

MAR 14 2014

OFFICE OF INSPECTOR GENERAL

PRINTED: 02/24/2014
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2014
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NAME OF PROVIDER OR SUPPLIER WESTPORT PLACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 4247 WESTPORT ROAD LOUISVILLE, KY 40207
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(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
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F 000 INITIAL COMMENTS

A standard health survey was initiated on 02/11/14 and concluded on 02/13/14 and a Life Safety Code survey was conducted on 02/12/14. Deficiencies were cited at the highest scope and severity of a "D" for the health survey with no deficiencies cited for the Life Safety Code survey.

F 279 SS=D 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS

A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, record review and review of the facility's policy regarding Guidelines for Care Plan Development, it was determined the facility failed to develop nursing

F 000 The submission of this plan of correction does not indicate an admission by Westport Place Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Westport Place. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for title 19/19 programs).

F 279 To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>X [Signature]</i>	TITLE <i>X ED</i>	(X6) DATE <i>X 3-14-14</i>
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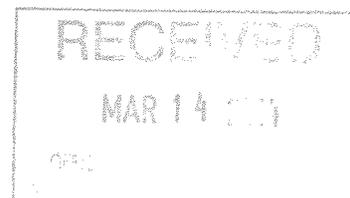
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	<p>Continued From page 1 and Certified Nursing Assistant (CNA) plans of care for one (1) of sixteen (16) sampled residents, Resident #4. The facility assessed the resident as being at risk for pressure ulcers with an intervention of physician ordered bilateral heel lift boots and neither was care planned.</p> <p>The findings include:</p> <p>Review of the facility policy Guidelines for Care Plan Development revealed the resident care plans would be developed based on the resident's applicable care needs.</p> <p>Observation of Resident #4, on 02/11/14 at 9:20 AM, revealed the resident was laying abed without heel lift boots applied and with a pair of heel lift boots on the resident's bedside table. Further observation of Resident #4, on 02/11/14 at 11:00 AM, 2:00 PM and 4:30 PM, revealed the resident was without the application of bilateral heel lift boots.</p> <p>Observation of Resident #4, on 02/12/14 at 10:15 AM, revealed the resident was sitting in a wheelchair in the common area of the unit without the application of bilateral heel lift boots. Observation of Resident #4's skin assessment on 02/12/14 at 11:00 AM revealed he/she had no pressure ulcers on his/her heels.</p> <p>Review of the clinical record for Resident #4 revealed the facility admitted the resident on 01/16/14 with diagnoses of Rehabilitation post Cardiovascular Accident and Coronary Artery Disease. The facility assessed the resident as having a Brief Mental Inventory (assessment of cognition) score of five (5) on 01/30/14 indicating Resident #4 was not interviewable. Further</p>	F 279	<p>1. Heel lift boots were applied to resident #4 once identified by surveyors they were not in place. Care plan was reviewed by DHS on 2-13-14 and was updated to reflect resident risk for pressure ulcers and adding the heel lift boots to be applied as ordered by physician.</p> <p>Skin assessment completed and no skin breakdown identified.</p> <p>2. All resident care plans will be reviewed by DHS, ADHS, Medical Records, and/or MDS by 3-21-14 to insure all are current and reflect MD orders and interventions necessary to care for residents. Any care plans identified as not being current will be corrected to reflect current resident condition. CRCA care plans will also be updated to reflect any changes.</p> <p>3. Nursing staff will be In-serviced by 3-25-14 by DHS and ADHS related to Guidelines for Care Plan Development based on resident needs and physician orders. Competency validation will be determined by verbal testing to demonstrate understanding of content.</p> <p>4. Ongoing monitoring will occur during morning clinical meetings where interdisciplinary will review and develop care plans based on physician orders and changes in condition. The Director of Health Services is responsible for overseeing Clinical meeting. MDS coordinators are in attendance and will be responsible for monitoring and developing care plans/ revisions are completed. Minutes are kept in a binder from the meetings to validate monitoring is taking place. Care Plan development and monitoring will also occur during Resident First Meetings by Interdisciplinary Team with family and/or resident present. Daily monitoring will occur during rounds by DHS and/or Charge Nurses during day to day operations. In addition, DHS will round 3 times per week for 30 days, then 2 times per week for 30 days until substantial compliance is achieved. Substantial compliance will be determined by Quality Assurance. These systems will be monitored twice a year during peer review.</p>

3/28/14



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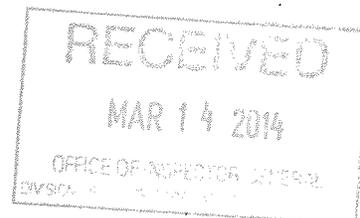
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F 279	<p>Continued From page 2</p> <p>review of Resident #4's clinical record revealed a current physician's order for lift boots to bilateral heels at all times. Review of the Minimum Data Set (collection of assessment information about the resident) dated 01/30/14 revealed the resident triggered for being at risk for developing pressure ulcers and was to have care plans in place for that risk. Review of the care plans (to be followed by the nurses and the CNAs) for Resident #4 (undated) revealed no mention of the resident being at risk for pressure ulcers and having bilateral heel lift boots ordered by the physician to be worn at all times.</p> <p>Interview with CNA #1, on 02/13/14 at 10:20 AM, revealed she received a verbal report on her assigned residents at the beginning of her shift and would receive verbal information from the unit nurse about a resident when necessary. She also revealed she could look at the residents' care plans in a book at the nursing station if she had a question about one of her assigned residents. CNA #1 stated there was information in a kiosk about each resident and she might find information about the residents there. CNA #1 indicated she was not aware Resident #4 needed bilateral heel lift boots although she saw them in the resident's room. She indicated she looked in the book at the nursing station and in the kiosk after she had seen the boots in Resident #4's room and there was no information there about the resident needing bilateral heel lift boots at all times. CNA #1 divulged she was assigned to Resident #4 on 02/12/14 and on 02/13/14 and she did not receive a report from the unit nurse about Resident #4 needing to have his/her heel lift boots applied at all times.</p> <p>Interview with Licensed Practical Nurse (LPN) #4,</p>	F 279	<p>The rounding will be conducted using the care plan/CRCA profiles to insure that observations made are based on physician orders and plan of care. Round will be made on 1st and 2nd shift to ensure continuity occurring across the day. Any non compliance observed during rounds will be discussed with staff and corrected immediately to ensure compliance is maintained. Committee which meets monthly. Any noncompliance will require development of action plan which will be monitored for implementation by QA.</p>	
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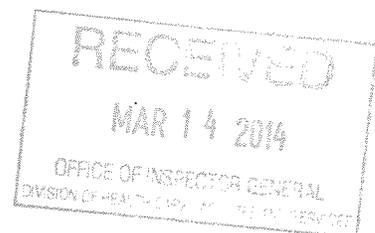


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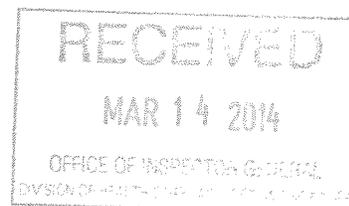
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F 279	<p>Continued From page 3</p> <p>on 02/13/14 at 2:30 PM, revealed a resident's assessed need for being at risk for pressure ulcers with applicable interventions should be addressed on the resident's care plan for the nurses and the CNAs. She stated it was the responsibility of the Minimum Data Set (MDS) nurses to develop a resident's care plans for nurses and CNAs and to put that information into the kiosk. LPN #4 further stated the physician ordered bilateral heel lift boots would be an intervention to prevent pressure ulcers on Resident #4's heels.</p> <p>Interview with MDS Registered Nurse (RN) #3, on 02/13/14 at 2:45 PM, revealed the resident care plans were developed by the MDS nurses and other disciplines. She indicated the assessed need for Resident #4 of being at risk for pressure ulcers with interventions (bilateral heel lift boots) to reduce that risk should have been addressed on the nursing and CNA care plans and in the kiosk. MDS RN #3 further indicated Resident #4's skin was assessed weekly and the resident had no pressure ulcers.</p> <p>Interview with the Director of Nursing (DON), on 02/13/14 at 3:00 PM, revealed the assessed need for Resident #4 was being at risk for pressure ulcers and the physician ordered intervention of heel lift boots should have been on the nursing and CNA care plans and in the kiosk. She stated she did not know why Resident #4's care plans did not include the assessed risk for pressure ulcers and the application of heel lift boots as an intervention to reduce pressure on the resident's heels. The DON indicated she did not monitor the nursing and CNA care plans for accuracy.</p>	F 279		
F 309	483.25 PROVIDE CARE/SERVICES FOR	F 309		



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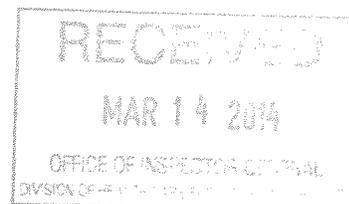
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(X4) ID PREFIX TAG F 309 SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 309	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
	<p>Continued From page 4 HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to provide the necessary services to maintain the highest physical well-being for one (1) of sixteen (16) sampled residents, Resident #4. The staff failed to follow a physician's order for the application of bilateral heel lift boots on two (2) of three (3) observation dates for Resident #4.</p> <p>The findings include: The facility did not provide a policy which addressed the necessity of following physician orders.</p> <p>Observation of Resident #4, on 02/11/14 at 9:20 AM, revealed the resident was laying in bed without heel lift boots applied and with a pair of heel lift boots on the bedside table. Further observation of Resident #4, on 02/11/14 at 11:00 AM, 2:00 PM and 4:30 PM, revealed the resident was without the application of bilateral heel lift boots.</p> <p>Observation of Resident #4, on 02/12/14 at 10:15</p>		<p>1. Heel lift boots were applied to resident #4 once identified by surveyors 3/28/14 they were not in place. MD orders were reviewed by DHS on 2-13-14 to ensure all physician orders were being followed. Interventions related to implementation of MD orders were carried out. Resident risk for pressure ulcers and the heel lift boots to be applied as ordered by physician was followed. Skin assessment completed and no skin breakdown identified as a result of not following MD orders.</p> <p>2. All resident MD orders will be reviewed by DHS, ADHS, MR, MDS, by 3-21-14 to insure all current and interventions reflect MD orders and interventions necessary to care for residents. Any MD orders not being followed will be implemented at the time of identification. CRCA care plans will also be updated to ensure MD orders being followed when caring for residents.</p> <p>3. Nursing staff will be re-serviced by 3-25-14 by DHS and ADHS related to following MD orders. A verbal test will be used to validate that staff understand the importance of following MD orders.</p> <p>4. Ongoing monitoring will occur during morning clinical meetings where interdisciplinary team will review MD orders from previous 24 hours and follow-up to ensure interventions are based on physician orders. MD orders and interventions placed on care plan will also be monitored occur during Resident First Meetings by Interdisciplinary Team with family and/or resident present. Daily monitoring will occur during rounds by DHS and/or Charge Nurses who will observe that MD orders are being followed based on interventions in place. Any non compliance will be corrected at the time of observation and discussed with staff so compliance is maintained. In addition, DHS will round 3 times per week for 30 days, then 2 times per week for 30 days until substantial compliance will be determined by Quality Assurance Committee which meets monthly. Any Noncompliance will require development of action plan which will be monitored for implementation by QA. These systems will also be monitored twice a year during our Peer Review.</p>



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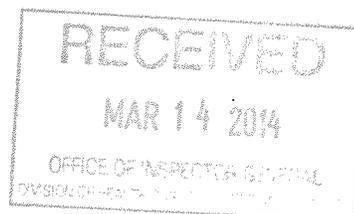
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F 309	<p>Continued From page 5</p> <p>AM, revealed the resident was sitting in a wheelchair in the common area of the unit without the application of bilateral heel lift boots. Observation of Resident #4's skin assessment, on 02/12/14 at 11:00 AM, revealed he/she had no pressure ulcers on his/her heels.</p> <p>Review of the clinical record for Resident #4 revealed the facility admitted the resident on 01/16/14 with diagnoses of Rehabilitation post Cardiovascular Accident and Coronary Artery Disease. The facility assessed the resident as having a Brief Mental Inventory (assessment of cognition) score of five (5) on 01/30/14 indicating Resident #4 was not interviewable. Further review of Resident #4's clinical record revealed a current physician's order for lift boots to bilateral heels at all times. Review of the February 2014, monthly Treatment Administration Record (TAR) for Resident #4 revealed the order for bilateral heel lift boot application and a nurses' signature for each shift up to date of survey.</p> <p>Interview with CNA #1, on 02/13/14 at 10:20 AM, revealed she was assigned to Resident #4 on 02/12/14 and on 02/13/14 and she did not receive a report from the off-going CNA or the unit nurse about Resident #4 needing to have bifateral heel lift boots applied at all times. CNA #1 indicated she looked in the CNA care plan book at the nursing station and in the kiosk after she had seen the boots in Resident #4's room and there was no information there about the resident needing bilateral heel lift boots at all times. She further indicated it was the responsibility of the CNAs and the nurses together to ensure the heel lift boots were applied.</p> <p>Interview with Licensed Practical Nurse (LPN) #4,</p>	F 309		



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F 309	<p>Continued From page 6</p> <p>on 02/13/14 at 2:30 PM, revealed following physician orders was a standard of practice for all nurses. She stated the physician's order for bilateral heel lift boots to be worn at all times for Resident #4 was transcribed onto the nursing TAR and was to be signed off by the nurse on each shift. She stated the signature of the nurse on the TAR indicated he/she was ensuring the order was followed by the CNAs and nurses. LPN #4 stated she was unaware the bilateral heel lift boots were not applied for Resident #4.</p> <p>Interview with MDS Registered Nurse (RN) #3 on 02/13/14 at 2:45 PM revealed the nurses and CNAs care plans should have included the physician order for application of bilateral heel lift boots to ensure the physician's order was followed. MDS RN #3 further indicated not doing so was an error.</p> <p>Interview with the Director of Nursing (DON), on 02/13/14 at 3:00 PM, revealed it was a standard of practice for nurses to follow physician orders. She stated an order for application of bilateral heel lift boots would be the responsibility of nurses and CNAs and nurses should sign the TAR as an indicator the order was being followed. The DON indicated she did not monitor the residents' TARs to ensure accuracy.</p>	F 309		



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{F 000}	<p>INITIAL COMMENTS</p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 03/28/14 as alleged.</p>	{F 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 2010, 2012</p> <p>SURVEY UNDER: 2000 New</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type V (111)</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet and dry sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is Natural Gas.</p> <p>A standard Life Safety Code survey was conducted on 02/12/14. Westport Place Health Campus was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)</p>	K 000		

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

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