



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

PRINTED: 01/20/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/13/2015
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF TRIMBLE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 50 SHEPHERD LANE BEDFORD, KY 40006
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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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Continued From page 1

The facility did not provide a policy on sending the correct records to other healthcare facilities.

Interview with Family Member #1, on 01/13/15 at 4:15 PM, revealed she informed the hospital on the day of the resident's admission, 01/04/15, they had Resident #2's MAR and not Resident #1's. Family Member #1 stated a doctor at the hospital told her Resident #1 gave him and EMS the incorrect information. Family Member #1 told the doctor the medical information that he was given was from the facility. Family Member #1 stated the medical information, MAR, that was provided was for Resident #2 and not Resident #1. The hospital then contacted the facility and the facility sent Resident #1's correct MAR.

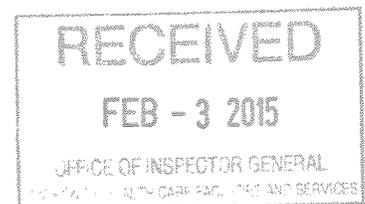
Interview with LPN #1, on 01/13/15 at 3:15 PM, revealed she verified Resident #1's clinical information and contact information on the computer. LPN #1 stated she knew she had the correct resident information pulled up on the computer due to calling and talking to the resident's daughter on the phone to inform her the facility was sending her mother to the hospital. LPN #1 stated she then pulled up the MAR on the computer for Resident #1 and then hit the print button. LPN #1 stated she did not re-verify by looking at the MAR after she printed the MAR or before she handed it to EMS. LPN #1 stated she thought she printed the MAR for Resident #1, but she did not. LPN #1 stated she made a mistake and she should have re-verified the MAR after she printed it.

Interview with the Director Of Nursing (DON), on 01/13/15 at 2:55 PM, revealed Licensed Practical Nurse (LPN) #1 called her to inform her that she

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3. Starting on 01/25/2015 any time a resident is sent out of the facility to another healthcare provider a nurse other than the resident's primary nurse will re-verify the information sent to the alternate healthcare provider. Both nurses will sign off that they have verified that the information contained in the resident's medical information packet is the proper paperwork belonging to the correct resident.

Education was initiated on 1/20/15 for all Licensed Nurses by the Director of Nursing, Assistant Director of Nursing or Administrator regarding the importance of verifying and re-verifying resident medical information prior to releasing information to other healthcare providers. Education was initiated on 1/20/15 by the Director of Nursing, Assistant Director of Nursing or Administrator on the system change that will take place beginning on 1/25/15 that a second nurse within the facility



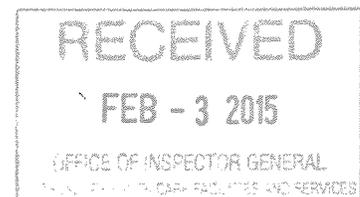
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/13/2015
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF TRIMBLE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 50 SHEPHERD LANE BEDFORD, KY 40006
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F 514	Continued From page 2 sent Resident #2's MAR with Resident #1 to the hospital in error. The DON stated LPN #1 told her she did not re-verify the MAR after she printed it or before she handed it to the Emergency Medical Services (EMS).	F 514	<p>must check the residents medical information packet prior to the resident discharge to ensure that the proper paperwork belonging to the correct resident is sent. They will both sign off on the packet and a copy will be given to the Director of Nursing.</p> <p>4. A copy of the resident medical information packet will be given to the Director of Nursing after each discharge who will audit the information for verification accuracy. The Director of nursing will verify all transfer packets for the next 4 weeks, then will verify 3 transfer packets for the next 4 weeks, and then will verify 1 transfer packet for the final 4 weeks. All results will be taken to the QAPI committee and the audits will be increased if needed.</p>	



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

PRINTED: 02/11/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185358</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF TRIMBLE COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 SHEPHERD LANE</b> <b>BEDFORD, KY 40006</b>
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{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 02/09/15 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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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.