28/15,</p>	F 315	<p>Resident # 3 was readmitted to the facility on 7/08/15. Resident # 3's Foley catheter was discontinued by the physician on 8/10/15 and removed by a licensed nurse. Licensed Nurse # 1 no longer works at the facility.</p> <p>All residents of the facility have the potential to be affected including those with a Foley Catheter. The Director of Nursing, Nurse Practice Educator, or Licensed Nurse reviewed on or before 9/7/15 all residents with a Foley Catheter for signs and symptoms of a Urinary Tract Infection (UTI) to include urine output, the amount, color, consistency and odor of urine including verbal and non-verbal signs of pain with corrective action upon discovery.</p> <p>All licensed nurses will be re-educated regarding on the need to provide appropriate treatment and services to identify complications of an indwelling urinary catheter related to a urinary tract infection including attempt to find the root cause for pain and take the appropriate actions by the Director of Nursing, Nurse Practice Educator, or Licensed Nurse on or before 9/7/2015 with a post-test to be completed to validate understanding with a pass rate of 100%. Staff not available during this timeframe will be provided re-education including post-test by</p>		

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F 315	<p>Continued From page 98</p> <p>revealed the facility assessed Resident #3's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of eleven (11) which indicated the resident was interviewable. The resident had an indwelling urinary catheter.</p> <p>Review of the Comprehensive Care Plan for the indwelling catheter, dated 05/07/15, revealed interventions for staff to record output; monitor for signs and symptoms of infection and report to physician; and monitor output for odor, color, consistency and amount.</p> <p>Interview with Resident #3, on 08/04/15 at 9:10 AM, revealed he/she had been in pain all day on 07/04/15 related to his/her catheter. The resident stated he/she told LPN #1 and the LPN stated he/she had been medicated already. The resident said when the night nurse (RN #3) came in that night, she called the ambulance and the resident was transported to the Emergency Room.</p> <p>Review of Nurses Notes, dated 07/04/15, revealed there was no documented evidence RN #1 and/or LPN #1 assessed Resident #3's indwelling urinary catheter related to the catheter pain.</p> <p>Review of the July 2015 Treatment Administration Record (TAR) for Resident #3 revealed staff was to monitor the resident's urinary output every shift for retention. There was documentation noted for 07/01/15, but the remainder of the empty boxes had a line drawn through with a note to, "See ADL Book". There was no documented evidence of a catheter assessment every shift.</p>	F 315	<p>the Nurse Practice Educator or Director of Nurses with a pass rate of 100% upon return to work.</p> <p>Beginning 9/18/2015, the Director of Nursing Services, Nurse Practice Educator, or Licensed Nurse will review all-residents with Foley Catheters for signs and symptoms of a Urinary Tract Infection (UTI) with appropriate treatment across all shifts daily X 14 days including weekends, then 3 X per week X 2 weeks then as determined by monthly Quality Improvement Committee to ensure appropriate treatment for Foley catheter related UTI's is identified &amp; is provided with corrective action upon discovery. Findings will be reviewed in clinical meeting for any additional follow up.</p> <p>The Director of Nursing will report findings of these audits to the monthly Quality Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for any additional follow up and/or inservicing needs until the issue is resolved and as the need is identified thereafter.</p>		

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F 315	Continued From page 99 Review of the Intake and Output document, dated July 2015, revealed documentation that Resident #3 had 400 milliliter (ml) output on 07/03-04/15, on the 11:00 PM-7:00 AM shift; I/C (indwelling catheter) documented with no amount indicated on 07/04/15, 7:00 AM-3:00 PM; and, 400 ml output on 07/04/15, 3:00 PM-11:00 PM shift.  Review of a Nursing Note, dated 07/04/15 at 9:54 PM and 10:00 PM, revealed Resident #3 complained of pain with urination, with the presence of an indwelling urinary catheter to bedside drainage. RN #3 observed that the resident's skin was cool and clammy and his/her face was red. The resident continued to yell stating it hurts "down there" and the resident clarified that it hurt, "Where I pee". The nurse took a syringe to check for proper placement of the catheter and the resident yelled louder with pain and stated, "take out". The bulb was deflated, the resident yelled and the catheter came out of the urethra. The resident continued to yell and voided thick, brownish urine. The resident then voided bright red blood. RN #3 was unable to contact the physician so she called the Assistant Director of Nursing (ADON) and the resident was sent to the emergency room.  Review of the Admission History and Physical, dated 07/05/15, revealed Resident #3 presented to the emergency room with a chief complaint of hematuria (blood in urine). Laboratory studies revealed a urinalysis with White Blood Cells (WBC's) too numerous to count (TNTC) (normal: Negative), Red Blood Cells TNTC (normal: Negative), four plus (4+) bacteria (normal: Negative), turbid, positive nitrites (normal: Negative) and large leukocyte esterase (normal: Negative). The Complete Blood Count revealed	F 315	Compliance Date:	10/15/15	

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F 315	Continued From page 100 an elevated reading of 11.39 (normal: 3.5 to 10.5 billion cells per liter) The resident was admitted from the emergency room with a diagnoses of Hematuria and a Complicated UTI.  Review of the Discharge Summary, dated 07/08/15, revealed Resident #3 was discharged to return to the facility on 07/08/15. The resident would continue to receive intramuscular doses of Invanz one (1) Gram every twenty-four (24) hours with the final dose to be administered at 9:00 PM on 07/14/15  Interview with State Registered Nurse Aide (SRNA) #3 on 08/04/15 at 11:40 AM, revealed she worked 7:00 AM to 3:00 PM on 07/04/15. She stated Resident #3 was complaining of pain where the catheter goes in. She said RN #1 was made aware of the resident's complaints of pain and the RN checked the catheter and the drainage bag and said the resident "was fine, maybe a UTI". The SRNA stated she was giving the resident a bath and the resident continued to yell that he/she was hurting and burning in the penis area. The SRNA stated she checked everything, the tubing was clear and the resident requested to stay in bed. Further interview (Post Survey) with CNA #3, on 08/14/15 at 2:40 PM, revealed she looks for signs of irritation, discoloration in the urine and if there was urine in the drainage bag. She revealed catheters were emptied and the amount recorded at the end of the shift. She stated she emptied Resident #3's catheter bag around 2:00 PM on 07/04/15, but she did not recall how much urine was in the bag. She said she recorded "IC" on the flow sheet because they used to write the amount of urine output on a piece of paper and give it to the nurse so it could be recorded on the TAR. She stated	F 315			

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F 315	Continued From page 101 she was not aware at the time she was supposed to document the amount of urine emptied from the bag.  Interview with SRNA #1, on 08/04/15 at 5:10 PM, revealed she worked the 3:00 PM to 11:00 PM shift on 07/04/15. She stated when she came into work that day, Resident #3 was in a wheelchair in the lobby area with other residents and was irritated and yelling out. SRNA #1 stated RN #1 and LPN #1 reported the resident had been yelling all day. The SRNA stated the resident was screaming as if in pain and his/her face was red. SRNA #1 said when she asked the resident where the pain was, the resident pointed downward to his/her private area and said "pee pee". She stated the resident requested medication for pain and she made LPN #1 aware, but the LPN told her the resident had already been medicated and that the resident was just trying to go out to the hospital. The SRNA stated the resident was sweating while being transferred by lift, to the bed. She stated LPN #1 kept telling the resident, "You are not going to the hospital". The SRNA revealed when she entered the resident's room around 9:00 PM, RN #3 pulled the resident's covers back and there was urine on the bed sheets and when the catheter came out, the urine kept coming out. The SRNA stated RN #3 sent the resident to the hospital.  Attempts at interviewing LPN #1, on 08/05/15 at 12:48 PM and on 08/06/15 at 12:08 PM, were unsuccessful.  Interview with RN #1, on 08/04/15 at 3:15 PM, revealed Resident #3 was hollering so she and LPN #1 placed the resident back to bed. RN #1 stated the resident did not complain of pain	F 315			

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NAME OF PROVIDER OR SUPPLIER  BARKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001		
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F 315	Continued From page 102  and/or request to go to the hospital. She stated the SRNA never reported the resident was in pain and/or wanted to go to the hospital due to the resident's catheter. RN #1 revealed licensed staff should assess catheters each shift and as needed and document it on the TAR; however, further review of the July 2015 TAR revealed there was no documentation on the TAR that indicated Licensed staff had assessed Resident #3's catheter on 07/04/15.  Interview, on 08/04/15 at 5:40 PM, with SRNA #2, who worked the 3:00 PM to 11:00 PM shift on 07/04/15, revealed RN #3 called him into the room around 9:00 PM and Resident #3 was complaining of hurting and was hollering loudly. SRNA #2 stated when RN #3 took the catheter out, there was blood, urine and goopy pus and a lot of blood and the resident said that he/she wanted to go to the hospital. SRNA #2 said the resident's skin was very clammy and cold to touch.  Interview with RN #3, on 08/04/15 at 2:35 PM, revealed she had worked on 07/04/15 on the 7:00 PM-7:00 AM shift. She stated RN #1 reported to her that Resident #3 had complained all day long of having pain on urination and was told by the nurse that he had a catheter and shouldn't be hurting. RN #3 revealed she entered Resident #3's room and Resident #3 kept telling her that he/she was in severe pain and kept grabbing the catheter saying that he/she couldn't pee. RN #3 stated the resident's catheter drainage bag was empty and his/her bladder was distended so she secured a syringe to flush the catheter. She stated she let out a little of the water from the bulb and the resident screamed in pain and the catheter shot out. She revealed there was a	F 315			

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F 315	<p>Continued From page 103</p> <p>brown, thick, substance coming out of the resident's urethra and then the resident voided straight blood. She stated at that time the resident was begging to be sent to the hospital so the nurse attempted to reach the on call physician but was unable to reach him so she phoned the Assistant Director of Nursing (ADON) and got permission to send the resident to the hospital. She stated she learned later in the evening the resident was being admitted for a Urinary Tract Infection (UTI).</p> <p>Interview with the former Assistant Director of Nursing (ADON), on 08/05/15 at 9:20 AM, revealed RN #3 phoned saying she wanted to send Resident #3 to the Emergency Room. She stated RN #3 stated the resident had no output, the balloon was deflated and the resident had relief; however, the resident continued to ask RN #3 to go to the hospital and she was unable to contact the physician. The ADON said he told RN #3 to send the resident to the Emergency Room. The ADON reported he was not sure why LPN #1 didn't do a more thorough assessment of Resident #3, but thanked RN #3 for assessing the resident and putting his/her safety first. The ADON revealed he would expect the staff to assess the resident for pain/catheter.</p> <p>Interview with the Director of Nursing (DON), on 08/06/15 at 2:39 PM, revealed she would expect staff to assess the residents for pain and to attempt to find the root cause for the pain. The staff would also need to notify the physician of any concerns identified.</p> <p>Interview with the Physician/Medical Director of the facility, on 08/07/15 at 8:21 AM, revealed he would expect the facility staff to assess residents</p>	F 315			

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F 315	Continued From page 104 for pain and take the appropriate action. If staff was unable to reach the physician, it would be appropriate to send the resident to the Emergency Room. The physician reported that complications from not assessing the resident could be increased pain from a distended bladder.  **The facility implemented the following actions to remove the Immediate Jeopardy:  1. Resident #1 was transferred to the hospital on 07/04/15 at 10:15 PM by RN #3 immediately upon assessment of the catheter in order to address Resident #3's complaints of pain.  2. Resident #1 was readmitted to the facility on 07/08/15 at 5:12 PM with no orders to remove the speaking valve. Resident #3 continued to have a urinary catheter due to neurogenic bladder as assessed by the Physician related to a stroke on 04/30/15.  3. Resident #3's tracheostomy tube was removed on 08/24/15 by the Respiratory Therapist.  4. Resident #3's urinary catheter was discontinued by the physician on 08/10/15 and removed by the licensed nurse on that date.  5. As of 08/27/15, there were no residents in the center with a tracheostomy tube; therefore, no potential exists for issues relating to tracheostomies at this time.  6. On 08/25/15, the center had three (3) of seventy-eight (78) residents who utilized a catheter. The DON assessed these three (3)	F 315			

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F 315	Continued From page 105 residents on 08/25/15 for signs/symptoms of a urinary tract infection and assessed for pain. One (1) resident with a catheter was identified as having pain. The physician was notified and new orders were obtained for a urinalysis (UA) and culture and sensitivity (CNS) and antibiotic treatment was based on the preliminary analysis. The antibiotic therapy was completed on 08/31/15.  7. On 08/21/15, the three (3) residents utilizing catheters were reviewed by a RN to validate Physician's Orders to include medical justification, size of the catheter, infection control reporting form completed, pain evaluation completed, and Medication Administration Record (MAR) instructions to assess for the presence of pain every shift, which included a care plan review. No concerns were identified.  8. On 08/21/15, a RN reviewed all resident records (79 of 79) (census fluctuated) to validate the MAR and/or Treatment Administration Record (TAR) reflected daily pain monitoring, which included a care plan review. No concerns were identified.  9. On 08/27/15, all resident records (78 of 78) (census fluctuated) were reviewed by the Director of Health Information Management to validate a PRN (as needed) Pain Management Flow Sheet was present for each resident which included a care plan review; no concerns were identified.  10. On 08/28/15, a RN reviewed residents listed on a change of condition report for the period between 08/07/15-08/28/15. Twenty-two (22) of seventy-seven (77) (census fluctuated) residents were reviewed to determine if residents were	F 315			

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F 315	Continued From page 106 assessed for the presence of pain, and, if pain interventions were initiated upon the identified change of condition, which included a care plan review; no concerns were identified.  11. Beginning on 08/28/15 through 09/03/15, an RN reviewed all residents receiving PRN pain medication to validate accuracy of the Physician's Orders, which included care plan review. Order clarification needs were identified as requiring the specification of "mild", "moderate", or "severe" indications. These identified clarification needs were reviewed with the Physician with corrective action initiated upon discovery.  12. The Administrator and DON participated in Corporate sponsored mandated reeducation via independent computer training. The Administrator completed training on 07/07/15 and the DON completed training on 09/02/15. This education was on the Code of Conduct related to "meeting professional standards, complying with regulatory guidance, and exercise of good judgement regarding how best to uphold ethical behavior every day". In addition, the code included "measuring clinical outcomes and resident satisfaction to confirm quality goals are met and focus and discipline on improving quality of care. Creativity and innovation to develop effective solutions".  13. All facility staff including Food Service Director, Cooks, and Cook Aides, SRNAs, LPNs, RNs, Social Services, Business Office Manager, Receptionist, Activities Director, Admissions Director, Medical Records Payroll, Maintenance and Maintenance Assistant, Therapy Program Director, and Therapists participated in Corporate mandated Code of Conduct Training with a	F 315			

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F 315	<p>Continued From page 107</p> <p>completion date of 09/17/15 (76 out of 110). On 09/17/15, this training will be completed with the contracted Housekeeping Supervisor and Housekeepers. Staff not available on 09/17/15 will be provided reeducation including competency and post-test by the Nurse Practice Educator (NPE) or RN with a pass rate of 100% prior to returning to work. In addition on 09/08/15, all were re-educated by the NPE on identification of all forms of abuse, including neglect, when to report suspicions of abuse, and reporting of suspicions of abuse, to include the chain of command, and the abuse prevention coordinator. This was completed on 09/14/15. Staff not available during this time frame (33 of 110) will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work.</p> <p>The NPE and DON were reeducated by the Manager of Clinical Operations on 08/26/15 and then the NPE, Consulting Respiratory Therapist or Regional Risk Manager, who was also an RN began reeducation on 08/26/15 through 09/04/15 with all licensed nurses which included RN #1 and RN #3, were provided with all reeducation. Twenty-three (23) of twenty-seven (27) RNs and LPNs were provided with the reeducation. RNs and LPNs not available during this timeframe will be provided the re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work. The above re-education included the following:</p> <p>A. Abuse and Neglect Policy which covered removing a Passey Muir speaking valve with return demonstration. All nurses educated verbalized and signed that they understood the removal of the valve to prevent a resident to</p>	F 315	

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F 315	Continued From page 108 speak is considered abuse.  B. Tracheostomy policy and procedure.  C. Timely review, revision and implementation of care plans and care cards to reflect response to care and changing needs and goals; a post test was used to validate learning.  D. Pain assessment and administering medication and treatments as prescribed by the physician and/or Nurse Practitioner, and/or per the care plan. Monitoring effectiveness, side effects, and non-verbal signs/symptoms of pain. Completion of pain assessment regarding PRN pain medication administration when receiving communication from another staff member who suspects a resident may be in pain. Learning was validated with a post-test.  E Ensuring assessment initiated for appropriate treatment and services to identify complications of an indwelling catheter related to UTI to include signs and symptoms of pain, assessing for discoloration and urine flow in the tubing and an attempt to find the root cause for the pain and take appropriate action. Learning was validated with post-test.  On 09/17/15, all SRNA's will be provided with re-education on recognizing symptoms of any pain but specifically related to tracheostomies or urinary catheters, observations for discoloration of urine in urinary catheter or changes in urinary output related to catheters who to report these observations, when to report these observations, and what action to take if their concerns were not addressed. Learning will be validated via post-test graded by the NPE, DON, or RN with a	F 315			

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F 315	<p>Continued From page 109</p> <p>100% pass rate. SRNAs not available during this timeframe will be provided re-education including competency and post-test by the NPE or RN with a pass rate of 100% prior to returning to work.</p> <p>13. The DON, NPE, or Licensed Nurse will observe licensed nurse providing all aspects of tracheostomy care including observing for sign/symptoms of pain or discomfort during the care or if resident with a tracheostomy enters into the facility. This will include speaking valve treatment and orders, abuse related to removing it when not specifically ordered to do so and following the plan of care. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>14. The DON, NPE, or Licensed Nurse will observe for signs and symptoms of pain associated with indwelling urinary catheters and following the care plan related to urinary catheter use. This will be completed across all shifts times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.</p> <p>15. The DON, NPE, or RN Supervisor or Charge Nurse will review residents with a change of condition and audit by head to toe assessment that the change of condition is accurately documented and followed up on timely daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement</p>	F 315	

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F 315	Continued From page 110 Committee with corrective action upon discovery.  16. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview five (5) residents across all shifts to determine if they feel if a staff member abused them, to include all forms of abuse or neglect, of if they have witnessed any other resident being abused daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.  17. Beginning 09/17/15, the Administrator, Social Service Director, Business Office Manager, Admission Director, Activities Director, Payroll, Receptionist, Food Service Director, DON, NPE, or Licensed Nurse will interview three (3) staff members across all shifts to determine if they know or suspect any resident being abused that they have not reported daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.  18. Beginning on 09/17/15, the Administrator, DON, NPE, RN Supervisor or Licensed Nurse will observe staff interaction including care of five (5) residents to visually determine that the care plan is being followed daily times fourteen (14) days to include weekends, then three (3) times per week times two (2) weeks then as determined by the Quality Improvement Committee with corrective action upon discovery.	F 315			

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F 315	Continued From page 111 The State Survey Agency validated the corrective actions taken by the facility as follows:  1. On 09/18/15, review of Resident #3's Nurse's Notes revealed the resident was transported to the emergency room on 07/4/15 at 10:15 PM via ambulance. The resident was admitted with a diagnosis of Urinary Tract Infection.  2. On 09/18/15, review of Resident #3's readmission orders revealed the resident was readmitted to the facility via ambulance on 07/08/15 at 5:12 PM with an indwelling catheter in place as well as a tracheostomy. There was no order written to remove the speaking valve.  3. On 09/18/15, review of Resident #3's Physician's Order and Nurses' Note, dated 08/24/15, revealed Resident #3's tracheostomy tube was removed on 08/24/15.  4. On 09/18/15, review of Resident #3's Physician's Order and Nursing Note, dated 08/10/15, the indwelling urinary catheter was discontinued and removed.  5. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed as of 08/25/15 there were no other tracheostomy residents. However, the facility reviewed their tracheostomy care policy and procedures, including following physician's orders regarding cleaning and care of residents with passey muir speaking valve, along with demonstration by respiratory and/or nurse practice educator; a competency exam was completed to ensure understanding by staff with required return demonstration.	F 315			

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F 315	Continued From page 112  6 On 09/18/15, review of documentation by the DON revealed the DON identified three (3) residents with an indwelling urinary catheter in the facility. She assessed the residents for signs and symptoms of an UTI and pain. She identified one of the residents had symptoms of a UTI. The Physician was notified and orders were received for a Urinalysis and C&S with antibiotic ordered. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE on 1:09 PM, revealed three (3) residents were assessed for Urinary Tract Infection symptoms and one (1) resident was started on an antibiotic which has since been completed.  7. On 09/18/15, review of documentation by the DON revealed on 08/21/15 an RN reviewed three (3) residents with indwelling catheters to validate the Physician's Order which included the reason for the cauterization, the size of the catheter, a review of the infection control reporting form that was completed, the documentation that the pain evaluation was completed. The MAR contained instructions to assess every shift for the presence of pain. A Care Plan review was also completed. All with no concerns noted.  8 On 09/18/15, review of check sheets on 09/18/15 revealed the DON reviewed all seventy-nine (79) (census fluctuated) residents medical records to ensure the MAR and TAR reflected daily pain management. The Manager of Clinical Operations assisted with this and it was completed on 08/21/15. Interviews on 09/18/15 with the DON, at 12:52 PM and the Manager of Clinical Operations at 1:09 PM revealed they reviewed all seventy-nine (79) (census fluctuated) residents' records and ensured the MAR/TAR and care plan reflected	F 315			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2015
NAME OF PROVIDER OR SUPPLIER  BARKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001		
(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 315	Continued From page 113 daily pain management.  9. On 09/18/15, review of a check sheet and interview with the Director of Health Information at 1:09 PM revealed the Director of Health Information validated all resident records were complete with a pain management sheet on 08/27/15.  10. On 09/18/15, review of documentation revealed the Regional Risk Manager (who is an RN) and the DON reviewed all resident records for a change of condition on 08/28/15. A total of twenty-five (25) change of conditions were identified, none had a concern that was identified. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed audits for change of condition were completed and if there was a change of condition, a head to toe assessment was completed.  11. On 09/18/15, review of an Order Listing Report, revealed all PRN (as needed) pain medications were reviewed to validate the order accuracy and the Care Plan was reviewed on 09/03/15. In addition, MILD, MODERATE or SEVERE was included on the order to print on the MAR. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM, revealed orders were reviewed for accuracy. No concerns were identified.  12. On 09/18/15, review of the Code Of Conduct Signature Sheets verified that mandated education via computer independent training was completed on 07/07/15 by the Administrator and by the DON on 09/02/15. The training included Code of Conduct, how it related to staff positions, all were expected to meet Professional	F 315			

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F 315	Continued From page 114  Standards, comply with Regulatory guidance and exercise judgement on how to best uphold ethical behavior every day. The Code also included measuring clinical outcomes, patient satisfaction to confirm goals are met. Additionally, it included focused discipline on improving the Quality of Care, creativity and innovation to develop effective solutions. Interviews on 09/18/15 with the DON at 12:52 PM and the Administrator at 12:04 PM verified they received this training.  On 09/18/15, review of the acknowledgement signature forms revealed facility staff except housekeeping, (who is contract) completed the Code of Conduct computer training on 09/17/15, except for ten (10) staff that have not completed the training and those staff will complete the training before returning to work. All housekeeping staff completed the inservices manually on 09/17/15 and signed acknowledgement forms. Further review of signature validation sheets and post tests revealed all facility staff received education by the NPE on the facility's Abuse/Neglect policy and procedure to include the forms of abuse and neglect, when to report, and including following the chain of command from 09/08/15-09/14/15. On 09/14/15, there were thirty-three (33) staff remaining to be educated and they will complete the training before being allowed to care for residents.  On 09/18/15, review of signature validation sheets and post tests validated the NPE and the DON were re-educated by the Manager of Clinical Operations on 08/26/15. Further review of the signature validation sheets revealed the NPE, Consulting Respiratory Therapist or Regional Risk Manager also reeducated all licensed nurses	F 315			

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F 315	Continued From page 115 on 09/02/15 related to the Passey-Muir speaking valve, the Abuse/Neglect policy, tracheostomy care policies and procedures, following MD orders, timely review of revision of Care Plan implementation and care cards, pain assessments and medication, treatments, and assessments related to complications of indwelling urinary catheters. Post-tests and return demonstrations were completed by staff to ensure understanding. Twenty-three (23) of twenty-seven (27) licensed staff received the education with the remaining to complete on return to work. Interview with the DON, on 09/18/15 at 12:52 PM, revealed all nurses were educated regarding Abuse and Neglect, Tracheostomy, the speaking valve, trach care, care plans and care cards and all training was completed by 09/17/15.  On 09/18/15, review of signature validation sheets and post tests revealed SRNAs were educated by the NPE and DON on 09/17/15 on recognizing the signs and symptoms of any kind of pain, especially related to residents who have a tracheostomy or indwelling urinary catheter. Twenty-nine (29) out of thirty (30) SRNAs were education with the one (1) remaining to complete the training upon return to work.  Interview with the NPE, on 09/18/15 at 1:09 PM, revealed there was a Code of Conduct training presented by Corporate Staff and the NPE assisted with training of facility staff. She stated the Respiratory Therapist provided education to her and she then provided education to the facility staff which included a return demonstration. She stated the education covered the revision of Care Plans, care cards, signs and symptoms and non-verbal indicators of pain, pain assessment,	F 315			

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F 315	<p>Continued From page 116</p> <p>PRN pain medications, indwelling catheter care, recognizing pain symptoms for SRNAs and who they should report it to. She stated post tests were completed by all and were graded by the Regional Risk Manager and the NPE. Abuse and Neglect education to include reporting was completed on 09/14/15. She stated she was responsible to make sure that all staff received education before they returned to work.</p> <p>Interviews on 09/18/15 with RN #5 at 1:41 PM, RN #6 at 2:26 PM, LPN #2 at 2:41 PM, LPN #4 at 1:25 PM, LPN #5 at 1:33 PM, LPN #6 at 1:39 PM, revealed they received recent training on tracheostomys, speaking valves and the care of the valve, Care Plan revisions and implementation, pain assessment and the administration of pain medications, communication, catheters, UTI signs and symptoms, abuse and neglect and Code of Conduct, accuracy of orders, and pain to be identified as mild, moderate or severe. They stated staff was required to complete post tests.</p> <p>Interviews on 09/18/15 with SRNA #14 at 1:56 PM, SRNA #15 at 1:58 PM, SRNA #16 at 2:01 PM, SRNA #17 at 2:03 PM, SRNA #18 at 2:06 PM, SRNA #21 at 2:09 PM, SRNA #22 at 2:12 PM, SRNA #23 at 2:14 PM, SRNA #20 at 1:52 PM, SRNA #19 at 2:38 PM, Certified Occupational Therapy Assistant (COTA) #1 at 1:54 PM, COTA #2 at 2:30 PM, Physical Therapy Assistant (PTA) #1 at 2:32 PM, and PTA #2 at 2:33 PM revealed they had received inservice training by the NPE on Abuse/Neglect, catheters, reporting of pain, care cards, and reporting of concerns to the DON. They stated post tests were provided after the training.</p>	F 315			

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F 315	<p>Continued From page 117</p> <p>Interviews on 09/18/15 with the Activities Director at 1:46 PM, the Dietary Director at 1:48 PM, the Social Services Director at 1:49 PM, the Maintenance Man at 2:15 PM, the Health Information Coordinator at 1:36 PM, the Payroll and Benefits Coordinator at 1:43 PM, the Business Office Manager at 2:23 PM, the Admissions/Marketing Director at 2:18 PM, a Receptionist at 2:05 PM, the Hairdresser at 2:21 PM, Housekeeper #2 at 2:35 PM revealed inservice training was provided by the NPE regarding the abuse/neglect policy and the types of abuse as well as the signs and symptoms and reporting. They also received education on the chain of command and the reporting of pain. They were required to take a test after completion.</p> <p>13. Review of the Roster Sample Matrix revealed as of 09/18/15, revealed there were no residents with a tracheostomy in the building.</p> <p>14. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM revealed they were observing residents with indwelling catheters daily for signs of pain and ensuring staff was following the Plan of Correction.</p> <p>15. Interviews on 09/18/15 with the DON at 12:52 PM and the NPE at 1:09 PM revealed they were completing head to toe skin assessments and documenting daily on any resident identified as having a change of condition daily.</p> <p>16. Interview with the DON, on 09/18/15 at 12:52 PM, revealed five (5) residents were being interviewed daily regarding Abuse/Neglect.</p> <p>17. Interview with the DON, on 09/18/15 at 12:52</p>	F 315			

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F 315	Continued From page 118 PM, revealed three (3) staff members were being interviewed daily regarding Abuse/Neglect and the proper procedures to follow.  18. Interview with the DON, on 09/18/15 at 12:52 PM, revealed Administration and various staff were watching interactions between staff and residents daily.	F 315		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review it was determined the facility failed to provide adequate supervision for two (2) of fourteen (14) sampled residents (Resident #2 and Resident #8).  On 07/21/15 at approximately 8 50 PM, Resident #2, who had severe cognitive impairment and wanders throughout the facility in a wheelchair, entered Resident #1's room. Resident #2 was rummaging in Resident #1's personal belongings; however, when Resident #1 yelled out for help and pushed the call light, the staff failed to respond. Resident #1 called the nursing desk via the public telephone line and reported to the staff that Resident #2 had been in his/her room for	F 323		

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F 323	Continued From page 119 approximately twenty (20) minutes and somebody needed to come get him/her out. State Registered Nurse Aide (SRNA) #7 entered Resident #1's room, and observed Resident #2 was in the room in his/her wheelchair and she removed Resident #2 from the room. Further review revealed Resident #2 was a known wanderer who went into other resident's rooms repeatedly, but staff failed to take any action to ensure Resident #2 received adequate supervision to ensure his/her safety.  Resident #8 was assessed and care planned at high risk for falls with interventions for a bed and chair alarm. On 04/29/15, Resident #8 sustained a fall and the facility's corrective action to prevent further falls was to ensure "if the resident was going to be up in wheelchair unattended, he/she should be placed in the common area to be visible by staff"; however, the facility failed to revise the care plan to include the new intervention. On 08/13/15, Resident #8 was found unsupervised in the facility courtyard area by the resident's daughter who became upset because the resident was outside alone and the wheel on the wheelchair was stuck in the mud. Further review of the care plan revealed there were no revisions to the care plan to address the daughters concerns. In addition, the Surveyor determined the chair alarm was not audible in the building if it sounded out in the courtyard. The facility failed to have a system in place to ensure residents in the courtyard had adequate supervision to prevent accidents.  The findings include:  Review of the facility's policy titled, "Call Lights", last revised 10/01/12, revealed residents will have	F 323	<u>F 323</u>  SRNA # 7 removed resident # 2 from resident # 1's room upon discovery. Resident #1 did not experience any negative outcome. Resident #2 has not experienced any additional negative outcome. Resident # 8 did not experience any additional negative outcome.  Administrator updated Resident #2's care plan and care card on 8/13/15 to include history of wandering in and out of others rooms. Additional intervention to offer substantial snack of sandwich, ice cream or cookie, etc. and take to dining room added to care plan/care card. The care plan and CNA care card for Resident # 8 was updated to reflect therapy services for physical therapy 9/23 and occupational therapy 9/22 strengthening and functional mobility. The care plan and CNA care card will be updated to address an individualized approach to the courtyard access for Resident # 8 by the DNS as therapy recommendations are received.		

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F 323	<p>Continued From page 120</p> <p>a call light or alternative communication device within their reach at all times when unattended and staff will respond to call lights and communication devices promptly. The Purpose was "To ensure safety and communication between staff and patients".</p> <p>Review of the facility's policy, "Accidents/Incidents", last revised 05/15/14, revealed an accident was defined as any unexpected or unintentional incident which may result in injury or illness to a resident and an incident was defined as any occurrence not consistent with the routine operation of the Center or normal care of the resident. An incident can involve a visitor or staff member, malfunctioning equipment, or observation of a situation that poses a threat to safety or security.</p> <p>Record review revealed the facility admitted Resident #2 on 07/01/12 with diagnoses which included Dysphagia, Chronic Kidney Disease, Difficulty Walking, Dementia with Behavior, and Vascular Dementia with Delusion. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 06/26/15, revealed the facility assessed Resident #2's cognition as severely impaired and he/she was unable to complete a Brief Interview of Mental Status which indicated the resident was not interviewable. In addition, the resident was non ambulatory and required extensive assistance with all Activities of Daily Living (ADLs). Resident #2 was mobile via wheel chair when up.</p> <p>Review of Resident #2's Comprehensive Care Plan, for Anxiety, Depression and Dementia with Behavior Disturbance which included ineffective coping and motor agitation, biting, and physical</p>	F 323	<p>All residents of the facility including residents who wander have the potential to be affected. All residents assessed as at risk for wandering behavior care plan and CNA care cards will be reviewed by the Director of Nursing Services, Activities Director, Nurse Practice Educator, licensed Nurse and Administrator on or before 9/7/15 with corrective action upon discovery.</p> <p>Beginning 10/14/2015, the facility will secure all courtyard entrance doors from 2100 until 0700 daily and according to the facility inclement weather practice.</p> <p>Resident council meeting will be held on 10/7/2015 to discuss new procedure regarding courtyard door security, and will review with Resident council monthly X 3 months.</p> <p>Director of Nursing, Administrator, Nurse Practice Educator, and charge nurse observed response to call lights across all shifts between 8/24/15 and 8/26/15 with no concerns observed.</p> <p>All Licensed nurses and nurse aides were re-educated on response to call lights and accidents/incidents to include supervision of residents that may wander into other resident's rooms by the Director of Nursing, Nurse Practice Educator, or Licensed Nurse on or before 9/7/2015 with a posttest to be completed to validate understanding with a</p>	
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F 323	<p>Continued From page 121</p> <p>aggression, i.e. pushing others, was last reviewed 06/15/15. Interventions included for staff to maintain a safe environment (initiated 05/08/14) and place resident at arms length away from other residents so he/she could participate in activities. If the resident expressed or demonstrated agitation (initiated 03/12/15), staff should divert the resident by giving him/her alternative objects or activities.</p> <p>Review of a Nursing Note, dated 04/06/15 at 6:20 AM, revealed Resident #2 was found in another resident's room (room 202) and had slid out of his/her wheelchair. Review of an Event Summary Report, dated 04/06/15 at 6:20 AM, revealed the facility determined the resident was in another resident's room and attempted to stand from his/her wheel chair unassisted and slid to the floor with no injury sustained. An immediate intervention listed was "When resident is restless take to commons area and provide diversional activity such as food, drink, baby doll as resident will tolerate".</p> <p>Review of Nursing Note documented by RN #4, dated 07/21/15 at 9:52 PM, revealed Resident #2 was in another resident's room (Resident #1) and RN #4 sent an aide to redirect this resident from another resident's room. When the aide wheeled the resident to the nurse, Resident #2 was bleeding from an abrasion, which measured 3 centimeter (cm) by 3 cm on the right eyebrow area of the resident's face.</p> <p>Interview with Resident #1 who is a BIMs of fifteen (15), on 08/03/15 at 11:45 AM, revealed on 07/21/15 he/she was in bed asleep around 9:00 PM and woke up to Resident #2 at the foot of the bed. He/she stated he/she turned on the call light</p>	F 323	<p>All Licensed nurses and nurse aides were re-educated on daily supervision of the courtyard to include every staff member visually observing the courtyard during their shift on or before 10/14/15 with a posttest to be completed to validate understanding with a pass rate of 100%.</p> <p>All staff were educated on the implementation of the courtyard security plan to include locking the doors between 2100 – 0700 daily and according to the facility inclement weather practice on or before 10/14/15 with a posttest to be completed to validate understanding with a pass rate of 100%.</p> <p>Staff not available during this timeframe will be provided re-education including posttest by the Nurse Practice Educator or Director of Nurses with a pass rate of 100% upon return to work.</p> <p>Beginning 10/14/2015, the Administrator, Director of Nursing Services, Nurse Practice Educator, Business Office Manager, Social Services Director, Maintenance Director, Admissions Director, Payroll Service Coordinator, Activities Director, Director of Dining Services, Receptionist, Health Information Coordinator, or Housekeeping Supervisor will review staff response to call</p>	
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lights on each wing, that call lights are within reach, and the supervision of wandering

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F 323	Continued From page 122 and was repeatedly yelling for help but there wasn't anyone anywhere. Resident #1 revealed Resident #2 kept getting into his/her stuff and had gotten stuck by the bed and the over the bed table and they were "wrestling for the table". Resident #1 further stated Resident #2 had been in the room about twenty (20) minutes and Resident #1 stated he/she finally got on the phone and told the person that answered that Resident #2 had been in his/her room and could have been outside and to the highway by now and somebody needed to come get him/her. Resident #1 revealed Resident #2 had been in his/her room many times and he/she would call for someone to get Resident #2 out. Resident #1 stated he/she sprayed air freshener toward Resident #2 when he/she was in the room in an attempt to scare him/her away but it did not work. Resident #1 described Resident #2 as being like a small child and didn't know any better but he/she did not hit Resident #2.  Interview (phone) conducted on 08/03/15 at 7:25 PM with RN #4 revealed she had answered the phone on the evening of 07/21/15 and it was Resident #1. She stated the resident told her that Resident #2 had been in his/her room for twenty (20) minutes. She called the other nurse and then paged for someone to go to Resident #1's room immediately. She additionally stated Resident #2 resided on a different hall than Resident #1 and was very confused.  Interview with SRNA #7, on 08/03/15 at 9:20 AM, revealed she worked 07/21/15 on the 3:00 PM to 11:00 PM shift and Resident #1 was her responsibility that night. She stated she had put the resident to bed at about 6:00 PM. She stated she was sitting in the dining room with another	F 323	residents to include the courtyard across all shifts 3 X per week X 4 weeks, then as determined by the monthly Quality Improvement Committee to ensure timeliness of call light response, and appropriate supervision of wandering residents to include the courtyard area with corrective action upon discovery.  The Director of Nursing will report findings of these audits to the monthly Quality Improvement Committee, which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, Admissions Coordinator, Payroll/Benefits Designee, Business Office Manager, Nurse Practice Educator, and Maintenance Director for any additional follow up and/or inservicing needs until the issue is resolved and as need is identified thereafter.  Compliance Date:	10/15/15	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  G 09/18/2015
NAME OF PROVIDER OR SUPPLIER  BARKLEY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4747 ALBEN BARKLEY DRIVE PADUCAH, KY 42001		
(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 323	<p>Continued From page 123</p> <p>resident and heard an over head page for someone to go to Resident #1's room. She stated she responded and found Resident #2 in Resident #1's room; she pushed Resident #2 into the hall in his/her wheelchair. She stated another SRNA had gone into Resident #1's room and was picking up stuff the resident said Resident #2 had knocked into the floor. SRNA #7 stated when she came out of the dining room to answer the page, Resident #1's and another resident's call light were blinking which meant the lights had been on for a few minutes. SRNA #7 described Resident #2 as usually in bed but would get up sometimes during the night and call for his/her Momma, Daddy and another family member. She stated Resident #2 would become upset sometimes. Further interview with SRNA #7 revealed she had observed the resident in other residents' rooms and has had to redirect the resident, who becomes combative at times.</p> <p>Interview with RN #3, on 08/03/15 at 4:20 AM, revealed on 07/21/15, she was working on the back hall and Resident #1 had called on the main telephone line to the nurses' station and told RN #4 (no longer employed) that somebody needed to come get Resident #2 out of his/her room. RN #3 stated she observed Resident #2 a short while later with an area that was not raised and had minor bleeding over the eyebrow area. RN #3 stated Resident #2 normally propelled himself/herself in a wheel chair, was very confused; active, and goes about the facility and required frequent redirection.</p> <p>Interview with SRNA #5, on 08/03/15 at 4:45 AM revealed she came in on the 11:00 PM to 7:00 AM shift on 07/21/15. SRNA #5 stated Resident #2 was usually confused, was awake some nights</p>	F 323			