

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

PRINTED: 07/02/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2013
NAME OF PROVIDER OR SUPPLIER BRIGHTON CORNERSTONE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 55 EAST NORTH STREET MADISONVILLE, KY 42431		
(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	Preparation and 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 deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of the facility's policy/procedure, it was determined the facility failed to update the nurse aide care plan for one resident (#1), in the selected sample of five residents. Review of the nurse aide care plan, dated June 2013, was not updated to reflect the resident's current NPO (nothing by mouth) status as well as his/her tube feeding. The June 2013 care plan reflected the resident's previous diet from April 2013. Findings include: A review of the facility's care plan policy "Care Plans," undated, revealed an individualized Comprehensive Care Plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each	F 282	F 282 Criteria 1: The care plan and CNA care plans for resident #1 have been reviewed/revised to include the resident's NPO status and need for enteral feedings. Criteria 2: An audit of all CNA care plans was completed by the DON, Restorative Nurse, Administrative Nurse, and MDS Coordinator on 6-28-13 to determine that they reflect the current resident orders and interventions. Criteria 3: Inservice education was provided by the DON/Staff Development Coordinator for all licensed nurses on 6-25-13 which included but was not limited to: -the new facility process for updating the CNA care plans; the second check by charge nurse before the CNA care plan is placed on the floor; and the review of the CNA care plan with each MDS completion. Licensed nurses unable to attend the 6/25		

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

TITLE

(X6) DATE

Neil Somers

Administrator

7-10-13

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 282	<p>Continued From page 1</p> <p>resident. Under "Policy Interpretations and Implementation #2: The Comprehensive Care Plan is based on a thorough assessment that includes, but is not limited to the Minimum Data Set (MDS). Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change.</p> <p>A record review revealed the facility admitted Resident #1 to the facility on 04/02/10 with diagnoses to include Alzheimer's Dementia, Psychosis, CVA, HTN, Poor Oral Intake, Dysphasia, Cardiomegaly, Ulcerative Esophagus Stricture of Esophagus, Cerebral Atherosclerosis, and Hemiplegia/Hemiparesis.</p> <p>A review of the MDS assessment revealed the facility assessed the Resident's cognitive status to be severely impaired. A review of the Comprehensive care plan, dated 05/06/13, revealed Potential for aspiration related to NPO status with recent Gastric tube placement.</p> <p>A review of the physician's orders, dated 06/01/13 through 06/30/13, revealed an NPO diet with feeding ordered per feeding tube.</p> <p>A review of the Nurse Aide care plan, dated June 2013, revealed there was no evidence the care plan was updated to reflect the current NPO diet status and tube feeding. Review of the diet section on the June 2013 care plan revealed the April 2013 diet.</p> <p>An interview with Certified Nurse Aide (CNA) # 2, on 06/18/13 at 2:30 PM, revealed Resident #1 was NPO with a tube feeding. Care plans were</p>	F 282	<p>inservice. Additional inservices were held on 7-8-13, 7-9-13, 7-9-13, and 7-10-13 by Administrative LPN and Staff Development Coordinator.</p> <p>Criteria 4: The CQI indicator for the monitoring of accuracy of the CNA care plan will be utilized monthly X 2 months, and then quarterly thereafter in accordance with the CQI calendar.</p>	7-11-13	

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F 282	<p>Continued From page 2</p> <p>located in the CNA flow sheet book at the desk and she also received reports about the diet status. The CNA was unable to provide evidence of the resident's current NPO status for June 2013.</p> <p>An interview with Registered Nurse (RN) #2, on 06/18/13 at 2:30 PM, stated she did not know who updated the nurse aide care plan; however, the care plan should say NPO and expected it to reflect NPO status. She stated the staff would not know the resident was NPO by looking at the resident's care plan because it did not reveal anything about NPO or tube feeding.</p> <p>An interview with the Administrator, on 06/18/13 at 3:55 PM, revealed the Licensed Practical Nurse (LPN) staff coordinator should have updated the June 2013 nurse aide care plan. She stated she overlooked the NPO/tube feeding, and it was not updated (in red) from the May 2013 nurse aide care plan.</p>	F 282			