

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

PRINTED: 02/10/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185124 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 01/27/2015 |
| NAME OF PROVIDER OR SUPPLIER REDBANKS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 851 KIMSEY LANE HENDERSON, KY 42420 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| {F 000} | INITIAL COMMENTS A Revisit Survey was conducted on 01/22/15 through 01/27/15 and determined the facility was in compliance on 01/14/15, as alleged. | {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.

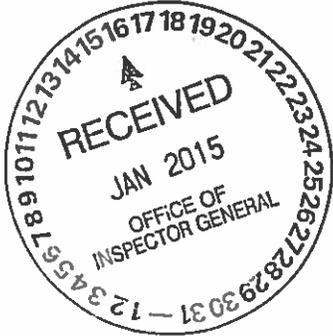
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/31/2014
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| NAME OF PROVIDER OR SUPPLIER REDBANKS | STREET ADDRESS, CITY, STATE, ZIP CODE 861 KIMSEY LANE HENDERSON, KY 42420 |
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|-------|---|-------|--|--|
| F 000 | <p>INITIAL COMMENTS</p> <p>An Abbreviated Survey Investigating Complaint #KY22479 and #KY22478 was conducted on 11/24/14 through 12/02/14 and a Partial Extended Survey was conducted on 12/12/14-12/15/14. Complaint #KY22478 was unsubstantiated with no deficiencies and Complaint #KY22479 was substantiated with deficiencies cited at a Scope and Severity of a "J".</p> <p>Beginning on 11/05/14, staff noted Resident #1 was having a decline in functional status as he/she was unable to assist with standing, was experiencing increased difficulty swallowing/eating and difficulty speaking. The resident continued to decline and his/her fluid intake decreased. The resident's Physician and Responsible Party were not notified of the resident's change in condition from 11/05/14-11/07/14. On 11/08/14, the resident's family asked staff to send the resident to the hospital. At that time, the resident's Physician was notified and the resident was transferred to the hospital. The resident was admitted to the hospital on 11/08/14 with diagnoses of Severe Dehydration (lack of fluids), and Failure to Thrive. Resident #1 was admitted to the In-patient Hospice Unit on 11/09/14 and expired on 11/18/14.</p> <p>Immediate Jeopardy (IJ) was identified in the areas of 42 CFR 483.10 Resident Rights at F157, 42 CFR 483.20 Resident Assessment at F280, and 42 CFR 483.25 Quality of Care at F309 all at a Scope and Severity of a "J". Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care. Immediate Jeopardy was identified on 12/02/14 and determined to exist on</p> | F 000 | <p>Disclaimer:</p> <p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts alleged or conclusions set forth in the Statement of deficiency. This Plan of Correction is prepared and executed solely because it is required by federal and state law.</p>  | |
|-------|---|-------|--|--|

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *In Home Administrator* DATE: *1/15/15*

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 | Continued From page 1 11/05/14. The facility was notified of the Immediate Jeopardy on 12/02/14. An acceptable Allegation of Compliance (AoC) was received on 12/11/14 alleging the removal of Immediate Jeopardy on 12/11/14, and the State Survey Agency validated the Immediate Jeopardy was removed on 12/11/14, as alleged. The Scope and Severity was lowered to a "D" at 42 CFR 483.10 Resident Rights at F157, 42 CFR 483.20 Resident Assessment at F280, and 42 CFR 483.25 Quality of Care at F309 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. | F 000 | | |
| F 157 SS=J | 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative | F 157 | F 157 Criteria 1 Resident affected by deficient practice has been discharged from the facility as of 11/08/2014. Criteria 2 All residents of the facility have the potential to be affected by this alleged deficient practice. To identify any other residents who may have been affected: 1. Facility RNs, RN MDS Coordinators and RN Supervisors conducted assessments on all current residents from 12/3/2014 - 12/5/2014 to determine if any recent changes in condition had occurred. The assessment process included a physical assessment of the resident, review of the progress notes from the past 30 days, and a review of labs from the past 30 days. If | |

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| F 157 | <p>Continued From page 2</p> <p>or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to notify the physician and responsible party regarding a change in condition for one (1) of three (3) sampled residents (Resident #1).</p> <p>On 11/05/14, Resident #1 was noted with a decline in functional status as he/she was unable to assist with standing, was experiencing increased difficulty swallowing/eating and difficulty speaking. The resident continued to decline and experienced a decrease in his/her fluids. The facility failed to notify the resident's Physician and Responsible Party of the resident's change in condition from 11/05/14-11/07/14. On 11/08/14, the resident's family asked staff to send the resident to the hospital. The resident was admitted to the hospital on 11/08/14 with diagnoses of Severe Dehydration (lack of fluids), and Failure to Thrive. Resident #1 was admitted to In-patient Hospice Unit on 11/09/14 and expired on 11/18/14.</p> <p>The facility's failure to notify the physician and the</p> | F 157 | <p>indicated Point of Care documentation was also reviewed for substantial changes in parameters, including but not limited to, meal and fluid consumption, vital signs, and bowel and bladder activity review. The care plans of the residents were reviewed at that time and updated as necessary.</p> <ul style="list-style-type: none"> Any pertinent information identified was communicated to the attending MD and responsible Party. Findings were documented by the licensed nurse and communicated to the attending MD and family for further follow-up. The licensed nurse will document MD and family notification in the resident's medical record. <p>2. Facility RNs, RN MDS Coordinators and RN Supervisors reviewed all current residents' progress notes and the 24 hours reports for the previous 30 days to review all changes in resident condition and appropriate notification of MD and family.</p> <ul style="list-style-type: none"> Any pertinent information identified, was addressed with the physician and responsible party. The care plans of the residents were reviewed at that time and | | |

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| F 157 | <p>Continued From page 3</p> <p>responsible party of a significant change in a resident has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 12/02/14 and determined to exist on 11/05/14. The facility was notified of the Immediate Jeopardy on 12/02/14. An acceptable Allegation of Compliance (AoC) was received on 12/11/14 alleging the removal of Immediate Jeopardy on 12/11/14, and the State Survey Agency validated the Immediate Jeopardy was removed on 12/11/14, 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 and procedure, titled "Physician/Legal Representative Notification" (no date), revealed it was the policy of the facility to immediately inform the resident, consult with the resident's physician, and notify the resident's legal representative or an interested family member when there was a significant change in the resident's physical, mental, or psychosocial status (i.e. a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications) and/or a need to alter treatment significantly.</p> <p>Record review revealed the facility admitted Resident #1 on 02/20/12, with diagnoses which included Parkinson's Disease, Senile Dementia, unspecified Psychosis, Depression, Hypertension, Rheumatoid Arthritis, Anxiety, and Coronary Atherosclerosis Disease.</p> | F 157 | <p>updated as necessary.</p> <p>3. The DON and ADONs review daily (M-F) the shift reports (progress notes) and monitor for documentation of physician and family notification and validate care plans updated as necessary. The Weekend Administrative nurse will review the shift reports (progress notes) on Saturday and Sunday and monitor for documentation of physician and family notification and validate care plans updated as necessary</p> <p>Criteria 3</p> <p>1. In-servicing for licensed nurses was initiated on 12/4/14 to include MD and Family notification and Stop and Watch/Change of Condition form. This education was conducted by the Staff Development Coordinator.. The education also reviewed how to perform and document resident assessment based on Stop and Watch communication forms. Assessment training included: head to toe physical assessment, review of recent progress notes, and review of the Point of Care documentation for significant parameters including but not limited to fluid intake, vital signs, and bowel and bladder activity.</p> <p>2. Non licensed staff including</p> | |

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| F 157 | <p>Continued From page 4</p> <p>Interview with Certified Nursing Assistant (CNA) #5, on 11/26/14 at 2:37 PM, revealed she had worked with Resident #1 on 11/05/14 on the 7 AM-7 PM shift and noticed a change as the resident was unable to stand as well and appeared as though he/she may have had a stroke. The resident was also having difficulty speaking, eating and drinking. She stated she reported her concerns to the Charge Nurse, Licensed Practical Nurse (LPN) #1 and was told the nurse did an examination on the resident and did not see any change. She stated she was unsure if the nurse went back in to check on the resident, but she knew the resident had been sent to the hospital on Saturday (11/08/14).</p> <p>Interview with CNA #8, on 11/26/14 at 2:40 PM, revealed she worked with the resident on 11/07/14 on the 7 AM-7 PM shift and noticed a change in the resident and it appeared he/she was more droopy and it reminded her of someone who had a stroke. She stated the resident drooled a lot that day and was not communicating like he/she normally did. She revealed she spoke with multiple aides and asked if they had noticed a change in the resident as well as asking the Charge Nurse (LPN #1) and the nurse did not act like there was a concern, so she did not push the matter further.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 11/26/14 at 8:38 AM, revealed she worked with Resident #1 on 11/05/14, 11/06/14, and 11/07/14 (the three days prior to the resident going to the hospital), from 7 AM-7 PM. LPN #1 would not say if staff reported any change in condition in the resident to her but stated if anyone came to her and reported a change in Resident #1's condition, she would have gone</p> | F 157 | <p>administrative, laundry, dietary, activity, and contracted housekeeping were also in-serviced at this time on the use of the Stop and Watch/Change of Condition form as provided by the Staff Development Coordinator and the Director of Nursing/ Assistant Director of Nursing from the sister facility.</p> <p>3. Further education of the facility's policy/protocol regarding MD and family notification was done with the licensed nurses on 1/3/15-1/7/15 as provided by the Staff Development Coordinator and the Administrator. Education included a post-test (100% score required to pass) that was completed by each licensed staff member in attendance. Licensed staff will not be allowed to work after 1/13/15 until they have received the additional education and completed the post-test.</p> <p>4. Interact Stop and Watch/Change of condition forms were initiated on 12/4/14. Any completed forms are given to the charge nurse who is responsible for assessing the resident, notification of MD and responsible party if warranted and care plan revision as needed. The Stop and Watch form will then be placed on a designated clip board</p> | |

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| F 157 | <p>Continued From page 5</p> <p>and assessed the resident. LPN #1 revealed if she did not see a change or concern then she was not obligated to document anything because the facility had a policy of "charting by exception".</p> <p>Interview with CNA #7, on 11/26/14 at 3:00 PM, revealed she worked with the resident on 11/05/14 on the 7 PM-7 AM shift and noticed a change in the resident's ability to transfer and lack of weight bearing. She stated the resident appeared as he/she had had a stroke. She stated she reported the change to the Charge Nurse/LPN #3 but was unsure if a follow up was completed.</p> <p>Interview with LPN #3, on 11/25/14 at 2:44 PM, revealed she worked the 7 PM-7 AM shift on 11/05/14, 11/06/14, and 11/07/14 and she had not seen a change in the resident; however, per interview, she reported to the oncoming Charge Nurse (Registered Nurse (RN) #1) the resident was having increased difficulty swallowing for the past two (2) to three (3) days and a Speech Therapy evaluation was requested. LPN #3 stated the resident was to be monitored for problems with swallowing and she did not consider this a change for the resident.</p> <p>Review of the facility's intake records, dated 11/03/14 through 11/07/14, revealed Resident #1 had a decline in fluid intakes with intakes of 1500 milliliters (ml) on 11/03/14, 1500 ml on 11/04/14, 960 ml on 11/05/14, 840 ml on 11/06/14, and 120 ml on 11/07/14.</p> <p>Review of the Interact Charting Log (24-hour report log), dated 11/07/14, revealed LPN #1 did document the resident was "not swallowing well" and Speech Therapy was to evaluate; however,</p> | F 157 | <p>that will be brought to the daily clinical Interdisciplinary team (IDT) meeting, consisting of the MDS Nurse, Registered Dietitian, Social Services, Activities Director, ADON's, Environmental Director, Restorative Nurse and the QA Nurse, (M-F). The IDT will validate appropriate changes in condition, documentation of resident assessment, addition of the resident to the 72 hour charting, notification of MD and responsible party, and care plan revision. On Sat-Sun the On-Call Weekend Administrative Nurse will review Stop and Watch forms as described above.</p> <p>Criteria 4</p> <ol style="list-style-type: none"> 1. A QA monitoring tool for notification of change shall be utilized monthly X 2 months, (5 residents will be audited per month) and then quarterly (5 residents) as per established QA schedule. Any identified concerns will be corrected at that time and a corrective action plan will be developed. Results of the monitoring tool will be forwarded to the QA Committee at the weekly QA meetings. 2. Members of the QA committee include: Members of the QA Committee include ED, Assistant | |

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| F 157 | <p>Continued From page 6</p> <p>per interview, LPN #1 insisted she did not see this as a change in the resident's condition.</p> <p>Review of a Nursing Progress Note, dated 11/07/14 at 10:40 PM, revealed due to Resident #1 refusing all of the evening medications and the evening snack; she was not able see the resident swallowing to identify if the resident was having difficulty swallowing. However, there was no documented evidence the physician or family were notified.</p> <p>Review of a Nursing Progress Note, dated 11/08/14 at 9:31 AM, revealed Resident #1 was having difficulty swallowing, fluids running from his/her mouth with attempts to drink and unable to verbalize; however, there was no documented evidence the physician or family were notified.</p> <p>Interview with Resident #1's son, on 11/25/14 at 8:55 AM, revealed he was not informed by the facility staff that Resident #1 had a change in condition. He stated he had visited Resident #1 on 11/03/14 and there did not appear to be a change in the resident's condition. Further interview with Resident #1's son at 4:30 PM, revealed he visited again on 11/07/14 and noticed a change in Resident #1's condition as he/she was not responding as normal, was in the bed which was abnormal for him/her, and just looked horrible, but he had not been notified of a change. He revealed he visited the resident on on 11/08/14, and the resident was in the dining room and was unable to eat or drink and was by him/herself. He stated he went to the Charge Nurse, Registered Nurse (RN) #2 and asked for Resident #1 to be sent out for evaluation.</p> <p>Interview with Minimum Data Set (MDS)</p> | F 157 | <p>Administrator, (as of 1/5/15) DON, SDC, Medical Director, Social Services Department, Dietary Services Manager, Registered Dietician, Activities Director, ADON's and MDS Nurses.</p> <p>Criteria 5 Completion Date:</p> | 1/14/15 |

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| F 157 | <p>Continued From page 7</p> <p>Coordinator #2, on 12/02/14 at 8:45 AM, revealed she would assess the resident and notify the physician and responsible party if a change in condition of a resident was brought to her attention by staff.</p> <p>Interview with the Assistant Director of Nursing (ADON) #1, on 12/02/14 at 8:50 AM, revealed if a concern was brought to her attention related to a change in condition of a resident, she would assess the resident, notify the physician and the responsible party.</p> <p>Interview with ADON #2, on 11/25/14 at 1:16 PM, revealed if there was a change in condition of a resident, the physician and Power of Attorney (POA) should have been notified.</p> <p>Interview with the Advanced Register Nurse Practitioner (ARNP), on 12/02/14 at 1:45 PM, revealed she could not recall if the Nursing Home staff notified her or not related to a change in condition of Resident #1 and it was common sense that they would notify her or the on call physician if there was a change in condition in a resident.</p> <p>Interview with Resident #1's Primary Care Physician, on 12/02/14 at 10:50 AM, revealed he expected to be notified of a change in a any resident's condition.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>Resident #1 transferred to the hospital on 11/08/14 and never returned.</p> | F 157 | | |

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| F 157 | <p>Continued From page 8</p> <p>1. The facility Registered Nurses (RNs), RN Minimum Data Set (MDS) Coordinators, and RN Supervisors conducted assessments of all residents to determine if any changes in condition had occurred. These assessments were completed between 12/03/14 through 12/05/14 with any changes in condition identified reported to the physician and responsible party.</p> <p>2. The facility RNs, RN MDS Coordinators, and RN Supervisors completed reviews of the current resident's Nursing Progress Notes and the facility twenty-four (24) hour reports for the previous 30 days. These reviews were conducted on 12/03/14 through 12/05/14 and all changes in condition identified were followed up on by licensed nursing staff and reported to the physician and responsible parties.</p> <p>3. MDS Nurses, Director of Case Management, DON, and the Registered Dietician reviewed the care plans of all residents with diagnoses that could impact swallowing including but not limited to Parkinson's Disease, Stroke, and Dysphagia to confirm any difficulties with speech and/or swallowing were addressed as needed on the care plan and Point of Care Kardex (CNA care plan). The care plan reviews began on 12/03/14 and continued through 12/10/14.</p> <p>4. The facility completed reviews of medical records of residents with unplanned transfer to the hospital to determine if any change in condition was recognized and acted upon in a timely manner. The reviews were conducted by RNs, RN/MDS Nurses, and RN Supervisors, on 12/03/14 and completed on 12/05/14.</p> <p>5. The facility implemented a form referred to as</p> | F 157 | | |

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| F 157 | <p>Continued From page 9</p> <p>"INTERACT Stop and Watch", on 12/04/14 to be used for a change in a resident's condition and is to be used by facility licensed staff, non-licensed staff, any department within the nursing facility, and family members to report a change in condition of a resident. If a change in condition is identified, the physician and responsible party will be notified immediately with documentation completed of the change and notifications. These forms are being reviewed in each morning Interdisciplinary (IDT) meeting. Members of the IDT team included the Executive Director (ED), DON, SDC, Director of Case Management, Dietician, Activities Director, ADON, and MDS Nurses.</p> <p>6. On 12/04/14, the Staff Development Coordinator (SDC), DON and ADONs from a sister facility initiated education with all facility staff related to change in condition of resident status, including use of the INTERACT Stop and Watch forms, to include physician and responsible party notification. Additional education provided to all licensed nurses included when and what to include in assessment documentation, notification of the physician and responsible party, and hydration. The education was completed on 12/07/14.</p> <p>7. Staff interviews were conducted, from 12/03/14 through 12/05/14, by the MDS Nurses to determine Licensed Nurses timely actions when a change in condition was reported.</p> <p>8. The facility's Executive Director (ED) and Director of Nursing (DON) were educated on 12/10/14, by contracted Administrative and Nurse Consultants through Well Health Systems, on matters including, but not limited to developing</p> | F 157 | | | |

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| F 157 | <p>Continued From page 10 the AoC, the Action Plan, Systemic Changes, and specific monitoring tools.</p> <p>9. The Quality Assurance (QA) tool for monitoring of Notification of Change will be completed weekly x 4, then monthly x 2, then quarterly as per the QA calendar under the supervision of the DON. Any problems identified will have a corrective plan implemented and the plan will be reported to the QA committee with updated audit results at the next monthly meeting.</p> <p>10. The QA tool to review medical records of residents with an unplanned transfer will be completed daily for two (2) weeks, then five (5) a week for two (2) weeks, then monthly for two (2) months, under the supervision of the DON. The results of the audits was to be reported to the QA Committee by the DON or QA Nurse each month. If at any time a concern arose with the change of condition process, the monitoring tool would be re-implemented with a schedule approved by the QA Committee.</p> <p>11. The QA tool to interview staff members regarding timely action for resident's with a change in condition will be completed with six (6) staff members weekly for four (4) weeks, then monthly for four (4) months under the supervision of the DON. Results of the meeting to be brought to the QA meeting for review.</p> <p>12. The QA Tool for monitoring the RAI process (which included development and revision of care plans) was implemented and will be monitored by the Director of Case Management weekly for four (4) weeks, monthly for three (3) months, then quarterly thereafter. The tool included areas of</p> | F 157 | | |

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| F 157 | <p>Continued From page 11</p> <p>comprehensive assessment, frequency of assessment/reviews, and comprehensive care plan.</p> <p>13. The QA Committee will meet weekly or more often as necessary until the facility demonstrated substantial compliance with the corrective actions described in the plan. A corrective action plan was developed by members of the QA Committee for any areas identified as not in compliance with the plan. Members of the QA committee includes the ED, DON, SDC, Medical Director, Social Services, Dietary Services Manager, Registered Dietician, Activities Director, Business Office Manager, ADONs and MDS Nurses.</p> <p>14. The QA Committee convened on 12/08/14 and 12/10/14 to review the monitoring of results and made recommendations for interventions based on the results.</p> <p>** The State Survey Agency validated the corrective action taken by the facility as follows:</p> <p>1. Review of the assessments conducted revealed 100% of all residents had assessments completed to determine if any changes in condition had occurred. These assessments were conducted by the RNs, RN MDS Coordinators & RN supervisors and were completed between 12/03/14 through 12/05/14 with any changes that needed to be reported to the physician and family completed.</p> <p>2. Review of twenty-four (24) hour reports and reviews of current resident's Nursing Progress Notes for the previous 30 days, revealed any and all changes in condition of a resident were identified and the physician and responsible</p> | F 157 | | | |

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| F 157 | <p>Continued From page 12</p> <p>parties were notified as well as updates of the care plans between 12/03/14 and 12/05/14. These reviews were conducted by the RNs, RN MDS Coordinators, and RN Supervisors.</p> <p>3. Review of reports of reviews of care plans for residents with diagnoses that could impact swallowing including but not limited to Parkinson's Disease, Stroke, and Dysphagia to confirm any difficulties with speech and/or swallowing, revealed all residents had care plans reviewed and updated as needed. Reviews were conducted between 12/03/14 through 12/05/14.</p> <p>4. Review of a list of medical records of residents with unplanned transfers to the hospital revealed the QA audit tool dated from 12/03/14 through 12/05/14 was used to determine if the residents who were transferred had appropriate measures (assessment, physician/responsible party notification) taken related to a change of condition (if applicable).</p> <p>5. Review of the systemic changes, revealed the facility implemented a INTERACT Stop and Watch form on 12/04/14 and the form was to be used by all employees to identify and report any change of condition in a resident. The form was to be used by family members and all staff including contract employees. Tour of the facility revealed the Stop and Watch forms were posted throughout the facility for easy access to everyone. Review of the IDT Committee meetings revealed the Stop and Watch forms were being brought to the meetings and reviewed on Monday through Friday each week. The Stop and Watch forms completed on Saturday and Sunday were brought to the meeting as well and reviewed with any concerns documented and followed up on</p> | F 157 | | |

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| F 157 | <p>Continued From page 13</p> <p>with Interact charting implemented for seventy-two (72) hours for any changes of condition identified.</p> <p>6. Interviews conducted on 12/15/14 with Certified Medication Aide (CMA) at 12:00 PM, CNA #14 at 12:10 PM, CNA #15 at 12:15 PM, CNA #16 at 12:20 PM, CMA #17 at 12:30 PM, RN # 1 at 12:40 PM, Unit Assistant #1 at 12:49 PM, LPN/ADON #16 at 12:58 PM, RN #5 at 1:04 PM, Activity Tech #20 at 1:13 PM, Activity Tech #21 at 1:20 PM, CNA #21 at 1:27 PM, Restorative Aide (RA) #22 at 1:34 PM, CNA #22 at 1:40 PM, CNA #23 at 1:47 PM, CNA #24 at 1:54 PM, RA #23 at 1:58 PM, Activity Tech #24 at 2:05 PM, CNA #25 at 2:11 PM, CNA #26 at 2:15 PM, LPN #21 at 2:37 PM, CNA #10 at 2:44 PM, CNA #12 at 2:50 PM, CNA #9 at 2:55 PM, CMA #8 at 3:05 PM, CNA #27 at 3:12 PM, LPN #22 at 3:36 PM, and RN #21 at 3:46 PM revealed:</p> <p>Licensed staff were educated on the following:</p> <p>A. Utilizing the INTERACT guidelines to aide in identifying a change in resident condition.</p> <p>B. Performing and documenting resident assessments based on the Stop and Watch communication forms from staff, family members and visitors. Assessment education included: Head to toe physical assessment using the Physical Assessment User Defined Assessment, review of recent Nursing Progress Notes, and review of Point of Care documentation for significant parameters including, but not limited to, fluid intake, vital signs, and bowel and bladder activity.</p> <p>C. Notification of the Physician and responsible</p> | F 157 | | | |

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| F 157 | <p>Continued From page 14</p> <p>party of any change of condition in a resident according to Federal regulation and according to company policy on Notification of Change.</p> <p>Non-Licensed staff were educated on the following:</p> <p>A. INTERACT Stop and Watch change of condition reporting process. Following chain of command if they have concerns about adequate Licensed Nurses follow-up.</p> <p>7. Review of the interviews performed by members of the IDT team with the Licensed Nurses for the week of 12/08/14 and 12/10/14, revealed staff interviews were being conducted with six (6) staff members regarding the Licensed Nurse response to a change of condition of a resident.</p> <p>8. Review of the education sign-in sheet, dated 12/03/14, (no time) revealed education was provided, to the ED and DON, on 12/03/14, (no time) by the Contracted Administrative and QA Nurse Consultants through Wells Health Systems regarding developing the Allegation of Compliance (AoC), the Action Plan, Systemic Changes, and Specific Monitoring Tools. Other education included regulatory guidelines for F280 (care plan revision) including, but not limited to revising the care plans to meet the needs in accordance with the assessment of a resident.</p> <p>Interview with the ED on 12/15/14 at 4:00 PM, and the DON on 12/15/14 at 4:10 PM, revealed they had been re-educated by the Contracted Administrative and QA Nurse Consultants through Wells Health Systems regarding developing the Allegation of Compliance (AoC), the Action Plan,</p> | F 157 | | |

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| F 157 | <p>Continued From page 15</p> <p>Systemic Changes, and Specific Monitoring Tools. Other education included regulatory guidelines for F280 (care plan revision) including, but not limited to revising the care plans to meet the needs in accordance with the assessment of a resident.</p> <p>9. Interview with the DON, on 12/15/14 at 1:15 PM, revealed the QA monitoring tool for monitoring of Notification of Change was being reviewed in the morning IDT meetings and any significant findings related to change of condition were being addressed and followed up on accordingly as well as physician and responsible party notification as needed.</p> <p>10. Interview with the DON, on 12/15/14 at 1:15 PM, and review of the QA Tool revealed medical records of residents with unplanned transfers to the hospital would be ongoing daily for two (2) weeks, then five (5) a week for two (2) weeks, then monthly for two (2) months, under the supervision of the DON.</p> <p>11. Interview with the DON, on 12/15/14 at 1:15 PM, and review of the QA Tool revealed interviews with Licensed Nurses regarding timely response to a resident's change in condition were ongoing with six (6) staff members weekly for four weeks, then monthly for four (4) months under the supervision of the DON.</p> <p>12. Review of the QA Tool for monitoring the RAI process (which included development and revision of care plans) revealed it was in use to monitor assessments and revision of care plans and being monitored by the Director of Case Management weekly for four (4) weeks, monthly for three (3) months, then quarterly thereafter.</p> | F 157 | | | |

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| F 157 | Continued From page 16 The tool included areas of comprehensive assessment, frequency of assessment/reviews, and comprehensive care plan. 13. Review of the QA calendar, revealed QA Committee was meeting as per the AoC. Dates of the last three (3) QA meetings were 12/04/14, 12/08/14, and 12/10/14. 14. Review of the QA meeting minutes, dated 12/08/14, revealed the committee met to review monitoring results and recommended interventions based on those results. A meeting was held on 12/10/14 for ongoing monitoring of results and recommendations for interventions based on monitoring of the results. | F 157 | | | |
| F 280 SS-J | 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 each assessment. | F 280 | F 280 Criteria 1 Resident affected by deficient practice has been discharged from the facility as of 11/08/2014. Criteria 2 All residents of the facility have the potential to be affected by the alleged deficient practice. To identify any other residents who may have been affected: 1. Facility RNs, RN MDS Coordinators and RN Supervisors conducted assessments on all current residents from 12/3/2014 – 12/5/2014 to determine if any recent changes in condition had occurred. The assessment process included a physical | | |

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| F 280 | Continued From page 17 This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy and procedures, it was determined the facility failed to ensure the comprehensive care plan was periodically reviewed and revised by a team of qualified persons after each assessment for one (1) of three (3) sampled residents (Resident #1). Resident #1 was identified by staff to have a noticeable change in condition starting 11/05/14 and continuing on through 11/08/14 when he/she was sent to the hospital per family request. Further review revealed there was no revision to the care plan to address the resident's change in condition related to intake and declines in function. Resident #1 was sent to the hospital on 11/08/14 with diagnoses of Failure to Thrive and Severe Dehydration. He/She was admitted to the Hospital In-house Hospice Care and expired on 11/18/14. The facility's failure to revised the care plan when a resident had a decline in intake and function has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 12/02/14 and determined to exist on 11/05/14. The facility was notified of the Immediate Jeopardy on 12/02/14. An acceptable Allegation of Compliance (AoC) was received on 12/11/14 alleging the removal of Immediate Jeopardy on 12/11/14, and the State Survey Agency validated the Immediate Jeopardy was removed on | F 280 | assessment of the resident, review of the progress notes from the past 30 days, and a review of labs from the past 30 days. If indicated Point of Care documentation was also reviewed for substantial changes in parameters, including but not limited to, meal and fluid consumption, vital signs, and bowel and bladder activity review. The care plans of the residents were reviewed at that time and updated as necessary. <ul style="list-style-type: none"> Any pertinent information identified was communicated to the attending MD and responsible Party. Findings were documented by the licensed nurse and communicated to the attending MD and family for further follow-up. The licensed nurse will document MD and family notification in the resident's medical record. <p>2. Facility RNs, RN MDS Coordinators and RN Supervisors reviewed all current residents' progress notes and the 24 hours reports for the previous 30 days to review all changes in resident condition and appropriate notification of MD and family.</p> <ul style="list-style-type: none"> Any pertinent information identified, was addressed with the | | |

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| F 280 | <p>Continued From page 18</p> <p>12/11/14, 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 and procedure, titled "Development of a Care Plan", (no date), revealed the facility should make sure updates/changes to the care plan were completed as soon as possible (within 24-48 hours of occurrences). The facility should use the "quickie" care plans ready for immediate implementation after making them resident specific (infections, wounds, falls, etc.).</p> <p>Record review revealed the facility admitted Resident #1 on 02/20/12, with diagnoses which included Parkinson's Disease, Senile Dementia, unspecified Psychosis, Depression, Hypertension, Rheumatoid Arthritis, Anxiety, and Coronary Atherosclerosis Disease. Review of the quarterly Minimum Data Set (MDS) assessment, dated 09/08/14, revealed Resident #1's Brief Interview of Mental Status (BIMS) score was fifteen (15) and the mood score was five (5). He/She required supervision and setup for meals.</p> <p>Review of the Comprehensive Care Plan, titled "At risk for choking and aspiration", last revised 03/11/14, revealed Resident #1 required supervision with all meals/fluids and was to be monitored for signs and symptoms of dysphagia (difficulty swallowing); pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, and refusal to eat.</p> | F 280 | <p>physician and responsible party.</p> <ul style="list-style-type: none"> • The care plans of the residents were reviewed at that time and updated as necessary. <p>3. The DON and ADONs review daily the shift reports (progress notes) and monitor for documentation of physician and family notification and validate care plans updated as necessary. The Weekend Administrative nurse on Saturday and Sunday will monitor for documentation of physician and family notification and validate care plans updated as necessary</p> <p>4. The MDS nurses reviewed the care plans of all residents with a diagnosis that could impact swallowing including but not limited to Parkinson's Disease, CVA, and dysphagia to confirm any difficulties with speech and/or swallowing were addressed on the plan of care. These reviews began on 12/3/14 and were completed on 12/10/14.</p> <p>Criteria 3</p> <ol style="list-style-type: none"> 1. In-servicing for licensed nurses was initiated on 12/4/14 to include MD and Family notification and Stop and Watch/Change of Condition form. This education was conducted by the Staff Development Coordinator and the Director of Nursing/ Assistant | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186124 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/15/2014 |
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| NAME OF PROVIDER OR SUPPLIER REDBANKS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 851 KIMSEY LANE HENDERSON, KY 42420 | | |
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| F 280 | <p>Continued From page 19</p> <p>Interview with Certified Nursing Assistant (CNA) #5, on 11/26/14 at 2:37 PM, revealed she had worked with Resident #1 on 11/05/14 on the 7 AM-7 PM shift and noticed a change as the resident was unable to stand as well and appeared as though he/she may have had a stroke. The resident was also having difficulty speaking and eating/drinking. She stated she reported her concerns to the Charge Nurse Licensed Practical Nurse (LPN) #1 and was told the nurse did an exam on the resident and did not see any change. She stated she was unsure if the nurse went back in to check on the resident but she knew the resident had been sent to the hospital on Saturday (11/08/14).</p> <p>Interview with Certified Medication Aide (CMA/CNA) #4, on 11/26/14 at 1:57 PM, revealed on 11/05/14, during medication pass, Resident #1 was having increased difficulty swallowing medications and it was also reported to her by CNA #5 that Resident #1 had not eaten well that evening and this was also reported to LPN #1. She revealed when she returned to work on 11/08/14, Resident #1 had been sent to the hospital.</p> <p>Interview with LPN #1, on 11/26/14 at 8:38 AM, revealed she did document on the Interact Charting Log (24-hour report log), dated 11/07/14, the resident was not swallowing well and Speech Therapy was to evaluate. However, per interview, she did not see a change in Resident #1's condition; therefore, she revealed there was no reason for further documentation or care plan revision.</p> <p>Interview with CNA #7, on 11/26/14 at 3:00 PM, revealed she worked with the resident on</p> | F 280 | <p>Director of Nursing from the sister facility.</p> <ol style="list-style-type: none"> Non licensed staff including administrative, laundry, dietary, activity, and contracted housekeeping were also in-serviced at this time on the use of the Stop and Watch/Change of Condition form. On 12/3/14 the contracted nurse consultant provided education on the regulatory requirements for F 280 to the MDS nurses, DON, and the ADONs. Interact Stop and Watch/Change of condition forms were initiated on 12/4/14. Any completed forms will be given to the charge nurse who will be responsible for assessing the resident, notification of MD and responsible party if warranted and care plan revision as needed. The Stop and Watch form will then be placed on a designated clip board that will be brought to the daily clinical Interdisciplinary team (IDT) meeting, consisting of the MDS Nurse, Registered Dietitian, Social Services, Activities Director, ADON's, Environmental Director, Restorative Nurse and the QA Nurse, (M-F). The IDT will validate appropriate changes in condition, documentation of resident | | |

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| F 280 | <p>Continued From page 20</p> <p>11/05/14 on the 7 PM-7 AM shift and noticed a change in the residents' ability to transfer and lack of weight bearing and the resident appeared as she had had a stroke. She stated she reported the change to the Charge Nurse, LPN #3 but was unsure if a follow-up was completed.</p> <p>Interview with LPN #3, on 11/25/14 at 2:44 PM, revealed she worked the 7 PM to 7 AM shift on 11/05/14, 11/06/14, and 11/07/14 and she did not see a change in the resident that would warrant a revision to the resident's care plan. However, per interview, she did report to the oncoming charge nurse the resident was having increased difficulty swallowing for the past two (2) to three (3) days and a Speech Therapy evaluation was requested.</p> <p>Review of the facility's intake records, dated 11/03/14 through 11/07/14, revealed Resident #1 had a decline in fluid intake of 1500 milliliters (ml) on 11/03/14 and 11/04/14, to 980 ml on 11/05/14, 840 ml on 11/06/14, and 120 ml on 11/07/14.</p> <p>Further review of Resident #1's medical record revealed a Nursing Progress Note, dated 11/07/14 at 10:40 PM, which stated due to Resident #1 refusing all of the evening medications and the evening snack, the Charge Nurse (LPN #3) was unable to assess the resident's difficulty swallowing.</p> <p>Further review of the Comprehensive Care Plan, dated 03/11/14, revealed there were no revisions to the care plan related to the resident's decline in ability to swallow.</p> <p>Interview with MDS Coordinator #1, on 12/04/14 at 3:30 PM, revealed MDS nurses were responsible for updating care plans with new</p> | F 280 | <p>assessment, addition of the resident to the 72 hour charting, notification of MD and responsible party, and care plan revision. On Sat-Sun the On-Call Weekend Administrative Nurse will review Stop and Watch forms as described above.</p> <p>5. On 1/9/15 the Daily Clinical Meeting audit tool was implemented and includes validating care plan updates for any resident with a change in condition. The DON/ ADONs/ and Quality Assurance RN will be responsible for completing this audit.</p> <p>Criteria 4</p> <p>1. A Quality Assurance monitoring tool for Care Plans (which includes the development and revision of plans of care) shall be utilized by the DON/ADON monthly x3, (5 residents are audited) then quarterly as per established QA calendar. Any identified concerns will be corrected at that time and a corrective action plan will be developed. Results of the monitoring tool will be forwarded to the QA Committee at the weekly QA meetings.</p> <p>2. Members of the QA Committee include ED, Assistant</p> | |

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| F 280 | <p>Continued From page 21</p> <p>orders or changes in resident's condition. She revealed each discipline was responsible for updating their care plans (i.e. Nutrition, Activity, Social Services) and Nursing was responsible for the other areas of concern.</p> <p>Interview with MDS Coordinator #2, on 12/04/14 at 3:45 PM, revealed new orders were reviewed in the morning meetings and any changes needed to the care plans were completed at that time. She revealed if one of the MDS Coordinators was not in the building, charge nurses had the capability to update care plans.</p> <p>Interview with LPN #7, on 12/02/14 at 4:00 PM, revealed she had never had to update a care plan but if she needed to she knew how and knew to do so.</p> <p>Interview with the Director of Nursing (DON), on 12/02/14 at 3:50 PM, revealed the MDS nurses were ultimately responsible for revision of the care plans and any new orders or changes in condition were brought to the morning meeting each day (Monday through Friday) and care plans were revised as needed. She stated Resident #1's care plan should have been revised when staff noted the resident's change in condition.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>Resident #1 transferred to the hospital on 11/08/14 and never returned.</p> <p>1. The facility Registered Nurses (RNs), RN Minimum Data Set (MDS) Coordinators, and RN Supervisors conducted assessments of all</p> | F 280 | <p>Administrator (as of 1/5/15) DON, SDC, Medical Director, Social Services Department, Dietary Services Manager, Registered Dietician, Activities Director, ADON's and MDS Nurses.</p> <p>Criteria 5 Completion Date:</p> | 1/14/15 | |

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| F 280 | <p>Continued From page 22</p> <p>residents to determine if any changes in condition had occurred. These assessments were completed between 12/03/14 through 12/05/14 with any changes in condition identified reported to the physician and responsible party.</p> <p>2. The facility RNs, RN MDS Coordinators, and RN Supervisors completed reviews of the current resident's Nursing Progress Notes and the facility twenty-four (24) hour reports for the previous 30 days. These reviews were conducted on 12/03/14 through 12/05/14 and all changes in condition identified were followed up on by licensed nursing staff and reported to the physician and responsible parties.</p> <p>3. MDS Nurses, Director of Case Management, DON, and the Registered Dietician reviewed the care plans of all residents with diagnoses that could impact swallowing including but not limited to Parkinson's Disease, Stroke, and Dysphagia to confirm any difficulties with speech and/or swallowing were addressed as needed on the care plan and Point of Care Kardex (CNA care plan). The care plan reviews began on 12/03/14 and continued through 12/10/14.</p> <p>4. The facility completed reviews of medical records of residents with unplanned transfer to the hospital to determine if any change in condition was recognized and acted upon in a timely manner. The reviews were conducted by RNs, RN/MDS Nurses, and RN Supervisors, on 12/03/14 and completed on 12/05/14.</p> <p>5. The facility implemented a form referred to as "INTERACT Stop and Watch", on 12/04/14 to be used for a change in a resident's condition and is to be used by facility licensed staff, non-licensed</p> | F 280 | | | |

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| F 280 | <p>Continued From page 23</p> <p>staff, any department within the nursing facility, and family members to report a change in condition of a resident. If a change in condition is identified, the physician and responsible party will be notified immediately with documentation completed of the change and notifications. These forms are being reviewed in each morning Interdisciplinary (IDT) meeting. Members of the IDT team included the Executive Director (ED), DON, SDC, Director of Case Management, Dietician, Activities Director, ADON, and MDS Nurses.</p> <p>6. On 12/04/14, the Staff Development Coordinator (SDC), DON and ADONs from a sister facility initiated education with all facility staff related to change in condition of resident status, including use of the INTERACT Stop and Watch forms, to include physician and responsible party notification. Additional education provided to all licensed nurses included when and what to include in assessment documentation, notification of the physician and responsible party, and hydration. The education was completed on 12/07/14.</p> <p>7. Staff interviews were conducted, from 12/03/14 through 12/05/14, by the MDS Nurses to determine Licensed Nurses timely actions when a change in condition was reported.</p> <p>8. The facility's Executive Director (ED) and Director of Nursing (DON) were educated on 12/10/14, by contracted Administrative and Nurse Consultants through Well Health Systems, on matters including, but not limited to developing the AoC, the Action Plan, Systemic Changes, and specific monitoring tools.</p> | F 280 | | |

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| F 280 | <p>Continued From page 24</p> <p>9. The Quality Assurance (QA) tool for monitoring of Notification of Change will be completed weekly x 4, then monthly x 2, then quarterly as per the QA calendar under the supervision of the DON. Any problems identified will have a corrective plan implemented and the plan will be reported to the QA committee with updated audit results at the next monthly meeting.</p> <p>10. The QA tool to review medical records of residents with an unplanned transfer will be completed daily for two (2) weeks, then five (5) a week for two (2) weeks, then monthly for two (2) months, under the supervision of the DON. The results of the audits was to be reported to the QA Committee by the DON or QA Nurse each month. If at any time a concern arose with the change of condition process, the monitoring tool would be re-implemented with a schedule approved by the QA Committee.</p> <p>11. The QA tool to interview staff members regarding timely action for resident's with a change in condition will be completed with six (6) staff members weekly for four (4) weeks, then monthly for four (4) months under the supervision of the DON. Results of the meeting to be brought to the QA meeting for review.</p> <p>12. The QA Tool for monitoring the RAI process (which included development and revision of care plans) was implemented and will be monitored by the Director of Case Management weekly for four (4) weeks, monthly for three (3) months, then quarterly thereafter. The tool included areas of comprehensive assessment, frequency of assessment/reviews, and comprehensive care plan.</p> | F 280 | | | |

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| F 280 | <p>Continued From page 25</p> <p>13. The QA Committee will meet weekly or more often as necessary until the facility demonstrated substantial compliance with the corrective actions described in the plan. A corrective action plan was developed by members of the QA Committee for any areas identified as not in compliance with the plan. Members of the QA committee includes the ED, DON, SDC, Medical Director, Social Services, Dietary Services Manager, Registered Dietician, Activities Director, Business Office Manager, ADONs and MDS Nurses.</p> <p>14. The QA Committee convened on 12/08/14 and 12/10/14 to review the monitoring of results and made recommendations for interventions based on the results.</p> <p>** The State Survey Agency validated the corrective action taken by the facility as follows:</p> <p>1. Review of the assessments conducted revealed 100% of all residents had assessments completed to determine if any changes in condition had occurred. These assessments were conducted by the RNs, RN MDS Coordinators & RN supervisors and were completed between 12/03/14 through 12/05/14 with any changes that needed to be reported to the physician and family completed.</p> <p>2. Review of twenty-four (24) hour reports and reviews of current resident's Nursing Progress Notes for the previous 30 days, revealed any and all changes in condition of a resident were identified and the physician and responsible parties were notified as well as updates of the care plans between 12/03/14 and 12/05/14. These reviews were conducted by the RNs, RN</p> | F 280 | | | |

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| F 280 | <p>Continued From page 28 MDS Coordinators, and RN Supervisors.</p> <p>3. Review of reports of reviews of care plans for residents with diagnoses that could impact swallowing including but not limited to Parkinson's Disease, Stroke, and Dysphagia to confirm any difficulties with speech and/or swallowing, revealed all residents had care plans reviewed and updated as needed. Reviews were conducted between 12/03/14 through 12/05/14.</p> <p>4. Review of a list of medical records of residents with unplanned transfers to the hospital revealed the QA audit tool dated from 12/03/14 through 12/05/14 was used to determine if the residents who were transferred had appropriate measures (assessment, physician/responsible party notification) taken related to a change of condition (if applicable).</p> <p>5. Review of the systemic changes, revealed the facility implemented a INTERACT Stop and Watch form on 12/04/14 and the form was to be used by all employees to identify and report any change of condition in a resident. The form was to be used by family members and all staff including contract employees. Tour of the facility revealed the Stop and Watch forms were posted throughout the facility for easy access to everyone. Review of the IDT Committee meetings revealed the Stop and Watch forms were being brought to the meetings and reviewed on Monday through Friday each week. The Stop and Watch forms completed on Saturday and Sunday were brought to the meeting as well and reviewed with any concerns documented and followed up on with Interact charting implemented for seventy-two (72) hours for any changes of condition identified.</p> | F 280 | | | |

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| F 280 | Continued From page 27 6. Interviews conducted on 12/15/14 with Certified Medication Aide (CMA) at 12:00 PM, CNA #14 at 12:10 PM, CNA #15 at 12:15 PM, CNA #16 at 12:20 PM, CMA #17 at 12:30 PM, RN # 1 at 12:40 PM, Unit Assistant #1 at 12:49 PM, LPN/ADON #16 at 12:58 PM, RN #5 at 1:04 PM, Activity Tech #20 at 1:13 PM, Activity Tech #21 at 1:20 PM, CNA #21 at 1:27 PM, Restorative Aide (RA) #22 at 1:34 PM, CNA #22 at 1:40 PM, CNA #23 at 1:47 PM, CNA #24 at 1:54 PM, RA #23 at 1:56 PM, Activity Tech #24 at 2:05 PM, CNA #25 at 2:11 PM, CNA #26 at 2:15 PM, LPN #21 at 2:37 PM, CNA #10 at 2:44 PM, CNA #12 at 2:50 PM, CNA #9 at 2:55 PM, CMA #8 at 3:05 PM, CNA #27 at 3:12 PM, LPN #22 at 3:36 PM, and RN #21 at 3:46 PM revealed: Licensed staff were educated on the following: A. Utilizing the INTERACT guidelines to aide in identifying a change in resident condition. B. Performing and documenting resident assessments based on the Stop and Watch communication forms from staff, family members and visitors. Assessment education included: Head to toe physical assessment using the Physical Assessment User Defined Assessment, review of recent Nursing Progress Notes, and review of Point of Care documentation for significant parameters including, but not limited to, fluid intake, vital signs, and bowel and bladder activity. C. Notification of the Physician and responsible party of any change of condition in a resident according to Federal regulation and according to company policy on Notification of Change. | F 280 | | |

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| F 280 | Continued From page 28 Non-Licensed staff were educated on the following: A. INTERACT Stop and Watch change of condition reporting process. Following chain of command if they have concerns about adequate Licensed Nurses follow-up. 7. Review of the interviews performed by members of the IDT team with the Licensed Nurses for the week of 12/08/14 and 12/10/14, revealed staff interviews were being conducted with six (6) staff members regarding the Licensed Nurse response to a change of condition of a resident. 8. Review of the education sign-in sheet, dated 12/03/14, (no time) revealed education was provided, to the ED and DON, on 12/03/14, (no time) by the Contracted Administrative and QA Nurse Consultants through Wells Health Systems regarding developing the Allegation of Compliance (AoC), the Action Plan, Systemic Changes, and Specific Monitoring Tools. Other education included regulatory guidelines for F280 (care plan revision) including, but not limited to revising the care plans to meet the needs in accordance with the assessment of a resident. Interview with the ED on 12/15/14 at 4:00 PM, and the DON on 12/15/14 at 4:10 PM, revealed they had been re-educated by the Contracted Administrative and QA Nurse Consultants through Wells Health Systems regarding developing the Allegation of Compliance (AoC), the Action Plan, Systemic Changes, and Specific Monitoring Tools. Other education included regulatory guidelines for F280 (care plan revision) including, | F 280 | | |

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| F 280 | Continued From page 29 but not limited to revising the care plans to meet the needs in accordance with the assessment of a resident. 9. Interview with the DON, on 12/15/14 at 1:15 PM, revealed the QA monitoring tool for monitoring of Notification of Change was being reviewed in the morning IDT meetings and any significant findings related to change of condition were being addressed and followed up on accordingly as well as physician and responsible party notification as needed. 10. Interview with the DON, on 12/15/14 at 1:15 PM, and review of the QA Tool revealed medical records of residents with unplanned transfers to the hospital would be ongoing daily for two (2) weeks, then five (5) a week for two (2) weeks, then monthly for two (2) months, under the supervision of the DON. 11. Interview with the DON, on 12/15/14 at 1:15 PM, and review of the QA Tool revealed interviews with Licensed Nurses regarding timely response to a resident's change in condition were ongoing with six (6) staff members weekly for four weeks, then monthly for four (4) months under the supervision of the DON. 12. Review of the QA Tool for monitoring the RAI process (which included development and revision of care plans) revealed it was in use to monitor assessments and revision of care plans and being monitored by the Director of Case Management weekly for four (4) weeks, monthly for three (3) months, then quarterly thereafter. The tool included areas of comprehensive assessment, frequency of assessment/reviews, and comprehensive care plan. | F 280 | | | |

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| F 280 | Continued From page 30 13. Review of the QA calendar, revealed QA Committee was meeting as per the AoC. Dates of the last three (3) QA meetings were 12/04/14, 12/08/14, and 12/10/14. 14. Review of the QA meeting minutes, dated 12/08/14, revealed the committee met to review monitoring results and recommended interventions based on those results. A meeting was held on 12/10/14 for ongoing monitoring of results and recommendations for interventions based on monitoring of the results. | F 280 | | |
| 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 observation, interview, record review, and review of the facility's policy and procedure, and hospital history and physical and discharge summary, it was determined the facility failed to ensure 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 for one (1) of three (3) sampled residents (Resident #1). | F 309 | F 309 Criteria 1 Resident affected by deficient practice has been discharged from the facility as of 11/08/2014. Criteria 2 All residents of the facility have the potential to be affected. To identify any other residents who may have been affected: 1. Facility RNs, RN MDS Coordinators and RN Supervisors conducted assessments on all current residents from 12/3/2014 -- 12/5/2014 to determine if any recent changes in condition | |

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| F 309 | Continued From page 31 Resident #1 was reported to have exhibited declines in weight bearing, transferring, swallowing, fluid intake, and verbalizing beginning 11/05/14 with a continuous decline through 11/08/14 when he/she was sent to the hospital per family request. On 11/05/14, Resident #1's change in condition was reported to Licensed Practical Nurse (LPN) #1; however, there was no documented evidence licensed staff had conducted an assessment related to the resident's decline. Resident #1 was admitted to the hospital on 11/08/14 per family request with diagnoses of Severe Dehydration (lack of fluids) and Failure to Thrive and was placed on in-patient hospice on 11/09/14 and expired on 11/18/14. The facility's failure to ensure 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 when a resident had a decline in intake and function has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 12/02/14 and determined to exist on 11/05/14. The facility was notified of the Immediate Jeopardy on 12/02/14. An acceptable Allegation of Compliance (AoC) was received on 12/11/14 alleging the removal of Immediate Jeopardy on 12/11/14, and the State Survey Agency validated the Immediate Jeopardy was removed on 12/11/14, 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. | F 309 | had occurred. The assessment process included a physical assessment of the resident, review of the progress notes from the past 30 days, and a review of labs from the past 30 days. If indicated Point of Care documentation was also reviewed for substantial changes in parameters, including but not limited to, meal and fluid consumption, vital signs, and bowel and bladder activity review. The care plans of the residents were reviewed at that time and updated as necessary. <ul style="list-style-type: none">• Any pertinent information identified was communicated to the attending MD and responsible Party.• Findings were documented by the licensed nurse and communicated to the attending MD and family for further follow-up.• The licensed nurse will document MD and family notification in the resident's medical record. 2. Facility RNs, RN MDS Coordinators and RN Supervisors reviewed all current residents' progress | |

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| F 309 | <p>Continued From page 32</p> <p>The findings include:</p> <p>Review of the facility's Policy and Procedure titled, "Management of Acute Change in Resident Status-Recommended Protocol", last revised 01/15/01, revealed when an acute change in status of a resident was identified licensed staff should assess the resident and determine the resident's code status, vital signs, level of consciousness and conduct a neurological exam. If vital signs were stable and there was no change in level of consciousness, licensed staff should then assess all other signs/symptoms of the change in condition. Licensed staff should then contact the physician to notify of the findings and to obtain orders; then contact the family/responsible party to notify. Staff should then thoroughly document all events, precise times, and actions in the nursing notes, and on any other related forms as indicated.</p> <p>Record review revealed the facility admitted Resident #1 on 02/20/12, with diagnoses which included Parkinson's Disease, Senile Dementia, unspecified Psychosis, Depression, Hypertension, Rheumatoid Arthritis, Anxiety, and Coronary Atherosclerosis Disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 09/08/14, revealed Resident #1's Brief Interview of Mental Status (BIMS) score was fifteen (15) and the mood score was five (5). He/She required supervision and setup for meals.</p> <p>Review of the Comprehensive Care Plan, titled "At risk for choking and aspiration", last revised 03/11/14, revealed Resident #1 required supervision with all meals/fluids and was to be</p> | F 309 | <p>notes and the 24 hours reports for the previous 30 days to review all changes in resident condition and appropriate notification of MD and family.</p> <ul style="list-style-type: none"> • Any pertinent information identified, was addressed with the physician and responsible party. • The care plans of the residents were reviewed at that time and updated as necessary. <p>3. The DON and ADONs review daily the shift reports (progress notes) and monitor for documentation of physician and family notification, assessment, and validate care plans updated as necessary. On Saturday and Sunday the Weekend Administrative Nurse will monitor for documentation of physician and family notification, assessment, and validate care plans updated as necessary.</p> <p>Criteria 3</p> <ol style="list-style-type: none"> 1. In-servicing for licensed nurses was initiated on 12/4/14 to include MD and Family notification and Stop and Watch/Change of Condition form. This education | |

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| F 309 | <p>Continued From page 33</p> <p>monitored for signs and symptoms of dysphagia (difficulty swallowing); pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, and refusal to eat.</p> <p>Interview with Certified Nursing Assistant (CNA) #5, on 11/26/14 at 2:37 PM, revealed she had worked with Resident #1 on 11/05/14 on the 7 AM-7 PM shift and noticed a change as the resident was unable to stand as well and appeared as though he/she may have had a stroke. The resident was also having difficulty speaking and eating/drinking. She revealed she reported her concerns to the charge nurse (LPN #1) and was told she did an exam on the resident and did not see any change. She stated she was unsure if the nurse went back in to check on the resident but she knew the resident had been sent to the hospital on Saturday, 11/08/14.</p> <p>Interview with CNA #6, on 11/26/14 at 2:40 PM, revealed she worked with the resident on 11/07/14 on the 7 AM-3 PM shift and noticed a change in the resident and it appeared he/she was more droopy and it reminded her of someone who had a stroke. She stated the resident drooled a lot that day and was not communicating like he/she normally did. She revealed she spoke with multiple aides and asked if they had noticed a change in the resident as well as asking the nurse (LPN #1) and the nurse did not act like there was a concern, so she did not push the matter further.</p> <p>Interview with LPN #1, on 11/26/14 at 8:38 AM, revealed she worked with Resident #1 on 11/05/14, 11/08/14, and 11/07/14 (three days prior to the resident going to the hospital), on the 7 AM-7 PM shift. LPN #1 would not confirm if the</p> | F 309 | <p>was conducted by the Staff Development Coordinator. The education also reviewed how to perform and document resident assessment based on Stop and Watch communication forms. Assessment training included: head to toe physical assessment, review of recent progress notes, and review of the Point of Care documentation for significant parameters including but not limited to fluid intake, vital signs, and bowel and bladder activity.</p> <ol style="list-style-type: none"> 2. Non licensed staff including administrative, laundry, dietary, activity, and contracted housekeeping were also in-serviced at this time on the use of the Stop and Watch/Change of Condition form as provided by the Staff Development Coordinator and the Director of Nursing/ Assistant Director of Nursing from the sister facility. 3. Further education of the facility's policy/protocol regarding MD and family notification was done with the licensed nurses on 1/3/15-1/7/15 as provided by the Staff Development Coordinator and the Administrator. Education included a post-test (score of 100% required to pass) that was completed by each licensed staff | | |

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| F 309 | <p>Continued From page 34</p> <p>aides had reported to her that Resident #1 was having difficulty swallowing. She did state that if anyone came to her and reported a change in Resident #1's condition, she would have gone and assessed the resident and if she did not see a change or concern then she was not obligated to document anything because the facility had a policy of "charting by exception". However, review of the Interact Charting Log (24-hour report log), dated 11/07/14, revealed LPN #1 did document the resident was not swallowing well and Speech Therapy was to evaluate. Per interview, LPN #1 she still insisted she did not notice a change in the resident's condition.</p> <p>Interview with CNA #7, on 11/26/14 at 3:00 PM, revealed she worked with the resident on 11/05/14, on the 7 PM to 7 AM shift, and noticed a change in the residents' ability to transfer and lack of weight bearing and the resident appeared as she had had a stroke. She stated she reported the change to the charge nurse (LPN #3) but was unsure if a follow up was completed.</p> <p>Interview with LPN #3, on 11/25/14 at 2:44 PM, revealed she worked the 7 PM to 7 AM shift on 11/05/14, 11/06/14, and 11/07/14 and she specifically remembered the morning of 11/08/14 the resident had been gotten out of bed, showered, and placed in his/her wheel chair. She revealed she did not see a change in the resident; however, she reported to the oncoming charge nurse the resident was having increased difficulty swallowing for the past two (2) to three (3) days and a Speech Therapy evaluation was requested.</p> <p>Review of the Resident #1's Intake Records, dated 11/03/14 through 11/07/14, revealed</p> | F 309 | <p>member in attendance.. Licensed staff will not be allowed to work after 1/13/15 until they have received the additional education and completed the post-test.</p> <p>4. Interact Stop and Watch/Change of condition forms were initiated on 12/4/14. Any completed forms are given to the charge nurse who is responsible for assessing the resident, notification of MD and responsible party if warranted and care plan revision as needed. The Stop and Watch form will then be placed on a designated clip board that will be brought to the daily clinical interdisciplinary team (IDT) meeting, consisting of the MDS Nurse, Registered Dietitian, Social Services, Activities Director, ADON's, Environmental Director, Restorative Nurse and the QA Nurse, (M-F). The IDT will validate appropriate changes in condition, documentation of resident assessment, addition of the resident to the 72 hour charting, notification of MD and responsible party, and care plan revision. On Sat-Sun the On-Call Weekend Administrative Nurse will review Stop and Watch forms as described above.</p> <p>5. The facility has made the following changes in nursing administration:</p> | |

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| F 309 | <p>Continued From page 35</p> <p>Resident #1 had a decline in fluid intake. On 11/03/14 and 11/04/14 the facility had documented an intake of 1500 milliliters (ml). However, the resident's fluid intake declined to 960 ml on 11/05/14, 840 ml on 11/08/14, and 120 ml on 11/07/14.</p> <p>Review of the Nursing Notes, dated 11/05/14 through 11/07/14, revealed there was no documented evidence a licensed staff had assessed Resident #1 related to the staff reported decline in condition and the documented decline in fluid intake per the facility's policy and procedure.</p> <p>Review of a Nursing Progress Note, dated 11/07/14 at 10:40 PM, revealed due to the resident refusing all evening medications and the evening snack, the Charge Nurse (LPN #3) was unable to assess the resident's swallowing to identify if the resident was having any difficulty swallowing.</p> <p>Review of a Nursing Progress Note, dated 11/08/14 at 9:31 AM, revealed Resident #1 was having difficulty swallowing, fluids were running from his/her mouth with attempts to drink, was unable to verbalize and had been experiencing difficulty swallowing for the past two (2) to three (3) days.</p> <p>Interview with the resident's son, on 11/25/14 at 4:30 PM, revealed on 11/08/14, he was talking to the nurse and another person jumped in and said the resident "hasn't been eating or drinking for three or four days". He stated he found the resident was in the dining room and was not verbalizing or able to eat. He went to Registered Nurse (RN) #2 and told her of the resident's</p> | F 309 | <p>(1) The previous Director of Nursing (DON) resigned on 12/15/14. A new DON will be starting on 01/19/2015; she has several years of long term care nursing administration experience. Until that time, the Case Management Coordinator is serving as interim DON. (2) ADON's will now be required to have a RN license; therefore, one ADON was demoted to a charge nurse position and her previous position is being filled by a RN.</p> <p>Criteria 4</p> <ol style="list-style-type: none"> 1. The Interdisciplinary Team (IDT) will be responsible for monitoring for charge nurses' compliance with Stop and Watch/Change in Condition during routine meetings Monday - Friday. On Saturday-Sunday the On-Call Weekend Administrative Nurse will monitor for charge nurses' compliance with Stop and Watch forms. The On-Call Weekend Administrative Nurse will report Saturday-Sunday findings/actions on Monday during the IDT meeting. In absence of the On-Call Weekend Administrative Nurse, the ADONs will monitor the charge nurses' compliance for Saturday and Sunday. 2. Medical records of residents with an unplanned transfer to the | |

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| F 309 | <p>Continued From page 38</p> <p>decline, requested the resident be sent to the hospital, and the resident was transferred to the hospital on 11/08/14.</p> <p>Review of the Hospital History and Physical, dated 11/08/14, revealed Resident #1 had been bed bound at the nursing facility for the past two (2) to three (3) days, was non-communicative and not eating/drinking or taking medications per family history. Clinical Impression revealed Resident #1 was admitted to the hospital with complaints of possible clinical dehydration and possible failure to thrive.</p> <p>Review of the Hospital Discharge Summary, dated 11/09/14, revealed Resident #1 was admitted to the hospital on 11/08/14 with diagnoses of severe dehydration and failure to thrive. He/she was continued on intravenous (IV) hydration, however the patient's condition deteriorated. A Speech Therapy swallow evaluation was conducted in the hospital with a recommendation of honey thickened liquids to be provided but the resident was unable to tolerate anything liquid or take any medications. Resident #1's family made the decision to place the resident on Hospice care at the hospital on 11/09/14 and the resident expired on 11/18/14.</p> <p>Interview with the hospital admitting physician, on 11/25/14 at 3:38 PM, revealed the family accompanied the resident to the hospital on 11/08/14 and informed him that they had been told by nursing home staff the resident had not eaten or drank hardly anything in three (3) days. He revealed upon assessment of the resident, his/her tongue was sticking to the roof of his/her mouth because he/she was so dehydrated and that was why he/she could not speak. He stated</p> | F 309 | <p>hospital will be reviewed to determine if any change in condition was recognized and acted upon in a timely manner. These reviews shall be done for unplanned transfers – up to 5 per month X 2 months under the supervision of the DON. Results of the audits will be reported to the QA Committee by the DON or QA Nurse each month it is completed. If an accepted threshold of compliance is not achieved, the DON or QA Nurse shall immediately develop and oversee a corrective plan. The details of the corrective plan will be reported to the QA Committee, with updated audit results, at the next monthly meeting. If at any time a concern arises with change of condition process, then this monitoring tool should be re-implemented with a schedule approved by the QA Committee.</p> <p>3. Staff interviews will be conducted to determine timely action by Licensed Nurse when a change in condition is reported. These interviews will be done with 6 staff members monthly X 4 months under the supervision of the DON. Results of staff interviews will be brought to the following QA meeting for review. If undesirable</p> | |

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| F 309 | <p>Continued From page 37</p> <p>laboratory results, dated 11/08/14 at 11:45 AM, revealed an increased Blood/Urine/Nitrogen (BUN) indicating severe dehydration and ketones were being spilled over in the urine which was indicative of the body going into starvation mode. The admitting diagnoses to the hospital was severe dehydration and failure to thrive possibly related to end stage dementia.</p> <p>Interview with the Director of Nursing (DON), on 12/02/14 at 3:50 PM, revealed if anyone came to a charge nurse and told them a resident appeared to have had a stroke, she would expect them to assess the resident. She stated she also expected the assessments to be documented and notifications made regardless of the findings.</p> <p>Interview with the Executive Director (ED), on 12/02/14 at 4:25 PM, revealed the facility had a policy on "charting by exception" and that was what she would expect from a nurse who assessed a resident and did not identify a significant change in condition. She stated the best practice would be to document any and all findings and notifications made, but she did not expect nursing staff to document if they did not have a concern.</p> <p>Interview with Resident #1's Primary Care Physician, on 12/02/14 at 10:50 AM, revealed he would expect the facility nursing staff to assess and document changes in a resident's condition.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>Resident #1 transferred to the hospital on 11/08/14 and never returned.</p> | F 309 | <p>responses are documented, then the DON or designee will immediately develop and oversee a corrective plan and extend the schedule of interviews. If at any time a concern arises with change of condition process, then this monitoring tool should be re-implemented with a schedule approved by the QA Committee.</p> <p>4. Any identified concerns will be corrected at that time and a corrective action plan will be developed. Results of the monitoring tool will be forwarded to the QA Committee at the weekly QA meetings.</p> <p>5. Members of the QA committee include: Members of the QA Committee include ED, Assistant Administrator, (as of 1/5/15) DON, SDC, Medical Director, Social Services Department, Dietary Services Manager, Registered Dietician, Activities Director, Business Office Manager, ADON's and MDS Nurses.</p> <p>Criteria 5 Completion Date:</p> | 1/14/15 |

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| F 309 | <p>Continued From page 38</p> <p>1. The facility Registered Nurses (RNs), RN Minimum Data Set (MDS) Coordinators, and RN Supervisors conducted assessments of all residents to determine if any changes in condition had occurred. These assessments were completed between 12/03/14 through 12/05/14 with any changes in condition identified reported to the physician and responsible party.</p> <p>2. The facility RNs, RN MDS Coordinators, and RN Supervisors completed reviews of the current resident's Nursing Progress Notes and the facility twenty-four (24) hour reports for the previous 30 days. These reviews were conducted on 12/03/14 through 12/05/14 and all changes in condition identified were followed up on by licensed nursing staff and reported to the physician and responsible parties.</p> <p>3. MDS Nurses, Director of Case Management, DON, and the Registered Dietician reviewed the care plans of all residents with diagnoses that could impact swallowing including but not limited to Parkinson's Disease, Stroke, and Dysphagia to confirm any difficulties with speech and/or swallowing were addressed as needed on the care plan and Point of Care Kardex (CNA care plan). The care plan reviews began on 12/03/14 and continued through 12/10/14.</p> <p>4. The facility completed reviews of medical records of residents with unplanned transfer to the hospital to determine if any change in condition was recognized and acted upon in a timely manner. The reviews were conducted by RNs, RN/MDS Nurses, and RN Supervisors, on 12/03/14 and completed on 12/05/14.</p> <p>5. The facility implemented a form referred to as</p> | F 309 | | | |

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| F 309 | <p>Continued From page 39</p> <p>"INTERACT Stop and Watch", on 12/04/14 to be used for a change in a resident's condition and is to be used by facility licensed staff, non-licensed staff, any department within the nursing facility, and family members to report a change in condition of a resident. If a change in condition is identified, the physician and responsible party will be notified immediately with documentation completed of the change and notifications. These forms are being reviewed in each morning Interdisciplinary (IDT) meeting. Members of the IDT team included the Executive Director (ED), DON, SDC, Director of Case Management, Dietician, Activities Director, ADON, and MDS Nurses.</p> <p>6. On 12/04/14, the Staff Development Coordinator (SDC), DON and ADONs from a sister facility initiated education with all facility staff related to change in condition of resident status, including use of the INTERACT Stop and Watch forms, to include physician and responsible party notification. Additional education provided to all licensed nurses included when and what to include in assessment documentation, notification of the physician and responsible party, and hydration. The education was completed on 12/07/14.</p> <p>7. Staff interviews were conducted, from 12/03/14 through 12/05/14, by the MDS Nurses to determine Licensed Nurses timely actions when a change in condition was reported.</p> <p>8. The facility's Executive Director (ED) and Director of Nursing (DON) were educated on 12/10/14, by contracted Administrative and Nurse Consultants through Well Health Systems, on matters including, but not limited to developing</p> | F 309 | | | |

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| F 309 | <p>Continued From page 40</p> <p>the AoC, the Action Plan, Systemic Changes, and specific monitoring tools.</p> <p>9. The Quality Assurance (QA) tool for monitoring of Notification of Change will be completed weekly x 4, then monthly x 2, then quarterly as per the QA calendar under the supervision of the DON. Any problems identified will have a corrective plan implemented and the plan will be reported to the QA committee with updated audit results at the next monthly meeting.</p> <p>10. The QA tool to review medical records of residents with an unplanned transfer will be completed daily for two (2) weeks, then five (5) a week for two (2) weeks, then monthly for two (2) months, under the supervision of the DON. The results of the audits was to be reported to the QA Committee by the DON or QA Nurse each month. If at any time a concern arose with the change of condition process, the monitoring tool would be re-implemented with a schedule approved by the QA Committee.</p> <p>11. The QA tool to interview staff members regarding timely action for resident's with a change in condition will be completed with six (6) staff members weekly for four (4) weeks, then monthly for four (4) months under the supervision of the DON. Results of the meeting to be brought to the QA meeting for review.</p> <p>12. The QA Tool for monitoring the RAI process (which included development and revision of care plans) was implemented and will be monitored by the Director of Case Management weekly for four (4) weeks, monthly for three (3) months, then quarterly thereafter. The tool included areas of</p> | F 309 | | | |

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| F 309 | <p>Continued From page 41</p> <p>comprehensive assessment, frequency of assessment/reviews, and comprehensive care plan.</p> <p>13. The QA Committee will meet weekly or more often as necessary until the facility demonstrated substantial compliance with the corrective actions described in the plan. A corrective action plan was developed by members of the QA Committee for any areas identified as not in compliance with the plan. Members of the QA committee includes the ED, DON, SDC, Medical Director, Social Services, Dietary Services Manager, Registered Dietician, Activities Director, Business Office Manager, ADONs and MDS Nurses.</p> <p>14. The QA Committee convened on 12/08/14 and 12/10/14 to review the monitoring of results and made recommendations for interventions based on the results.</p> <p>** The State Survey Agency validated the corrective action taken by the facility as follows:</p> <p>1. Review of the assessments conducted revealed 100% of all residents had assessments completed to determine if any changes in condition had occurred. These assessments were conducted by the RNs, RN MDS Coordinators & RN supervisors and were completed between 12/03/14 through 12/05/14 with any changes that needed to be reported to the physician and family completed.</p> <p>2. Review of twenty-four (24) hour reports and reviews of current resident's Nursing Progress Notes for the previous 30 days, revealed any and all changes in condition of a resident were identified and the physician and responsible</p> | F 309 | | |
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| F 309 | <p>Continued From page 42</p> <p>parties were notified as well as updates of the care plans between 12/03/14 and 12/05/14. These reviews were conducted by the RNs, RN MDS Coordinators, and RN Supervisors.</p> <p>3. Review of reports of reviews of care plans for residents with diagnoses that could impact swallowing including but not limited to Parkinson's Disease, Stroke, and Dysphagia to confirm any difficulties with speech and/or swallowing, revealed all residents had care plans reviewed and updated as needed. Reviews were conducted between 12/03/14 through 12/05/14.</p> <p>4. Review of a list of medical records of residents with unplanned transfers to the hospital revealed the QA audit tool dated from 12/03/14 through 12/05/14 was used to determine if the residents who were transferred had appropriate measures (assessment, physician/responsible party notification) taken related to a change of condition (if applicable).</p> <p>5. Review of the systemic changes, revealed the facility implemented a INTERACT Stop and Watch form on 12/04/14 and the form was to be used by all employees to identify and report any change of condition in a resident. The form was to be used by family members and all staff including contract employees. Tour of the facility revealed the Stop and Watch forms were posted throughout the facility for easy access to everyone. Review of the IDT Committee meetings revealed the Stop and Watch forms were being brought to the meetings and reviewed on Monday through Friday each week. The Stop and Watch forms completed on Saturday and Sunday were brought to the meeting as well and reviewed with any concerns documented and followed up on</p> | F 309 | | | |

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| F 309 | <p>Continued From page 43 with Interact charting implemented for seventy-two (72) hours for any changes of condition identified.</p> <p>6. Interviews conducted on 12/15/14 with Certified Medication Aide (CMA) at 12:00 PM, CNA #14 at 12:10 PM, CNA #15 at 12:15 PM, CNA #16 at 12:20 PM, CMA #17 at 12:30 PM, RN # 1 at 12:40 PM, Unit Assistant #1 at 12:49 PM, LPN/ADON #16 at 12:58 PM, RN #5 at 1:04 PM, Activity Tech #20 at 1:13 PM, Activity Tech #21 at 1:20 PM, CNA #21 at 1:27 PM, Restorative Aide (RA) #22 at 1:34 PM, CNA #22 at 1:40 PM, CNA #23 at 1:47 PM, CNA #24 at 1:54 PM, RA #23 at 1:56 PM, Activity Tech #24 at 2:05 PM, CNA #25 at 2:11 PM, CNA #26 at 2:15 PM, LPN #21 at 2:37 PM, CNA #10 at 2:44 PM, CNA #12 at 2:50 PM, CNA #9 at 2:55 PM, CMA #8 at 3:05 PM, CNA #27 at 3:12 PM, LPN #22 at 3:38 PM, and RN #21 at 3:46 PM revealed:</p> <p>Licensed staff were educated on the following:</p> <p>A. Utilizing the INTERACT guidelines to aide in identifying a change in resident condition.</p> <p>B. Performing and documenting resident assessments based on the Stop and Watch communication forms from staff, family members and visitors. Assessment education included: Head to toe physical assessment using the Physical Assessment User Defined Assessment, review of recent Nursing Progress Notes, and review of Point of Care documentation for significant parameters including, but not limited to, fluid intake, vital signs, and bowel and bladder activity.</p> <p>C. Notification of the Physician and responsible</p> | F 309 | | | |

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| F 309 | <p>Continued From page 44</p> <p>party of any change of condition in a resident according to Federal regulation and according to company policy on Notification of Change.</p> <p>Non-Licensed staff were educated on the following:</p> <p>A. INTERACT Stop and Watch change of condition reporting process. Following chain of command if they have concerns about adequate Licensed Nurses follow-up.</p> <p>7. Review of the interviews performed by members of the IDT team with the Licensed Nurses for the week of 12/06/14 and 12/10/14, revealed staff interviews were being conducted with six (6) staff members regarding the Licensed Nurse response to a change of condition of a resident.</p> <p>8. Review of the education sign-in sheet, dated 12/03/14, (no time) revealed education was provided, to the ED and DON, on 12/03/14, (no time) by the Contracted Administrative and QA Nurse Consultants through Wells Health Systems regarding developing the Allegation of Compliance (AoC), the Action Plan, Systemic Changes, and Specific Monitoring Tools. Other education included regulatory guidelines for F280 (care plan revision) including, but not limited to revising the care plans to meet the needs in accordance with the assessment of a resident.</p> <p>Interview with the ED on 12/15/14 at 4:00 PM, and the DON on 12/15/14 at 4:10 PM, revealed they had been re-educated by the Contracted Administrative and QA Nurse Consultants through Wells Health Systems regarding developing the Allegation of Compliance (AoC), the Action Plan,</p> | F 309 | | | |

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| F 309 | <p>Continued From page 45</p> <p>Systemic Changes, and Specific Monitoring Tools. Other education included regulatory guidelines for F280 (care plan revision) including, but not limited to revising the care plans to meet the needs in accordance with the assessment of a resident.</p> <p>9. Interview with the DON, on 12/15/14 at 1:15 PM, revealed the QA monitoring tool for monitoring of Notification of Change was being reviewed in the morning IDT meetings and any significant findings related to change of condition were being addressed and followed up on accordingly as well as physician and responsible party notification as needed.</p> <p>10. Interview with the DON, on 12/15/14 at 1:15 PM, and review of the QA Tool revealed medical records of residents with unplanned transfers to the hospital would be ongoing daily for two (2) weeks, then five (5) a week for two (2) weeks, then monthly for two (2) months, under the supervision of the DON.</p> <p>11. Interview with the DON, on 12/15/14 at 1:15 PM, and review of the QA Tool revealed interviews with Licensed Nurses regarding timely response to a resident's change in condition were ongoing with six (6) staff members weekly for four weeks, then monthly for four (4) months under the supervision of the DON.</p> <p>12. Review of the QA Tool for monitoring the RAI process (which included development and revision of care plans) revealed it was in use to monitor assessments and revision of care plans and being monitored by the Director of Case Management weekly for four (4) weeks, monthly for three (3) months, then quarterly thereafter.</p> | F 309 | | | |

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| F 309 | Continued From page 46 The tool included areas of comprehensive assessment, frequency of assessment/reviews, and comprehensive care plan. 13. Review of the QA calendar, revealed QA Committee was meeting as per the AoC. Dates of the last three (3) QA meetings were 12/04/14, 12/08/14, and 12/10/14. 14. Review of the QA meeting minutes, dated 12/08/14, revealed the committee met to review monitoring results and recommended interventions based on those results. A meeting was held on 12/10/14 for ongoing monitoring of results and recommendations for interventions based on monitoring of the results. | F 309 | | | |