

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

PRINTED: 09/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/03/2015
NAME OF PROVIDER OR SUPPLIER FOUNTAIN CIRCLE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWAY ROAD WINCHESTER, KY 40391		
(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 514	Continued From page 113 4. The audit tool, dated 08/18/15, utilized to audit previous thirty (30) days facility new admissions was reviewed. New admissions were audited for compliance with admission process including: Physician notification, review of New Admission Physician's Orders with Physician and ensuring professional standards were followed. Areas of concern identified with the audit were documentation in relation to missing dates and times on the Nursing Admission Assessment on four (4) residents. Review of the education provided to staff revealed policy and procedures related to accuracy of the admission process and documentation was provided. Review of the staff sign in sheets revealed instruction was provided beginning 08/15/15 with review of policy and procedure. On 08/28/15, a more comprehensive education was provided to staff related to the policy and procedure. Interview with the DON, on 09/02/15 at 5:20 PM, revealed she initiated education to the nursing staff immediately on 08/15/15. Per the DON, the Regional Nurse provided comprehensive education to the management staff on 08/28/15. Further interview revealed, after receiving the comprehensive education, the management staff were responsible for providing the comprehensive education to the facility's nursing staff. 5. Review of the audit of each resident's medical record to include: Advance Directive, Physician's Orders, Assessments, Multidisciplinary Notes and Care Plans was completed by 08/26/15. Interview with the DON, on 09/02/15 at 5:20 PM, revealed she and other management staff audited each resident's medical record to ensure	F 514			

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F 514	<p>Continued From page 114 compliance with quality of care delivery.</p> <p>6. Review of education provided by the Regional Nurse to all management staff with the sign in sheet dated 08/28/15 and signed by the Regional Nurse revealed the education provided included: Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning - Interdisciplinary Team, Resident Rights, Quality of Care, Professional Standards, and QA.</p> <p>Interview with the Regional Nurse Consultant, on 09/02/15 at 5:20 PM, revealed he provided comprehensive education to management staff related to the facility's policies and procedures stated above. Continued interview revealed the facility revised the CPR policy to include mandatory hands on skills certification for staff.</p> <p>7. Review of education provided to all nursing staff to include: Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning - Interdisciplinary Team, Resident Rights, Quality of Care, Professional Standards, and QA. Review of sign in sheets revealed the education was initiated on 08/26/15 and concluded on 08/28/15. Review of certified letters sent to twenty-one (21) part-time clinical staff related to mandatory education prior to working. Continued review of sign-in sheets revealed education for part-time clinical staff, non-licensed staff and non-nursing staff continued per AOC. Review of New Orientation Agenda for clinical staff, revealed education would be provided with orientation process. Review of audit tool utilized for validation of CPR certification with hands on skills component revealed staff had obtained education</p>	F 514		

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F 514	<p>Continued From page 115 with hands on skill component.</p> <p>Interview, on 09/01/15 at 10:20 AM with SRNA #8; at 10:30 AM with SRNA #7; at 10:40 AM with SRNA #4; at 10:50 AM with SRNA #2; and, at 11:00 AM with SRNA #6 revealed they had all been provided education related to Cardiopulmonary Resuscitation, Resident Rights, Quality of Care and Professional Standards between 08/15/15 and 08/28/15 in a verbal lecture setting allowing for question and answers.</p> <p>Interview, on 08/20/15 at 5:50 PM with RN #1 and at 6:12 PM with LPN #1; on 09/01/15 at 11:15 AM with LPN #12; at 11:25 AM with LPN #3; at 4:16 PM with LPN #11; at 4:30 PM with LPN #2; at 4:45 PM with RN #4; at 5:00 PM with RN #2; at 5:17 PM with RN #3; and, Unit Manager #1 at 4:29 PM, revealed they had all been provided education related to Cardiopulmonary Resuscitation, Advance Directives, Physician Visits and Medical Orders, Admission Criteria, Care Planning, Resident Rights, Professional Standards, and Quality of Care in a verbal lecture setting allowing for question and answers.</p> <p>8. Review of the education provided to all licensed staff related to the admission policy and procedure revealed the education was initiated on 08/21/15 and completed on 08/28/15 after additional education was provided by the Regional Nurse Consultant.</p> <p>Interview with the DON, on 09/02/15 at 5:20 PM, revealed she had initiated staff education on 08/21/15. After receiving comprehensive education provided by the Regional Nurse Consultant on 08/26/15, the management team re-educated staff with the completion date for</p>	F 514	

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F 514	Continued From page 116 full-time clinical staff to be 08/28/15. 9. Review of the education provided to all Physicians with privileges to included; clarification of the process for notifying the Physician of new admits and obtaining orders, and the Interim Care Plan and Professional Standards. Further review, revealed there was follow up letters sent to each Physician related to the educations provided. 10. Review of the Audit of personnel files for CPR certification revealed the Audit was completed on 08/25/15 with the Regional Nurse Consultant review on 08/25/15. Data from the audit revealed seventeen (17) staff without the hands on skill component for CPR certification. 11. Review of the Audit of personnel files for CPR certifications revealed sixteen (16) of the seventeen (17) identified staff without hands on skill component CPR certifications had obtained certifications with the hands on skills component. Interview with the DON, on 9/02/15 at 5:20 PM, revealed she was a Certified American Heart CPR Instructor. Further interview revealed, she had conducted four (4) CPR classes for staff that included the hands on skills component. Per interview, one staff still remained out of compliance with the CPR certification hands on component and would not be allowed to work until appropriate certification was obtained. 12. Review of the Daily New Admission Log, revealed new admissions were reviewed daily for compliance with Physician Notification, Physician Orders, Interim Care Plan, Advance Directive, and Resident Rights beginning 08/25/15.	F 514			

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Interview with the DON on 09/02/15 at 5:20 PM, revealed areas of concern were identified when the audits were initiated on 08/25/15; however, after staff received education, data collected had improved. Further interview revealed any issues identified would be immediately corrected with data reviewed with the QA committee weekly for four (4) weeks, then monthly with the results of the collected data to determine the need for additional education or the revision of the plan.

13. Review of documentation monitoring care delivery as outlined per the resident's care plan, revealed five (5) resident care plans per day per unit were reviewed by management staff beginning 08/25/15.

Interview with the DON, on 09/02/15 at 5:20 PM, revealed management staff had audited resident care plans daily. Further interview revealed five (5) care plans were audited on each unit daily since 08/25/15.

14. Review of documentation of the Mock codes revealed they were conducted twice weekly on rotating shifts beginning 08/18/15.

Interview, on 08/20/15 at 5:50 PM with RN #1 and at 6:12 PM with LPN #1; on 09/01/15 at 11:15 AM with LPN #12; at 11:25 AM with LPN #3; at 4:16 PM with LPN #11; at 4:30 PM with LPN #2; at 4:45 PM with RN #4; at 5:00 PM with RN #2; at 5:17 PM with RN #3; and, Unit Manager #1 at 4:29 PM, revealed they had all been provided education related to Cardiopulmonary Resuscitation and Advance Directives with Mock Codes conducted on different shifts.

15. Review of documentation of CPR certification

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F 514	Continued From page 118 tracking revealed the date the certification was obtained and verification the certification contained a hands on skills component. Interview with the DON, on 09/02/15 at 5:20 PM, revealed the facility had previously been tracking CPR expiration dates; however, the facility added verification of a hands on skills component to their tracking data to ensure compliance. 16. Review of the documentation of a calendar, signed by the Regional Nurse and Regional Vice President of Operations revealed the Regional Vice President of Operations was on site 08/21/15 and 08/28/25. Further review revealed, the Regional Nurse was on site daily from 08/16/15 to 09/02/15 with the exception of 08/17/15. Interview with the Regional Nurse, on 09/02/15 at 5:20 PM, revealed he had been in the facility each day with the exception of 08/17/15. Interview with the Administrator on 09/01/15 at 5:20 PM, revealed the Regional Nurse had been on site daily since 08/16/15 with the exception of 08/17/15. Interview with Unit Manager #1, on 09/01/15 at 4:29 PM, revealed the Regional Nurse had been on site "seemed like" daily for over two (2) weeks. 17. Review of documentation of a calendar, signed by the Regional Nurse and Regional Vice President of Operations revealed on site Administrative oversight was performed by the Regional Vice President of Operations on 08/21/15 and 08/28/15. Further review revealed, on site Administrative oversight was performed by the Regional Nurse on each day from 08/16/15 to	F 514			

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09/02/15, with the exception of 08/17/15.

Interview with the Regional Nurse, on 09/02/15 at 5:20 PM, revealed he had been on site at the facility daily since 08/16/15 with the exception of 08/17/15.

Interview with the Administrator on 09/01/15 at 5:20 PM, revealed the Regional Nurse had been on site daily since 08/16/15 with the exception of 08/17/15. Interview with Unit Manager #1, on 09/01/15 at 4:29 PM, revealed the Regional Nurse had been on site "seemed like" daily for over two (2) weeks.

18. Review of the QA sign in sheets revealed, meetings were conducted on 08/21/15, 08/26/15, and 08/28/15 with the areas of concern discussed. The Medical Director was in attendance on 08/26/15.

Interview with the Administrator, on 09/03/15 at 11:15 AM, revealed the data obtained from the audits performed, revealed areas of concern related to the Mock codes which were initially performed. Continued interview revealed, the data was analyzed and it was determined additional education was needed. Further interview revealed the additional education was provided with positive data resulting from ongoing Mock codes and audits.

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