

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

PRINTED: 09/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/14/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BOWLING GREEN			STREET ADDRESS, CITY, STATE, ZIP CODE 550 HIGH ST. BOWLING GREEN, KY 42101		
(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}	<p>INITIAL COMMENTS</p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance on 09/11/15, as alleged.</p>	{F 000}			

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

TITLE

(X6) DATE

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BOWLING GREEN	STREET ADDRESS, CITY, STATE, ZIP CODE 500 HIGH ST. BOWLING GREEN, KY 42101
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F 000	INITIAL COMMENTS	F 000		
F 241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to promote care in a manner to maintain dignity for one (1) of six (6) sampled residents (Resident #2) and four (4) unsampled residents (Resident E, Resident K, Resident L, and Resident N). Staff failed to answer call lights timely which resulted in Resident #2 having an incontinent episode.</p> <p>The findings include: Interview with the Care Coordinator, on 08/21/15 at 2:57 PM, revealed the facility has no policy on dignity. Record review revealed the facility admitted Resident #2 on 06/25/15 with diagnoses which included Right Humeral and Right Hip Fracture, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, Diabetes,</p>	F 241	<p>F241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <ol style="list-style-type: none"> Resident #2 was discharged on 7/7/2015. Residents K, L, E and N were not on the identifier list given to the facility so they could not be assessed. Random Call Light Audits began on 8/25/2015 are being conducted by staff on various shifts, days and halls to determine if there are any issues in the response time of answering call lights and preserving the dignity of all residents. All residents are assessed by the Social Service Director for psychosocial issues within 14 days of admission, quarterly and with any change in behavior or complaints from the resident or family. Staff was reeducated through an in-service titled, "Call Lights and Dignity" by the Staff Development Coordinator/Designee on the importance of answering call lights timely and assisting residents with their needs to preserve their dignity and rights and it was completed on 9/11/2015. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephanie Hindson Administrator TITLE: Administrator (X6) DATE: 9/12/2015

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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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BOWLING GREEN			STREET ADDRESS, CITY, STATE, ZIP CODE 580 HIGH ST. BOWLING GREEN, KY 42101		
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F 241	<p>Continued From page 1</p> <p>Hypertension, Deep Vein Thrombosis, Pleural Effusion, Congestive Heart Failure, Depression, Arthritis, and Lung Cancer.</p> <p>Review of the Certified Nursing Assistant (CNA) Care Record, revealed Resident #2 required the assistance of two (2) for bad mobility, transfers, dressing, and assistance of one (1) for the use of a bed pan and two (2) for toileting.</p> <p>Interview with Resident #2's daughter, on 08/20/15 at 5:13 PM, revealed there were issues with staff answering call lights so care could be provided. She stated Resident #2 waited for forty-five (45) minutes for the bed pan and was incontinent on more than one (1) occasion, due to not getting a bed pan or assisted to toilet in time. She stated she spoke with the Director of Nursing (DON) last week and the DON said she was investigating issues of care and staff not answering call lights.</p> <p>Interview with Unsampled Resident K (BIMS score of fifteen (15) which indicates interviewable), on 08/21/15 at 12:28 PM, revealed the resident has waited forty-five (45) minutes to an hour for the bedpan. The resident stated this happened once or twice a week. He/she further stated it made him/her feel bad when he/she wets on self because staff to not respond timely, and "it was not something one gets used to".</p> <p>Interview with Unsampled Resident L (BIMS score fourteen (14) which indicates interviewable), on 08/21/15 at 1:45 PM, revealed it was aggravating when he/she wets on self because staff do not get to him/her on time. He/She stated staff were slow about answering the call light.</p>	F 241	<p>(Cont)</p> <p>1. The Call Light Audits which began on 8/25/2015 includes the timing of the response to call lights, lights within reach, water at the bedside, residents are clean, dry, turned and repositioned. The audits are being conducted by staff on various shifts, days, and halls. The Call Light Audits will be conducted weekly for 6 weeks, then monthly for three months with the results being taken to QAPI for further recommendations. Resident and Family interviews began on 9/9/2015 and will be conducted for weekly for 6 weeks, then monthly for three months to check for improvement in the call light response time. A special Focus QAPI meeting will be held weekly for four weeks. The QAPI team includes the following members: NHA(Administrator), DON(Director of Nursing), ADON(Assistant Director of Nursing), LSW(Licensed Social Worker), RD(Registered Dietician), SDC (Staffing Development Coordinator), Chaplin, QoLD(Quality of Life Director), RT(Respiratory Therapist), and Medical Director. The team may include various front line staff as needed. The QAPI team will track and trend the results of the call light audits and resident and family interviews to check for progress.</p> <p>5. Completion Date 9/11/2015.</p>	9/11/15	

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F 241	Continued From page 2 Interview with Unsampled Resident E (BIMS score of fifteen {15} which indicates interviewable), on 08/20/15 at 9:20 AM, revealed he/she had wet on self on more than one (1) occasion waiting for assistance after putting on call light. Further interview with the resident on 08/21/15 at 11:45 AM revealed it made him/her feel bad when he/she wets or poops on self waiting for a staff member to come. Interview with Unsampled Resident N's daughter, on 08/ 21/15 at 9:55 AM, revealed Unsampled Resident N waited an hour one (1) day last week to get call light answered and assistance to the bathroom. She stated she visits everyday and earlier in the week there was a strong smell of urine on resident's pants and a couple of weeks ago came in to find resident lying in a wet bed. Interview with CNA #6, on 08/20/15 at 11:40 AM, revealed while food trays are being passed, there is one (1) CNA in the dining room and only one (1) CNA to answer call lights. Interview with the Director of Nursing (DON), on 08/21/15 at 10:32 AM, revealed call lights should be answered as soon as possible. The DON stated the facility had repeated inservices on answering call lights and an audit on call light answering in May 2015 but did not have any other information of any additional action taken even though she was aware it was an ongoing problem.	F 241			
F 463 SS=E	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive	F 463			

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F 463	<p>Continued From page 3</p> <p>resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure resident call lights were answered timely for one (1) of six (6) sampled residents (Resident #2) and seven (7) unsampled residents (Residents E, H, I, J, K, L, and N).</p> <p>The findings include:</p> <p>Review of Policy on Answering Call Lights, dated 2010, revealed staff should answer call lights as soon as possible. If promise resident you will return with an item or information, do so promptly. If the resident is not able to use call light, to check on these residents frequently.</p> <p>Observation on 08/18/15 at 9:17 PM revealed Unsampled Resident N was laying in bed, halfway across the bed and hollering out. The resident put the call light on at 9:18 PM with no response for eight (8) minutes. A staff member assisted the resident after being alerted by State Surveyor the call light was on.</p> <p>Interview with Unsampled Resident N's daughter (Hall A), on 08/21/15 at 9:55 AM, revealed it took one (1) hour one (1) day last week to get his/her call light answered. The daughter stated she was at the facility every day and Unsampled Resident N required assistance to the bathroom.</p>	F 463	<p>F463 483.70(f) RESIDENT CALL SYSTEM- ROOMS/TOILET/BATH</p> <ol style="list-style-type: none"> 1. Random Call Light audits are being conducted on all halls related to complaints from unsampled residents E, H, I, J, K, L, and N, Resident Council findings, and a Volunteer Ombudsman, to ensure that call lights are being answered in a timely manner. Resident #2 was discharged on 7/7/2015. An interview with a Volunteer Ombudsmen on 9/3/2015 showed no further concerns at this time. The surveyor was given an example of a call light audit and the DON explained to her that this was just an example of the call light audit that was completed as part of our QAPI. The surveyor did not ask for any additional audits. 2. Random Call Light Audits began on 8/25/2015 and are being conducted by staff on various shifts, days and halls to determine if there are any issues in the response time of answering call lights for other residents. 3. Staff was reeducated through an In-serviced titled, "Call Lights and Dignity" by the Staff Development Coordinator/Designee on the importance of answering call lights timely and assisting residents with their needs to preserve their dignity and rights and it was completed on 9/11/2015. 		

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F 463	<p>Continued From page 4</p> <p>Review of Resident Council Meeting Minutes for 05/25/15 and 06/24/15 revealed a grievance was filed in May and June 2015 concerning staff not answering of call lights in a timely manner.</p> <p>Interview with the Volunteer Ombudsman, on 08/20/15 at 1:35 PM, revealed she has received complaints about staff not answering call lights timely sometime as long as one (1) hour.</p> <p>Review of Call Light Audit done on 05/21/15 at 12:30 PM, 12:35 PM, and 12:40 PM on Halls F, Hall A, Hall E, and Hall H revealed response times of two (2) to four (4) minutes; however, there were no audits completed on Halls B, C, and D. In addition, there was no documented evidence any audits were completed in June, July or August 2015 and no evidence audits were conducted on any shift but day shift.</p> <p>Interview with Unsampled Resident E (Hall F), on 08/20/15 at 6:40 AM, revealed there was a problem getting call lights answered in a timely manner. He/she stated it sometimes takes twenty to thirty (20-30) minutes or longer to get the call light answered.</p> <p>Interview with friend of Unsampled Resident E (Hall F), on 08/20/15 at 9:24 AM, revealed there was a problem with staff answering call lights. He stated one day last week at change of 3-11 shift he told a Certified Nurse Assistant (CNA) the resident needed assistance to the bathroom. He stated the CNA said okay, then he saw her go out to smoke. He stated after one (1) hour he went to the nursing station and told the nurse and the nurse went outside and got the CNA to come in to assist the resident.</p>	F 463	<p>4. The Call Light Audits includes the timing of the response to call lights, lights within reach, water at the bedside, residents are clean, dry, turned and repositioned. The audits are being conducted by staff on various shifts, days, and halls. The Call Light Audits will be conducted weekly for 6 weeks, then monthly for three months with the results being taken to QAPI for further recommendations. Resident and Family Interviews began on 9/9/2015 and will be conducted for weekly for 6 weeks, then monthly for three months to check for improvement in the call light response time. A special Focus QAPI meeting will be held weekly for four weeks. The QAPI team includes the following members: NHA(Administrator), DON(Director of Nursing), ADON(Assistant Director of Nursing), LSW(Licensed Social Worker), RD(Registered Dietician), SDC (Staffing Development Coordinator), Chaplin, QoLD(Quality of Life Director), RT(Respiratory Therapist), and Medical Director. The team may include various front line staff as needed. The QAPI team will track and trend the results of the call light audits and resident and family interviews to check for progress.</p> <p>5. Completion date 9/11/2015</p>	9/11/15

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F 463	<p>Continued From page 5</p> <p>Interview with Unsampled Resident K (BIMS of 15), Hall D, on 08/21/15 at 12:28 PM, revealed there was a problem getting call lights answered in a timely manner and the council members have discussed this time and again and it makes no difference. He/she stated staff say they will come back to assist and they do not.</p> <p>Interview with Unsampled Resident L (Hall D) and his/her daughter, on 08/21/15 at 1:45 PM, revealed there is a problem with getting call lights answered in a timely manner.</p> <p>Interview with the Niece of Unsampled Resident H (Hall A), on 08/20/15 at 1:10 PM, revealed she comes Monday through Friday from 12:30 PM until 8:00 PM. She stated it takes a long time to get call lights answered.</p> <p>Interview with daughter of Unsampled Residents I and J (Hall A), on 08/20/15 at 1:15 PM, revealed she has trouble getting call light answered in a timely manner. She stated both parents are non-interviewable and require assistance to the bathroom.</p> <p>Interview with Resident #2's daughter, on 08/20/15 at 5:13 PM, revealed there is a problem with getting call lights answered in a timely manner. She stated she told the DON and the DON stated she was investigating the issue.</p> <p>Interview with Certified Nurse Aide (CNA) #5, on 08/21/15 at 1:38 PM, revealed there is a problem with call lights being answered. CNA #5 stated she has come into work several times on 11-7 shift to see six (6) call lights going off on Hall E and Hall F with staff members sitting at the nursing station watching television or talking. CNA</p>	F 463		

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F 463	<p>Continued From page 6</p> <p>#5 revealed the nurse on 11-7 told the nurse on 3-11 shift that something needed to be done about this. CNA #5 further stated she worked 3-11 PM and 11-7 AM shift two (2) weeks ago and witnessed staff sitting at nursing station talking or watching television. She stated "It is like at 10:00 PM they are done". She stated this causes third shift (11-7) to have to make up for lack of care, and the residents are irritated.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 08/18/15 at 9:40 PM, revealed there is a problem with nurses and CNA'S answering call lights. She stated staff could do better about answering call lights.</p> <p>Interview with LPN #5, on 08/18/15 at 11:25 PM, revealed staffing is not the best lately and there are problems with staff on the 3-11 PM shift, as some do not want to work.</p> <p>Interview with Registered Nurse (RN) #1, on 08/18/15 at 10:10 PM, revealed staff cannot respond to call lights in a timely manner if there is not enough staff.</p> <p>Interview with Director of Nursing (DON), on 08/21/15 at 10:32 AM, revealed call lights are answered as soon as possible. The DON stated the facility had repeated inservices on answering call lights and an audit on call light answering in May 2015 but did not have any other information of any additional action taken even though she was aware it was an ongoing problem.</p>	F 463			