

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

RECEIVED
FEB 15 2013
OFFICE OF THE DIRECTOR GENERAL

PRINTED: 01/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-BASHFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 3535 BARDSTOWN ROAD LOUISVILLE, KY 40218
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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

F 000

This Plan of Correction is the center's credible allegation of compliance.

An abbreviated survey was initiated and concluded on 01/24/13 to investigate KY 19662. The Division of Health Care unsubstantiated the allegation with regulatory deficiencies.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

F 205 SS=B 483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFER

F 205

F 205 SS=B Notice of Bed Hold Policy Before/ Upon Transfer

Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.

I. How is the corrective action will be accomplished: The bed hold policy is provided to residents/responsible party on admission and at time of transfer. **Completed 2/7/13**

II. How corrective action will be accomplished for those residents having potential to be affected: **Completed 3/1/13**

At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.

Resident #1, #2 and #3 bed hold policy was mailed out with exception of #2 due to resident did expire. All residents currently residing at facility and any resident that has been discharge in the last 90 days that could have been affected was mailed a copy of the bed hold policy and discharge notice. A review was conducted of all discharges within the last 90 days as well and bed policy and discharge notice provided. Going forward for all residents: The bed hold policy is covered as part of the Admissions package during admission of the resident. The Admissions Coordinator will review and go over the Bed Hold policy and Transfer Discharge policy with resident, Family or Legal guardian at the time of Admission. The licensed staff prior to a transfer will

This REQUIREMENT is not met as evidenced by:
Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure that at the time of transfer for hospitalization, the resident and a family member receive written notice that specified the duration of the bed hold for three (3) of (3) sampled residents. Resident #1 was transferred from the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Executive Director* DATE: *2/15/13*

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 205 Continued From page 1
nursing facility to the hospital on 01/14/13, Resident #2 was transferred from the nursing facility to the hospital on 01/15/13 and Resident #3 was transferred from the nursing facility to the hospital on 01/19/13 all without a written bed hold notices.

The findings include:

Review of the facility's policy entitled Bed-Hold & Readmission, revision date 04/28/11, revealed the facility would provide the bed-hold policy to the patient at admission, when any changes occurred under the state plan and at the time of transfer or temporary discharge. The facility's policy further stated it applied to all patients, regardless of payment source. Continued review of the facility's policy revealed in case an emergency transfer was initiated, the notice would be provided to the patient, surrogate, or representative upon transfer. The facility policy also stated a written notice may be included in the papers sent with the patient to the hospital.

Review of the clinical record for Resident #1, revealed the facility admitted the resident on 08/31/12 with diagnoses of Urinary Tract Infection, Sepsis, Vitamin Deficiency and Pressure Ulcer. The facility transferred the resident to the hospital for care on 01/14/13. The facility was unable to provide documented evidence of a bed-hold notice.

Review of the clinical record for Resident #2, revealed the facility admitted the resident on 10/25/12 with diagnoses of Toxic Metabolic Encephalopathy, Urinary Tract Infection and

F 205

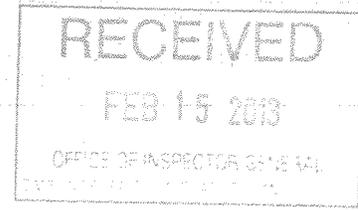
This Plan of Correction is the center's credible allegation of compliance.

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provide a copy of the Bed Hold Policy and Transfer/Discharge notice to the resident. If resident is unable to sign and there is no responsible party present upon transfer the bed hold policy will be mailed within 24 hours to the responsible party providing the notification to resident's responsible party

III. What measures will be put in place/systemic changes made to ensure correction: The licensed staff was inserviced by Director of Nursing Services on the Bed Hold policy and Transfer/Discharge Notice. Dates of inservices were 2/1/13; 2/5/13; and 2/6/13. Additionally to validate their understanding License Staff will be given a copy of transfer /discharge notice form by director of nursing /staff development coordinator to complete and confirm their understanding of how to complete and what to do after completing it. The Medical Records Clerk has also been inserviced by the director of nursing and has validated understanding of form by completing blank form as well to director of nursing. The Medical Record Clerk will

Completed
3/1/13



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F 205 Continued From page 2

Hepatic Cirrhosis. The facility transferred the resident to the hospital for care on 01/15/13. The facility was unable to provide documented evidence of a bed-hold notice.

Review of the clinical record for Resident #3, revealed the facility admitted the resident on 08/08/12 with diagnoses of Peritoneal Abscess, Muscle Weakness, Abnormal Gait. The facility transferred the resident to the hospital for care on 01/19/13. The facility was unable to provide documented evidence of a bed-hold notice.

Interview with the Business Manager, on 01/24/13 at 3:30 PM, revealed the facility did not provide the residents or family representative with a written bed-hold policy. She further stated the facility's business office personnel would notify the resident or family representative by phone regarding payment option if a bed-hold payment was warranted after the fourteen days.

Interview with the Admission Coordinator, on 01/24/13 at 3:40 PM, revealed the facility included a copy of the bed-hold policy in the admission packet.

Interview with the Director of Nursing, on 01/24/13 at 4:15 PM, revealed the nursing staff did not provide a written copy of the bed-hold policy upon transferring to any outside facility.

Review of the clinical record for Resident #1, revealed the facility admitted the resident on 08/31/12 with a diagnosis Urinary Tract Infection, Sepsis, Vitamin Deficiency and Pressure Ulcer. The facility transferred the resident to the hospital for care on 01/14/13. The facility was unable to

F 205

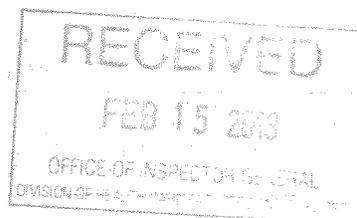
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conduct daily audits of all discharges to ensure that the forms have been completed correctly and given to resident or responsible party. If medical record clerk concludes an issue with bed holds policy transfer/discharge form she will notify the DNS (Director of Nursing) and the director of nursing will immediately educate responsible licensed nurse and also make contact with the resident/family or responsible party to provide the written bed hold notification.

IV. How does the facility plans to monitor its performance to make sure the solution are sustained: The Director of Nursing will be responsible to present the daily (Monday-Friday) audits from the medical records clerk to the P.I. Committee monthly for review and actions, as indicated for six months and as directed thereafter.

Completed 2/7/13



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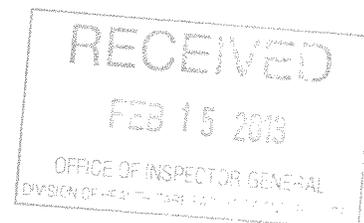
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F 205	<p>Continued From page 3</p> <p>provide written documentation of a bed-hold notice.</p> <p>Review of the clinical record for Resident #2, revealed the facility admitted the resident on 10/25/12 with a diagnosis Toxic Metabolic Encephalopathy, Urinary Tract infection and Hepatic Cirrhosis. The facility transferred the resident to the hospital for care on 01/15/13. The facility was unable to provide written documentation of a bed-hold notice.</p> <p>Review of the clinical record for Resident #3, revealed the facility admitted the resident on 08/08/12 with a diagnosis Peritoneal Abscess, Muscle Weakness, Abnormal Gait. The facility transferred the resident to the hospital for care on 01/19/13. The facility was unable to provide written documentation of a bed-hold notice.</p>	F 205		
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Office of Inspector General

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N 000 INITIAL COMMENTS

A complaint investigation was conducted and concluded on 01/24/12 for complaint KY 19662. The Division of Health Care unsubstantiated the allegation with deficiencies cited.

N 091 902 KAR 20:300-4(2)(a) Section 4. Admission Trans & Discharge Rights

(2) Notice of bed-hold policy and readmission.
(a) Notice before transfer. Before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the facility shall provide written information to the resident and family member or legal representative that specifies the duration of the bed-hold policy if any, during which the resident is permitted to return and resume residence in the facility; and

This requirement is not met as evidenced by:
Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure that at the time of transfer for hospitalization, the resident and a family member receive written notice that specified the duration of the bed hold for three (3) of (3) sampled residents. Resident #1 was transferred from the nursing facility to the hospital on 01/14/13, Resident #2 was transferred from the nursing facility to the hospital on 01/15/13 and Resident #3 was transferred from the nursing facility to the hospital on 01/19/13 all without a written bed hold notices.

The findings include:
Review of the facility's policy entitled Bed-Hold & Readmission, revision date 04/28/11, revealed the facility would provide the bed-hold policy to

N 000

This Plan of Correction is the center's credible allegation of compliance.

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N 091

N 091 902 KAR 20:3004-4 (2) (a) Section 4. Admission Trans & Discharged Rights

I. How is the corrective action will be accomplished: The bed hold policy is provided to residents/responsible party on admission and at time of transfer.

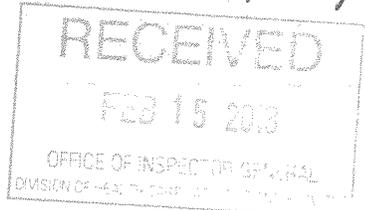
Completed 2/7/13

II. How corrective action will be accomplished for those residents having potential to be affected:

Completed 3/1/13

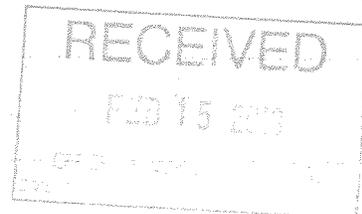
Resident #1, #2 and #3 bed hold policy was mailed out with exception of #2 due to resident did expire. All residents currently residing at facility and any resident that has been discharge in the last 90 days that could have been affected was mailed a copy of the bed hold policy and discharge notice. A review was conducted of all discharges within the last 90 days as well and bed policy and discharge notice provided. Going forward for all residents: The bed hold policy is covered as part of the Admissions package during admission of the resident. The Admissions Coordinator will review and go over the Bed Hold policy and Transfer Discharge policy with resident, Family or Legal guardian at the time of Admission. The licensed staff prior to a transfer will

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Director* DATE: 2/15/13



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N 091	<p>Continued From page 1</p> <p>the patient at admission, when any changes occurred under the state plan and at the time of transfer or temporary discharge. The facility's policy further stated it applied to all patients, regardless of payment source. Continued review of the facility's policy revealed in case an emergency transfer was initiated, the notice would be provided to the patient, surrogate, or representative upon transfer. The facility policy also stated a written notice may be included in the papers sent with the patient to the hospital.</p> <p>Review of the clinical record for Resident #1, revealed the facility admitted the resident on 08/31/12 with diagnoses of Urinary Tract Infection, Sepsis, Vitamin Deficiency and Pressure Ulcer. The facility transferred the resident to the hospital for care on 01/14/13. The facility was unable to provide documented evidence of a bed-hold notice.</p> <p>Review of the clinical record for Resident #2, revealed the facility admitted the resident on 10/25/12 with diagnoses of Toxic Metabolic Encephalopathy, Urinary Tract Infection and Hepatic Cirrhosis. The facility transferred the resident to the hospital for care on 01/15/13. The facility was unable to provide documented evidence of a bed-hold notice.</p> <p>Review of the clinical record for Resident #3, revealed the facility admitted the resident on 08/08/12 with diagnoses of Peritoneal Abscess, Muscle Weakness, Abnormal Gait. The facility transferred the resident to the hospital for care on 01/19/13. The facility was unable to provide documented evidence of a bed-hold notice.</p> <p>Interview with the Business Manager, on 01/24/13</p>	N 091	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>provide a copy of the Bed Hold Policy and Transfer/Discharge notice to the resident. If resident is unable to sign and there is no responsible party present upon transfer the bed hold policy will be mailed within 24 hours to the responsible party providing the notification to resident's responsible party</p> <p>III. What measures will be put in place/systemic changes made to ensure correction: The licensed staff was inserviced by Director of Nursing Services on the Bed Hold policy and Transfer/Discharge Notice. Dates of inservices were 2/1/13; 2/5/13; and 2/6/13. Additionally to validate their understanding License Staff will be given a copy of transfer /discharge notice form by director of nursing /staff development coordinator to complete and confirm their understanding of how to complete and what to do after completing it. The Medical Records Clerk has also been inserviced by the director of nursing and has validated understanding of form by completing blank form as well to director of nursing. The Medical Record Clerk will</p> <p>Completed 3/1/13</p>



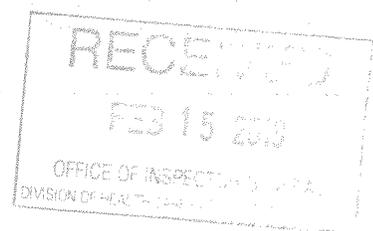
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N 091	<p>Continued From page 2</p> <p>at 3:30 PM, revealed the facility did not provide the residents or family representative with a written bed-hold policy. She further stated the facility's business office personnel would notify the resident or family representative by phone regarding payment option if a bed-hold payment was warranted after the fourteen days.</p> <p>Interview with the Admission Coordinator, on 01/24/13 at 3:40 PM, revealed the facility included a copy of the bed-hold policy in the admission packet.</p> <p>Interview with the Director of Nursing, on 01/24/13 at 4:15 PM, revealed the nursing staff did not provide a written copy of the bed-hold policy upon transferring to any outside facility.</p> <p>Review of the clinical record for Resident #1, revealed the facility admitted the resident on 08/31/12 with a diagnosis Urinary Tract Infection, Sepsis, Vitamin Deficiency and Pressure Ulcer. The facility transferred the resident to the hospital for care on 01/14/13. The facility was unable to provide written documentation of a bed-hold notice.</p> <p>Review of the clinical record for Resident #2, revealed the facility admitted the resident on 10/25/12 with a diagnosis Toxic Metabolic Encephalopathy, Urinary Tract Infection and Hepatic Cirrhosis. The facility transferred the resident to the hospital for care on 01/15/13. The facility was unable to provide written documentation of a bed-hold notice.</p> <p>Review of the clinical record for Resident #3, revealed the facility admitted the resident on 08/08/12 with a diagnosis Peritoneal Abscess, Muscle Weakness, Abnormal Gait. The facility</p>	N 091	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>conduct daily audits of all discharges to ensure that the forms have been completed correctly and given to resident or responsible party. If medical record clerk concludes an issue with bed holds policy transfer/discharge form she will notify the DNS (Director of Nursing) and the director of nursing will immediately educate responsible licensed nurse and also make contact with the resident/family or responsible party to provide the written bed hold notification.</p> <p>IV. How does the facility plans to monitor its performance to make sure the solution are sustained: The Director of Nursing will be responsible to present the daily (Monday-Friday) audits from the medical records clerk to the P.I.Committee monthly for review and actions, as indicated for six months and as directed thereafter.</p>	Completed 2/7/13
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N 091	Continued From page 3 transferred the resident to the hospital for care on 01/19/13. The facility was unable to provide written documentation of a bed-hold notice.	N 091		

