

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

PRINTED: 05/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2015
NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(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	F 000	The following constitutes Danville Centre of Health and Rehabilitation's plan of correction for the deficiency cited and will serve as the facilities credible allegation that compliance will be achieved on 5/18/2015. However, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by State and Federal law and does not constitute acceptance or agreement with an claim or statement herein.	
F 387 SS=D	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility policy it was determined the facility failed to ensure residents were seen by a physician at least once every sixty (60) days, following the first ninety (90) days after admission for two (2) of three (3) sampled residents (Residents #1 and #3). Interview with the residents' physician and review of the residents' medical records revealed the physician had evaluated the residents on 03/02/14. Continued review revealed a physician did not evaluate the residents again until 07/06/14 (a period of 125 days). Residents #1 and #3's medical records further revealed after 07/06/14 a physician did not evaluate the residents again until 12/14/14 (a period of 158 days). The findings include:	F 387		

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

TITLE

(X6) DATE



Administrator

5-22-15

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 387	<p>Continued From page 2</p> <p>Review of the Physician's Progress Notes for Resident #3 revealed the physician conducted a medical assessment on 03/02/14. Continued review of the physician's documentation revealed a physician did not evaluate the resident again until 07/06/14 (a period of 125 days). Further review revealed Resident #3's physician had not evaluated the resident again from 07/06/14 until 12/14/14 (a period of 158 days).</p> <p>Interview with Physician #1 on 04/29/15 at 2:40 PM revealed he stated there had been a "time lapse" in between resident evaluations conducted at the facility. The Physician stated his medical practice partner had been sick and it had been hard during that time to evaluate the patients at the facility timely. However, he acknowledged the regulatory requirement of timely medical assessments of facility residents and stated he would ensure residents were seen "timely."</p> <p>Interview with the Administrator on 04/29/15 at 2:55 PM revealed facility residents were required to be evaluated by a physician every 60 days after the initial 90 days following admission. The Administrator stated he had identified Physician #1 was out of compliance with providing facility residents a timely medical assessment in November 2014. The Administrator stated a letter was sent to the Physician and monitoring was ongoing to ensure a physician evaluated residents as required.</p>	F 387	<p>4.) The Medical Records department under the supervision of the Administrator, will complete monthly audits for all residents both new admits and all residents who have resided in the facility beyond 90 days. The audit will include the residents date of admission on all new admits and the due date for the first physician visit. A follow-up phone call by the Administrator, Assistant Administrator, or the Director of Nursing will occur if the physician visit has not occurred by day 30. The monthly audit will also include a listing of all residents by physician, with the last physician's visit and note to ensure that compliance with the regulation is being met with visits every 60 days after the first 90 days of admission. Interdisciplinary team during the morning clinical meeting will review the audit of new admits weekly and the Quality Assurance Committee will review all audits monthly and will take follow-up actions as decided by the committee to ensure continued regulatory compliance.</p>	5/22/15	