

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

PRINTED: 03/26/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/06/2015
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 VERSAILLES ROAD LEXINGTON, KY 40504
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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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and at 4:30 PM, with SS #13, revealed they had received education on the new policy and procedure for Advance Directives. Per interview, the SS assigned duties related to the new policy and procedure for advance directives were to obtain consents from the Resident/POA, notify the nursing supervisor of the unit the resident was admitted to obtain a Physician's Order for the code status decision. The SS revealed they were to initiate the Advance Directive care plan. Further interview revealed the care plan team reviewed the Advance Directives care plan during regularly scheduled care plan meetings.

Interview, on 03/06/15 at 4:50 PM, with RN #4/MDS Coordinator revealed the MDS nurses had received the education on the new policy and procedure for Advance Directives. Per interview, MDS Nurses assigned duties related to the new policy and procedure for Advance Directives was to audit the interim care plan within 72 hours of every admission, and/or readmission, and to assure Advance Directives with code status were present. Further interview revealed the care plan team reviewed the Advance Directives care plan during regularly scheduled care plan meetings.

18. Review of the facility's in-service sign in sheet and post-test from 02/27/15 through 03/06/15, revealed all facility staff had received education on the facility's Advance Directives and Residents' Rights with scores of 100%.

Interviews on 03/04/15: at 3:18 PM with the Groundskeeper; at 3:20 PM with LPN #8; at 3:33 PM with Laundry personnel #8; at 3:49 PM with SRNA #13; at 4:00 PM with the Dietary Manager; at 4:15 PM with LPN #2/MDS Nurse; at 4:30 PM with SRNA #8; at 4:50 PM with RN #4/MDS

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F 309	Continued From page 131 Coordinator and SRNA #2; at 4:58 PM with SRNA #12; at 5:05 PM with Dietary Aide #8; at 5:07 PM with the Activities Director; at 5:15 PM with LPN #1/Supervisor; at 5:20 PM with LPN #4; at 5:35 PM with Activities Assistant #10; at 5:48 PM with the Maintenance Supervisor; and at 5:50 PM with SRNA #8/KMA and RN #5; and interviews on 03/06/15: at 12:35 PM with LPN #10/Weekend Supervisor; at 1:00 PM with SRNA #19 and SRNA #14; at 1:25 PM with Laundry personnel #14; at 1:40 PM with Housekeeper #15; at 2:00 PM with SRNA #16; at 2:06 PM with Dietary Aide #18; at 2:30 PM with SRNA #18/KMA; at 2:40 PM with Administrative Assistant #16; at 3:00 PM with the Dietary Supervisor; at 3:35 PM with SRNA #1; at 3:50 PM with Physical Therapy Assistant (PTA) and SRNA #11; at 4:00 PM with SS #2 and SRNA #10; at 4:05 PM with LPN #9; at 4:25 PM with LPN #3; at 4:30 PM with SS #13; at 4:40 PM with SRNA #9; and at 4:50 PM with RN #8 revealed they had all received in-service education regarding Residents' Rights, Advance Directives and Code Blue events. The staff interviewed revealed they had been post-tested, as per the AOC. Interview on 03/06/15: at 4:00 PM with SS #2; at 4:30 PM with SS #13; and at 5:30 PM with the SDC, revealed they had all participated in the training of all facility staff on Advance Directives and Residents' Rights, which required a post-test with 100% accuracy, with immediate re-education provided for any incorrect answers. Interview, on 03/06/15 at 5:55 PM, with the DON revealed she had also participated in providing the in-service education for all facility staff regarding Advance Directives and Residents' Rights, which required a post-test with 100%	F 309			

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accuracy, with immediate re-education provided for any incorrect answers.

19. Review of the facility's in-service sign in sheets and post test for 02/27/15 thru 03/02/15, on 03/06/15, revealed 100% of nursing staff had received education on the facility's code blue protocol which included differentiation between DNR and Full code status; how to identify a resident's code status; who should respond to a code blue immediately; how to call for and initiate a code blue; where to locate the crash cart; contacting the residents physician and calling 9-1-1; continuation of the code until turned over to EMS; notification of the DON and Administrator; and documentation of all details of the code in the medical record.

Interviews on 03/04/15: at 3:20 PM with LPN #8; at 3:49 PM with SRNA #13; at 4:15 PM with LPN #2/MDS Nurse; at 4:30 PM with SRNA #8; at 4:50 PM with RN #4/MDS Coordinator and SRNA #2; at 4:58 PM with SRNA #12; at 5:15 PM with LPN #1/Supervisor; at 5:20 PM with LPN #4; and at 5:50 PM with SRNA #8/KMA and RN #5; and Interviews on 03/06/15: at 12:35 PM with LPN #10/Weekend Supervisor; at 1:00 PM with SRNA #19 and SRNA #14; at 2:00 PM with SRNA #15; at 2:30 PM with SRNA #16/KMA; at 3:35 PM with SRNA #1; at 3:50 PM with SRNA #11; at 4:00 PM with SRNA #10; at 4:05 PM with LPN #9; at 4:25 PM with LPN #3; at 4:40 PM with SRNA #9; and at 4:50 PM with RN #6 revealed they had all received in-service education regarding differentiation of DNR and Full Code status, how to identify a resident's code status, how to call for and initiate a Code Blue, who should respond to a Code Blue immediately, where to locate the crash carts, contacting the Physician and calling 911,

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F 309	<p>Continued From page 133</p> <p>continuation of a code until EMS arrived, notification of the DON and Administrator, and documentation of all details of the code in the medical record. Additionally, the staff interviewed revealed they had also been educated on how to manage a resident who had a DNR status, and had to take a post-test and score 100%.</p> <p>Interview on 03/06/15: at 4:00 PM with SS #2; at 4:30 PM with SS #13; and at 5:30 PM with the SDC, revealed they had all participated in the training of all facility nursing staff on the facility's Code Blue policy and procedure, protocol and process to manage a resident with a DNR status, verify no vital signs at five minute intervals, pronouncement of death and notification of Physician, family/POA, DON, and Administrator and documentation in the medical record, which required a post-test with 100% accuracy, with immediate re-education provided for any incorrect answers.</p> <p>Interview, on 03/06/15 at 5:55 PM, with the DON revealed she had participated in the training of all nursing staff on the facility's Code Blue policy and procedure, protocol, and process to manage a resident with a DNR status, verify no vital signs at five minute intervals, pronouncement of death and notification Physician, family/POA, DON, and Administrator and documentation in the medical record. Per interview, each area required a post-test with 100% accuracy, with immediate re-education provided for any incorrect answers. The DON further stated two (2) staff members were out on leave and did not receive the training; however, would not be added to the schedule until they were in-serviced and completed the post-test with 100 % accuracy.</p>	F 309		

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20. Review of the facility's in-service sign in sheets and post test on 03/06/15, for 02/27/15 through 03/02/15, revealed nursing staff (Nurses, KMAs and SRNA's) had received education on the facility's requirement for inclusion of the resident's Advanced Directives and code status on the Comprehensive Care Plan.

Interviews on 03/04/15: at 3:20 PM with LPN #8; at 3:49 PM with SRNA #13; at 4:15 PM with LPN #2/MDS Nurse; at 4:30 PM with SRNA #8; at 4:50 PM with RN #4/MDS Coordinator and SRNA #2; at 4:58 PM with SRNA #12; at 5:15 PM with LPN #1/Supervisor; at 5:20 PM with LPN #4; and at 5:50 PM with SRNA #8/KMA and RN #5; and interviews on 03/06/15: at 12:35 PM with LPN #10/Weekend Supervisor; at 1:00 PM with SRNA #19 and SRNA #14; at 2:00 PM with SRNA #15; at 2:30 PM with SRNA #16/KMA; at 3:36 PM with SRNA #1; at 3:50 PM with SRNA #11; at 4:00 PM with SRNA #10; at 4:05 PM with LPN #9; at 4:25 PM with LPN #3; at 4:40 PM with SRNA #9; and at 4:50 PM with RN #6 revealed they had all received in-service education regarding the requirement for inclusion of a resident's Advance Directives and code status on the Comprehensive Care Plan. Additionally, the staff interviewed revealed they all had taken a post-test and had to score 100%.

Interview with the SDC on 03/06/15 at 5:30 PM, revealed she had participated in the training of all nursing staff on the facility's requirement for inclusion of the resident's Advance Directives and code status on the Comprehensive Care Plan. Per interview, a post-test was required with 100% accuracy, with immediate re-education provided for any incorrect answers.

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F 309	Continued From page 135 Interview, on 03/06/15 at 5:55 PM and 8:30 PM, with the DON revealed she had participated in the training of all staff on the facility's requirement for inclusion of the resident's Advance Directives and code status on the Comprehensive Care Plan. Per interview, a post-test was required with 100% accuracy, with immediate re-education provided for any incorrect answers. Further interview revealed two (2) staff members were out on leave and did not receive the training; however, would receive the training prior to being added to the schedule, and would have to complete the post-test as required, but will not be added to the schedule until they are in-serviced and complete the post-test accurately. 21. Review on 03/06/15, of the 02/27/15 code status audits revealed fifty-six (56) of one hundred and twenty-eight (128) residents had a Full Code status as per their Advance Directives. Interview with MR on 03/06/15 at 3:50 PM, revealed she and the QA Nurse had audited all residents' records on 02/27/15, and fifty-six (56) of those residents' records had an Advance Directive for Full Code status. 22. Interview, on 03/06/15 at 5:30 PM, with the SDC revealed the new hire orientation packet did include the new training and post-test related to professional nursing standards, Comprehensive Care Plans, Advance Directives, Identifying code status, facility's Code Blue protocol and new Code Blue forms. Per interview, the post-test would be required with a 100% accuracy, and immediate re-education provided for any incorrect answers. Interview, on 03/06/15 at 6:30 PM, with the DON	F 309			

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F 309	<p>Continued From page 136</p> <p>revealed all agency staff received orientation packets to educate them on the same topics as facility staff. Per interview, all agency staff would complete the post-test with 100% accuracy prior to providing direct care.</p> <p>Interview, on 03/06/15 at 1:00 PM, with RN #7, an agency nurse, revealed she did receive the facility's in-service training and had completed a post-test for each topic regarding the facility's protocol for Advance Directives, code status, Comprehensive Care Plan, Resident Rights, and Code Blue documentation forms.</p> <p>23. On 03/06/15, review of the facility's in-service sign in sheets and post test for 02/28/15 through 03/02/15, revealed nursing staff (Nurses, KMAs and SRNA's) did received education related to professional nursing standards, pertaining to provision of CPR, documentation, ensuring a Physician's order for DNR status and honoring each resident's Advance Directives.</p> <p>Interviews on 03/04/15: at 3:20 PM with LPN #8; at 3:49 PM with SRNA #13; at 4:15 PM with LPN #2/MDS Nurse; at 4:30 PM with SRNA #6; at 4:50 PM with RN #4/MDS Coordinator and SRNA #2; at 4:58 PM with SRNA #12; at 5:15 PM with LPN #1/Supervisor; at 5:20 PM with LPN #4; and at 5:50 PM with SRNA #8/KMA and RN #5; and interviews on 03/06/15: at 12:35 PM with LPN #10/Weekend Supervisor; at 1:00 PM with SRNA #19 and SRNA #14; at 2:00 PM with SRNA #15; at 2:30 PM with SRNA #16/KMA; at 3:35 PM with SRNA #1; at 3:50 PM with SRNA #11; at 4:00 PM with SRNA #10; at 4:05 PM with LPN #9; at 4:25 PM with LPN #3; at 4:40 PM with SRNA #9; and at 4:50 PM with RN #6 revealed they had all received in-service education regarding</p>	F 309	

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F 309	<p>Continued From page 137</p> <p>professional nursing standards which pertained to provision of CPR, documentation, ensuring a Physician's Order for a DNR status and honoring a resident's Advance Directives. Additionally, the staff interviewed revealed they all had taken a post-test and had to score 100%.</p> <p>24. Review of the 03/03/15 Mock Code Blue sign-in sheet revealed seven (7) LPN's, one (1) RN, five (5) SRNA's and MR responded to the Mock Code Blue drill. Review of the Incident/Accident form, Nurse's Note, Code Blue Information form, and Code Blue Nurse's Notes Guide revealed the staff responded timely, and followed the facility's protocol for a Code Blue.</p> <p>Interviews, on 03/06/15 at 1:30 PM, with SRNA #2, at 2:10 PM, with SRNA #18, revealed they had participated in the mock Code Blue on 03/03/15. SRNA #2 and SRNA #18 stated the drill went very well, and everyone seemed to be more comfortable with their role in a Code Blue event.</p> <p>Interview, on 03/06/15 at 1:45 PM, with LPN #1/Supervisor revealed she had taken the lead in the mock Code Blue, and after assessing the mock resident for vital signs had given the order to page a Code Blue. Per interview, she informed those present to get the crash cart, and CPR was initiated timely and documentation was completed. She further stated she felt good about the mock Code Blue.</p> <p>interview, on 03/08/15 at 5:30 PM, with the SDC revealed a mock Code Blue drill would be completed quarterly on all shifts and on weekends.</p>	F 309		

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F 514	Continued From page 138	F 514		
F 514 SS-J	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE	F 514		
	<p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedures it was determined the facility failed to have an effective system to ensure accurate clinical records were maintained for one (1) of eight (8) sampled residents (Resident #1).</p> <p>Resident #1 had Advance Directives which noted he/she requested to be a Full Code (Full Code indicates life-saving measures would be instituted in the event of cardiac or respiratory failure) to include performance of Cardiopulmonary Resuscitation (CPR). On 02/18/15 at approximately 8:30 AM, Resident #1 was found to be unresponsive by State Registered Nursing Assistant (SRNA) #1 who immediately notified Registered Nurse (RN) #1 of this information.</p>			

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F 514	<p>Continued From page 139</p> <p>However, after checking for Resident #1's pulse and being unable to obtain one, RN #1 failed to immediately initiate CPR for this resident. RN #1, RN #2, Licensed Practical Nurse (LPN) #2/Minimum Data Set (MDS) and RN #4/MDS Coordinator initiated CPR for Resident #1 at approximately 9:05 AM to 9:10 AM; however, the nurses failed to ensure all details of the code were documented in the resident's medical record. Resident #1 was transported by ambulance to the hospital Emergency Room (ER) where the resident was pronounced as expired at 9:38 AM.</p> <p>The facility's failure to ensure the provision of CPR for a Full Code resident, with all details of the code accurately documented in the resident's records, has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 02/28/15, and was determined to exist on 02/18/15. The facility was notified of the Immediate Jeopardy on 02/26/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 03/04/15 with the facility alleging removal of the Immediate Jeopardy on 03/04/15. Immediate Jeopardy was verified to be removed on 03/04/15 as alleged by the State Survey Agency prior to exit on 03/08/15, with remaining non-compliance at a Scope and Severity of a "D" while the facility develops and implements a Plan of Correction and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled,</p>	F 514		
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F 514	<p>Continued From page 140</p> <p>"Cardiopulmonary Resuscitation (CPR)", undated, revealed to delegate a person to "take notes" during a code on a resident found unresponsive which was to include the time CPR was initiated, who provided chest compressions and ventilations, and document the "entire event" in the resident's medical record.</p> <p>Review of the facility's, "Medical Emergency Code Reference" document, undated, revealed the purpose was to provide emergency care to a resident in need of urgent service. Per the "Medical Emergency Code Reference", the "Code Blue" could be initiated by a Registered Nurse (RN) or Licensed Practical Nurse (LPN), who were to "overhead page" three (3) times the room number or location of the "Code Blue", all available nursing staff were to respond, staff were to the "check code status" of the resident, initiate Cardiopulmonary Resuscitation (CPR) if appropriate, contact the Physician and/or "send out 911" and "document all details of the code in the medical record".</p> <p>Review of the medical record for Resident #1 revealed the facility admitted the resident on 06/22/12, and he/she was re-admitted on 09/05/14, with diagnoses which included Chronic Bronchitis, Acute Respiratory Failure, Chronic Ischemic Heart Disease and Chronic Airway Obstruction. Review of the Advance Directives, dated 09/11/12, and signed by Resident #1, revealed the resident requested to have a Full Code status which included CPR in the event of being unresponsive with no respirations or heart beat.</p> <p>Continued record review revealed a Nurse's Note dated 02/18/15 timed 8:40 AM, documented by</p>	F 514		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/06/2015
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOMESTEAD		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 VERSAILLES ROAD LEXINGTON, KY 40504	

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F 514	<p>Continued From page 141</p> <p>RN #1, which noted SRNA #1 told her Resident #1 didn't "look too good", and when she arrived in the resident's room she shook him/her with no response. Per the Note, RN #1 noted Resident #1 had no respirations and she checked for a pulse with none found. RN #1 documented she called for "assist" from another nurse on a different unit, and when the other nurse arrived CPR was initiated. Review of RN #1's Nurse's Notes revealed at 9:10 AM, EMS arrived, placed Resident #1 on a backboard and put Automated External Defibrillator (AED) pads on the resident with no pulse obtained, and CPR was continued. However, continued review of RN #1's documentation revealed no documented evidence all details of the code were noted to include: overhead paging a "Code Blue", calling 911, contacting the Physician, noting what staff was present, and who was performing the respirations and doing the chest compressions, as per the facility's policy.</p> <p>Attempts to interview RN #1 were made on 02/24/15 at 1:05 PM, 2:00 PM, 4:30 PM and 5:15 PM, and on 02/25/15 at 10:10 AM; however, were unsuccessful.</p> <p>Continued review of the Nurse's Note revealed a Note dated 02/18/15 at 9:00 AM, documented by LPN #1/Supervisor which revealed she was "overhead paged" and called the nurse's station on the unit where Resident #1 resided. Per the Note, when she called she was informed Resident #1 was "dead". The Note revealed LPN #1/Supervisor went to the resident's room and CPR was initiated. Further review of the Nurse's Notes revealed at 9:05 AM, LPN #1/Supervisor noted 911 was called and CPR continued until EMS arrived. Review of the Nurse's Notes</p>	F 514		
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F 514 Continued From page 142
 revealed at 9:15 AM, LPN #1/Supervisor documented EMS personnel arrived and took over CPR. However, further review of LPN #1/Supervisor's documentation revealed no documented evidence all details of the code were noted to include: overhead paging a "Code Blue", contacting the Physician, noting what staff was present, and who was performing the respirations and who was doing the chest compressions, as per the facility's policy.

Interview with RN #2 on 02/24/15 at 12:25 AM and 02/25/15 at 11:30 AM, revealed she assisted in the code for Resident #1 after the resident was found unresponsive. However, record review revealed no documented evidence RN #2 had noted her participation in the code. Continued interview with RN #2 revealed LPN #2/MDS Nurse had documented the code in Resident #1's medical record.

Further record review revealed on 02/18/15, a Nurse's Note timed 8:45 AM which revealed Resident #1 was unresponsive with no pulse by nursing, and CPR was initiated by RN #1 and RN #2 which continued until "911 arrived at 9:15" AM. However, interviews with staff revealed CPR was initiated for Resident #1, approximately 9:05 AM to 9:10 AM.

Continued review of the 8:45 AM Nurse's Note on 02/18/15 revealed no documented evidence of a nurse's signature, or of all details of the code noted to include the time CPR was initiated, who provided chest compressions and ventilations, and Physician notification. Review of a Nurse's Note timed 9:30 AM revealed "called report" to the hospital; however, there was no documented evidence of the nurse's signature. Additionally,

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F 514	<p>Continued From page 143</p> <p>review of a Nurse's Note timed 10:20 AM, revealed Resident #1 had "passed" per the hospital, with no documented evidence of the nurse's signature.</p> <p>Interview with the Director of Nursing (DON) on 03/06/15 at 5:30 PM, revealed she would expect her licensed nurses to perform an assessment of a resident with a change in condition, such as being unresponsive, which would include checking the resident's vital signs, verifying their code status and initiating CPR right away if appropriate. She further stated nurses should ensure their documentation was complete and accurate, as per facility policy. Per Interview, codes should be thoroughly and accurately documented; however, for Resident #1's code staff had not "adequately" documented the code.</p> <p>Interview with the facility's Administrator on 2/26/15 at 3:45 PM and 03/06/15 at 6:45 PM, revealed his expectations of licensed staff was to ensure documentation was complete, clear, and timely. Per Interview, the information for codes should be documented as per the facility's policy.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 03/03/15, that alleged removal of the IJ effective 03/04/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> 1. On 02/18/15, the Administrator, Director of Nursing (DON) and the Regional Director of Clinical Services (RDCS) interviewed State Registered Nursing Assistant (SRNA) #1, Nursing Supervisor (NS) #1 (LPN #1/Supervisor), RN #1 and RN #2 regarding delay of the Code Blue event involving Resident #1. RN #1 and RN #2 	F 514		
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F 514	<p>Continued From page 144</p> <p>were suspended on 02/18/15 pending the facility's investigation.</p> <p>2. On 02/18/15, an initial report of the delayed Code Blue event was sent to the State Agency by the Administrator and the DON.</p> <p>3. On 02/18/15, the DON notified Resident #1's family of the delay in initiating a Code Blue by RN #1.</p> <p>4. On 02/18/15, the Staff Development Coordinator (SDC) initiated in-services with licensed nurses regarding immediate implementation of the facility's Code Blue Protocol for residents who had Advance Directives which indicated a Full Code status. Immediate training included face-to-face in-services with licensed staff on duty, and instruction by telephone for other licensed staff. On 02/19/15, the training was extended to include SRNA's and Kentucky Medication Aides (KMAs), and 100% of the nursing staff received the education. Training points included the immediate initiation of CPR, based on the Physician's Orders and the individual's Advance Directives and stated wishes regarding their code status, when a resident was discovered to be without vital signs. Utilized for the training was the facility's Code Blue Protocol.</p> <p>5. On 02/19/15, the DON revised the facility's policy and procedure related to code status to include a requirement for adding each resident's code status to the care plan.</p> <p>6. On 02/19/15, the DON developed a new system of quarterly care plan meetings with the resident and/or their Responsible Party (RP), the</p>	F 514		
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F 514	<p>Continued From page 145</p> <p>Social Worker, the unit nurse and the MDS nurse, to determine if any change in code status is desired by the resident.</p> <p>7. On 02/19/15, the DON developed a Code Blue Information form to be attached to the incident report for all Code Blue events. Both forms are turned in to the DON for further investigation. The DON will submit results of all investigations to the monthly QA meetings. In addition, the DON developed a reference book for Code Blue events, and placed a book on each crash cart.</p> <p>8. On 02/19/15, the Administrator notified the Ombudsman of the delay in initiating a Code Blue for Resident #1. The Administrator explained the corrective actions taken by the facility, and invited the Ombudsman to participate in the investigation process.</p> <p>9. On 02/19/15, a Quality Assurance (QA) meeting was held by telephone conference. Participants included the Administrator, the DON, and the Medical Director, who was also the Attending Physician for Resident #1. The purpose of the meeting was to notify the Medical Director of the delay in providing CPR for Resident #1, and to discuss corrective actions.</p> <p>10. On 02/19/15, an Ad Hoc QA meeting was held to establish corrective actions and monitoring to ensure future compliance related to the following: Code Blue response; residents' rights; and the facility's Abuse Policy. Attendees included the Administrator, DON, Medical Director, QA Nurse, RDCS, Regional Director of Operations (RDO), Unit Managers (UMs), and the SDC. The committee reviewed and authorized revision of the facility's current policy related to code status</p>	F 514		
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F 514	<p>Continued From page 149</p> <p>to include code status in each resident's Comprehensive Care Plan. In addition, the committee developed a checklist of items to be completed to ensure no other resident had the possibility of being affected by the deficient practice. Furthermore, the committee assigned individual members of the interdisciplinary team to carry out specific tasks stated on the check list, as well as, actions to ensure ongoing compliance. The committee determined the root cause of the delay in provision of CPR for Resident #1 was due to RN #1's failure to follow the facility's policy and procedure related to code status.</p> <p>Also, on 02/19/15, the regular monthly QA meeting was held and attended by the Administrator, DON, Medical Director, Social Services Director (SSD), QA Officer, Nursing Supervisor, Activities Director (AD), Director of Rehabilitation, Consultant Dietician, and the Dietary Manager Assistant. Participants confirmed the Ad Hoc meeting determination of the root cause and further discussed the facility's plan of action going forward.</p> <p>11. On 02/19/15, the Medical Records Coordinator and the QA Nurse audited 100% of the 128 residents' charts to verify each resident's code status was correctly identified, and to ensure Physician Orders, Comprehensive Care Plans, and SRNA Care Plans were consistent for either Full Code or DNR status. Each resident's chart holds an identifying sticker on the outside spine to communicate the code status: a white sticker indicates a Full Code status, and a red sticker indicates DNR status. The Medical Records Coordinator updated each resident's Care Plan to reflect individual code status to be either Full Code or DNR. The QA Nurse and the</p>	F 514	

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F 514	<p>Continued From page 147</p> <p>Medical Records Coordinator will continue the audits daily Monday through Friday, and the House Supervisor will perform the audits on the weekends, until the IJ is removed. Audit results will be submitted daily for review by the DON, who will forward the data to the monthly QA meetings for interdisciplinary review.</p> <p>12. On 02/19/15, the Central Supply clerk audited the facility's six (6) crash carts, utilized for managing a Code Blue event, for the presence of adequate supplies, and to ensure no expired items were located on the carts. The crash carts will be checked daily, Monday through Friday by the Central Supply Clerk, and by the House Supervisor on weekends, until the IJ is removed. The audits will utilize the Crash Cart check List Form, and all results will be submitted to the Administrator and the DON for their review. Subsequently, audit results will be presented at the monthly QA meeting, where any changes to the frequency of audits, or recommendations for further interventions, will be made.</p> <p>13. Beginning 02/19/15, the Payroll/Human Resources (HR) Coordinator initiated a review of employee files for all nursing staff, to ensure current Cardiopulmonary Resuscitation (CPR) certificates, active nursing licenses and SRNA certifications, and the completion of background checks. The audit was completed on 03/03/15.</p> <p>14. On 02/19/15, the Medical Records Coordinator and the RDCS audited fifty (50) residents who expired at the facility during RN #1's employment between 12/04/12 and 02/21/15, to determine if RN #1 had been involved in any other Code Blue events. They found of the fifty (50) deaths, twenty-one (21)</p>	F 514		

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F 514 Continued From page 148
occurred while RN #1 was on duty; however, all residents except Resident #1 were a DNR status at the time of death.

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15. On 02/21/15, while still on suspension, RN #1 called the facility and voluntarily resigned her position of employment with the facility.

16. On 02/27/15, the Administrator and the DON informed the Medical Director of the specific IJ citations, and discussed the facility's plan for correction of the deficient practice.

17. On 02/27/15, the Administrator and the DON in-serviced the facility's two (2) SSD's, the MDS Nurses and the Medical Records Coordinator related to the facility's new policy and procedure regarding Advance Directives, which includes the following actions: Social Services will review each resident's Advance Directives upon admission to the facility, including their wishes regarding code status, obtain a Physician's Order for the code status, obtain consent from the resident and/or the Power of Attorney (POA), and initiate the Advance Directives Care Plan; the MDS Nurses will audit the initial Care Plans for the presence of Advance Directives within 72 hours of admission; and the Interdisciplinary Care Plan Team will review all residents' Advance Directives during the regularly scheduled Care Plan meetings.

18. On 02/27/15 through 03/02/15, all staff from every department, including Nursing, Dietary, Maintenance, Social Services, Activities, and Housekeeping, was in-serviced by the DON, SSD, SDC, QA Officer, and the Nursing Supervisor related to Advance Directives and Residents' Rights. Each staff member was

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F 514	<p>Continued From page 149</p> <p>required to complete a post-test with 100% accuracy on the subject matter. Immediate re-education was provided for any incorrect answers.</p> <p>19. Between 02/27/15 and 03/02/15, all nursing staff, including nurses, KMAs and SRNA's were educated by the DON, SSD, SDC, QA Officer and the Nursing Supervisor on the following: differentiation between DNR and Full Code status; how to identify a resident's code status; how to call for and initiate a Code Blue; who should respond to a Code Blue immediately; where to locate the crash cart; contacting the Physician and calling 911; continuation of the code until EMS arrival; notification of the DON and Administrator; and documentation of all details of the code in the medical record.</p> <p>In addition, the training included how to manage the resident who had a DNR status, including an assessment for vital signs at five (5) minute intervals, pronouncement of death, notification of the Physician, the family and/or POA, and the DON and Administrator, and documentation in the medical record. All participants were required to complete a post-test related to the training with 100% accuracy, with immediate re-education provided for any incorrect answers.</p> <p>20. Between 02/27/15 and 03/02/15, all nurses, KMA and SRNA's were in-serviced regarding the requirement for inclusion of the resident's Advance Directives and code status on the Comprehensive Care Plan. The training was provided by the DON, SDC and Nursing Supervisor. All participants were required to complete a post-test related to the training with 100% accuracy, with immediate re-education</p>	F 514		

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F 514	<p>Continued From page 150</p> <p>provided for any incorrect answers. Two (2) staff members were on leave and did not receive the education. They will not be added to the schedule until they are in-serviced and able to complete the post-test accurately to ensure their competency.</p> <p>21. As of 02/27/15, fifty-six (56) of one hundred and twenty-eight (128) residents had an Advance Directive for Full Code status.</p> <p>22. On 02/28/15, the DON updated the new hire orientation outline to include training and post-tests related to professional nursing standards, identifying code status, Comprehensive Care Plans, Advance Directives, Residents' Rights, Code Blue Information sheet, Code Blue Nurses' Note guide, and the facility's Code Blue Protocol. In addition, orientation packets were developed for agency staff to educate on the same topics. All agency staff will be expected to complete the post-tests with 100% accuracy prior to providing direct care.</p> <p>23. Between 02/28/15 and 03/02/15, all nurses, KMAs and SRNA's were in-serviced by the DON, SDC and the Nursing Supervisor related to professional nursing standards. Training references included the Lippincott Manual of Nursing Practice as it pertained to the provision of CPR, documentation, ensuring a Physician's Order for DNR status, and honoring each resident's Advance Directives. All participants were required to complete a post-test related to the training with 100% accuracy, with immediate re-education provided for any incorrect answers.</p> <p>24. On 03/03/15, the facility conducted a mock Code Blue drill to assess staff knowledge</p>	F 514		
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F 514	<p>Continued From page 151</p> <p>retention after training related to initiating a Code Blue event immediately, and evaluated response time, accuracy in determining the code status of the mock resident, and adherence to the facility's policy and procedure. A mock Code Blue drill will be conducted quarterly by the SDC, QA nurse or the DON, and will cover all shifts on weekdays and weekends. Results of the drills will be brought by the Administrator or the DON to the facility QA meetings for interdisciplinary review. Any staff members identified to not follow facility policy and procedures will be re-educated, and a competency test will be administered until the staff member is able to display a thorough and accurate understanding of the policy and procedure.</p> <p>The State Agency validated the implementation of the facility's AOC as follows:</p> <ol style="list-style-type: none"> 1. Review of the facility's investigation of the incident revealed SRNA #1, Nursing Supervisor #1 (LPN #1/Supervisor), RN #1 and RN #2 were interviewed related to the Code Blue event involving Resident #1. Continued review of the investigation revealed RN #1 and RN #2 were suspended on 02/18/15, pending the investigation results. Interview, on 03/04/15 at 6:00 PM, with the DON revealed RN #1 called the facility on 02/21/15, and stated she was quitting and would not be returning to work, and hung up. 2. The State Survey Agency received the initial report regarding the delayed Code Blue event involving Resident #1 on 02/18/15. 3. Review of the facility's investigation 	F 514		

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F 514	<p>Continued From page 152</p> <p>documentation of the incident revealed the DON notified Resident #1's family of RN #1's delay in initiating a Code Blue.</p> <p>Phone contact was attempted with Resident #1's RP/family which was unsuccessful and a message was left. However, no return call was received.</p> <p>4. Review of the facility's in-service sign-in form dated 02/18/15 and 02/19/15, revealed 100% of nursing staff did receive training on the facility's Code Blue Protocol, which included education on immediate initiation of CPR, based on Physician's Orders and the individual's Advance Directives and stated wishes regarding their code status, when a resident was discovered to be without vital signs.</p> <p>Interviews on 03/04/15: at 1:55 PM with LPN #1; at 4:15 PM, with LPN #2; at 3:20 PM, with LPN #8; and at 4:50 PM with RN #4 revealed they were inserviced on the facility's Code Blue procedures, how to identify a resident's code status, when to initiate CPR, and the code process.</p> <p>Interviews on 03/04/15: at 3:49 PM, with SRNA #13, at 4:35 PM with SRNA #6; and at 4:58 PM with SRNA #12 revealed they were inserviced on the facility's Code Blue process, how to identify a resident's code status, call a Code Blue, take crash cart to room and wait for further directions.</p> <p>5. Review of the facility's document titled, "Medical Emergency Code Reference", not dated, revealed the DON had revised the facility's policy and procedure to include the requirement for adding each resident's code status to the care</p>	F 514		

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F 514	<p>Continued From page 153 plan.</p> <p>Interviews on 03/04/15 at 5:20 PM, with Social Services (SS) #13, and at 5:30 PM, with SS #2, revealed they were in-serviced related to SS responsibility for implementing an interim Advance Directive care plan to include the code status for all new residents upon admission and/or readmission.</p> <p>Interview on 03/06/15 at 4:50 PM, with the RN #4/MDS Coordinator revealed the MDS nurses were in-serviced related to MDS' responsibility to audit the interim care plan within 72 hours of every resident's admission, and/or readmission, and to assure Advance Directives with code status were present.</p> <p>6. Interview, on 03/06/15 at 6:30 PM, with the DON revealed she developed a new system for Quarterly Care Plan meetings to discuss with residents and their RP if a change in code status is desired by the resident.</p> <p>Review of the facility's policy titled, "Care Plans" with a revised date of 02/27/15, revealed the Care Plan Team would review with the resident any existing/current Advance Directives to determine if a change in code status was desired by the resident at the Quarterly Care Plan meetings.</p> <p>Interviews, on 03/08/15 at 4:00 PM, with SS #2 and at 4:30 PM with SS #13, revealed Advance Directives including the code status was discussed with each resident at every care plan meeting now.</p> <p>Interview, on 03/08/15 at 4:50 PM, with RN #4/MDS Coordinator, revealed the care plan team</p>	F 514		
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F 514	Continued From page 154 did discuss Advance Directives including the code status with the resident or RP at each care plan meeting now. 7. Interview, on 03/06/15 at 6:30 PM, with the DON revealed she had developed a Code Blue Information form which was to be attached to Incident Reports for all Code Blue events that were to be turned in to her. The DON revealed she had also developed a reference book for all Code Blue events which were placed with each crash cart. Per the DON, she will submit all investigations to the facility's monthly QA meeting. Observation on 03/06/15 from 3:00 PM through 3:20 PM of each crash cart in the facility revealed a reference book for Code Blue events which included the Code Blue documentation form. Review of the facility's Code Blue reference book revealed a form titled, "Code Blue Documentation", dated 02/18/15, which was revised 02/27/15. 8. On 03/06/15 at 2:00 PM a call was placed to the Ombudsman with no answer, a message left to return a call. The Ombudsman returned the call and revealed the Administrator did notify her of the delay in initiating a Code Blue for Resident #1, and explained the corrective actions taken by the facility and invited her to participate. Interview with the Administrator on 03/06/15 at 6:15 PM, revealed he had called the Ombudsman on 02/19/15 as per the AOC. 9. Interview with the Administrator on 03/06/15 at 6:15 PM, confirmed the facility's Medical Director was contacted by phone for the QA meeting on	F 514			

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F 514 Continued From page 155
02/19/15, to notify him of the delay in providing CPR and to discuss a plan of action.

Interview, on 03/06/15 at 3:00 PM, with the facility's Medical Director and Resident #1's attending Physician revealed the Administrator, the DON and the RDCS had called on 02/19/15, to discuss the events which occurred with Resident #1's code on 02/18/15. He stated "we" did put plans into action, and he felt the facility had a very active QA program. The Medical Director revealed the facility had a meeting monthly and he "rarely" missed a meeting.

10. Review of the facility's Ad hoc QA meeting sign-in sheet revealed the attendees included the Medical Director, Administrator, DON, QA Nurse, RDCS, RDO, UMs and SDC.

Interview, on 03/06/15 at 3:50 PM, with Medical Records (MR) revealed during the QA meeting assignments were made and MR was assigned duties related to the Advance Directives regarding completing a daily audit. Per interview, the audit was for identification/verification of all residents' code status, by ensuring the code status on the residents' door name plate, SRNA care plan, Comprehensive Care Plan, spine of the residents' charts, and inside the front cover of the charts matched the Physician Order. Further interview revealed this was reviewed by the DON/Administrator daily.

Interview, on 03/06/15 at 5:25 PM, with the QA Nurse revealed on 02/19/15, a QA meeting was held with the Medical Director, Administrator, DON, Nursing Supervisor, SS, Dietary, Activities Director, Director of Rehabilitation and QA in attendances. Per interview, the QA attendees

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F 514	Continued From page 158 reviewed and authorized revision of the facility's current code status policy to include each resident's code status on the care plan. The QA Nurse revealed members were assigned specific tasks on the check list which they developed to ensure ongoing compliance. Further interview revealed the QA attendees determined the root cause of CPR provision for Resident #1 was due to RN #1's failure to follow the facility's policies and procedures related to code status and discussed an action plan. Interviews, on 03/06/15 at 4:00 PM, with SS #2, and at 4:30 PM with SS #13, revealed SS was assigned duties related to the new policy and procedure for Advance Directives. Per interview, SS was to obtain consents from the resident or POA, notify the nursing supervisor of the unit the resident was admitted to, and obtain a Physician's Order for the code status decision. Further interview revealed SS will initiate the Advance Directive care plan for residents. Interview on 03/06/15 at 4:50 PM, with RN #4/MDS Coordinator revealed the MDS nurses were assigned duties related to the new policy and procedure for Advance Directives. Per interview, MDS' duties were to audit the interim care plan within 72 hours of every admission, and/or readmission, to assure Advance Directives with code status were present. 11. Interview, on 03/06/15 at 3:50 PM, with Medical Records (MR) revealed MR was assigned duties related to Advance Directives to complete a daily audit for identification/verification of all residents' code status by ensuring the code status on the residents' door name plate, SRNA care plan, comprehensive care plan, spine of the	F 514			

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F 514	<p>Continued From page 157</p> <p>chart, and inside the front cover of the chart matched the Physician's Order. Per interview, the audits were turned into the DON/Administrator daily, with the first audit completed on 02/19/15, when MR and the QA Nurse audited 100% of residents' charts for verification of their code status.</p> <p>Interview, on 03/06/15 at 5:25 PM, with the QA Nurse revealed MR and herself completed the daily audit Monday through Friday for identification and verification of all residents' code status by ensuring the code status on the residents' door name plate, SRNA care plan, Comprehensive Care Plan, spine of the chart, and inside the front cover of the chart matched the Physician's Order and the House Supervisor completed the audits on the weekend. Per interview, the audits would continue until the Immediate Jeopardy (IJ) was abated.</p> <p>Review of the audits performed by MR and the QA Nurse confirmed completion of the tasks as assigned per the AOC.</p> <p>Interview on 03/06/15 at 6:30 PM, with the DON revealed the code status audits were turned in daily for her review.</p> <p>12. Review of the Central Supply Clerk's (CSC) audit forms (Crash Cart Check List form) revealed the six (6) crash carts was audited daily for expired items and the presence of adequate supplies, with no issues identified beginning 02/19/15.</p> <p>Interview, on 02/24/15 at 8:55 AM, with the CSC revealed he checked the six (6) crash carts daily Monday through Friday, and the House</p>	F 514		

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F 514	<p>Continued From page 158</p> <p>Supervlaor checked them on the weekends for expired items and to ensure they were locked. Per interview, while doing the audit if an item was used from a crash cart the item was replaced and a new breakaway lock would be applied to the cart. The CSC revealed audits continued to be performed.</p> <p>Interview on 03/06/15 at 6:30 PM, with the DON revealed the audit results were reviewed and would be taken to the facility's monthly QA meeting.</p> <p>13. Review of seven (7) employee files on 03/06/15, revealed the employee files were complete with current CPR cards, active nursing licenses and SRNA certifications, and background checks.</p> <p>Interview on 03/06/15 at 6:30 PM, with the DON revealed the employee file audits were completed as per the AOC on 03/03/15.</p> <p>14. Review of the audit completed on 02/19/15, revealed fifty (50) residents who had expired in the facility between 12/04/12 and 02/21/15, medical records were audited. Of the fifty (50) deaths, twenty-one (21) were identified to have occurred during the time frame.</p> <p>Interview with MR on 03/06/15 at 3:50 PM, revealed the audits were completed of residents who had expired from 12/04/12 to 02/21/15, the timeframe during which RN #1 was employed. Per interview, twenty-one (21) of the fifty (50) deaths occurred when RN #1 was on duty, however, only Resident #1 had been a Full Code, with the rest having a DNR status.</p>	F 514		

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F 514	<p>Continued From page 158</p> <p>15. Interview, on 03/06/15 at 5:55 PM, with the DON revealed RN #1 had called the facility on 02/21/15, and said she quit and would not be returning to work.</p> <p>16. Interview, on 03/06/15 at 3:00 PM, with the facility's Medical Director revealed the Administrator and DON had informed him of the ID deficiencies and they discussed the facility's plan for correction for the identified deficiencies.</p> <p>17. Review of the facility's inservice education revealed the two (2) SSD's, MDS Nurses and MR Coordinator were inserviced on 02/27/15, as per the AOC.</p> <p>Interview, on 03/06/15 at 3:50 PM, with MR Coordinator revealed she had received education related to the new policy and procedure for Advance Directives. Per interview, her assigned duties related to the Advance Directives were to complete a daily audit for identification/verification of all residents' code status by ensuring the code status on the residents' door name plate, SRNA care plan, Comprehensive Care Plan, spine of the chart, and inside the front cover of the chart matched the Physician's Order. The MR Coordinator revealed the audits were reviewed by the DON/Administrator daily.</p> <p>Interviews, on 03/06/15 at 4:00 PM, with SS #2 and at 4:30 PM, with SS #13, revealed they had received education on the new policy and procedure for Advance Directives. Per interview, the SS assigned duties related to the new policy and procedure for advance directives were to obtain consents from the Resident/POA, notify the nursing supervisor of the unit the resident was admitted to obtain a Physician's Order for the</p>	F 514		

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code status decision. The SS revealed they were to initiate the Advance Directive care plan. Further Interview revealed the care plan team reviewed the Advance Directives care plan during regularly scheduled care plan meetings.

Interview, on 03/06/15 at 4:50 PM, with RN #4/MDS Coordinator revealed the MDS nurses had received the education on the new policy and procedure for Advance Directives. Per interview, MDS Nurses assigned duties related to the new policy and procedure for Advance Directives was to audit the interim care plan within 72 hours of every admission, and/or readmission, and to assure Advance Directives with code status were present. Further interview revealed the care plan team reviewed the Advance Directives care plan during regularly scheduled care plan meetings.

18. Review of the facility's in-service sign in sheet and post-test from 02/27/15 through 03/06/15, revealed all facility staff had received education on the facility's Advance Directives and Residents' Rights with scores of 100%.

Interviews on 03/04/15: at 3:18 PM with the Groundskeeper; at 3:20 PM with LPN #8; at 3:33 PM with Laundry personnel #8; at 3:49 PM with SRNA #13; at 4:00 PM with the Dietary Manager; at 4:15 PM with LPN #2/MDS Nurse; at 4:30 PM with SRNA #8; at 4:50 PM with RN #4/MDS Coordinator and SRNA #2; at 4:58 PM with SRNA #12; at 5:05 PM with Dietary Aide #6; at 5:07 PM with the Activities Director; at 5:15 PM with LPN #1/Supervisor; at 5:20 PM with LPN #4; at 5:35 PM with Activities Assistant #10; at 5:48 PM with the Maintenance Supervisor; and at 5:50 PM with SRNA #8/KMA and RN #5; and interviews on 03/06/15: at 12:35 PM with LPN #10/Weekend

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Supervisor; at 1:00 PM with SRNA #19 and SRNA #14; at 1:25 PM with Laundry personnel #14; at 1:40 PM with Housekeeper #15; at 2:00 PM with SRNA #15; at 2:06 PM with Dietary Aide #19; at 2:30 PM with SRNA #16/KMA; at 2:40 PM with Administrative Assistant #16; at 3:00 PM with the Dietary Supervisor; at 3:35 PM with SRNA #1; at 3:50 PM with Physical Therapy Assistant (PTA) and SRNA #11; at 4:00 PM with SS #2 and SRNA #10; at 4:05 PM with LPN #9; at 4:25 PM with LPN #3; at 4:30 PM with SS #13; at 4:40 PM with SRNA #9; and at 4:50 PM with RN #8 revealed they had all received in-service education regarding Residents' Rights, Advance Directives and Code Blue events. The staff interviewed revealed they had been post-tested, as per the AOC.

Interview on 03/06/15; at 4:00 PM with SS #2; at 4:30 PM with SS #13; and at 5:30 PM with the SDC, revealed they had all participated in the training of all facility staff on Advance Directives and Residents' Rights, which required a post-test with 100% accuracy, with immediate re-education provided for any incorrect answers.

Interview, on 03/06/15 at 5:55 PM, with the DON revealed she had also participated in providing the in-service education for all facility staff regarding Advance Directives and Residents' Rights, which required a post-test with 100% accuracy, with immediate re-education provided for any incorrect answers.

19. Review of the facility's in-service sign in sheets and post test for 02/27/15 thru 03/02/15, on 03/06/15, revealed 100% of nursing staff had received education on the facility's code blue protocol which included differentiation between

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F 514	<p>Continued From page 162</p> <p>DNR and Full code status; how to identify a resident's code status; who should respond to a code blue immediately; how to call for and initiate a code blue; where to locate the crash cart; contacting the residents physician and calling 9-1-1; continuation of the code until turned over to EMS; notification of the DON and Administrator; and documentation of all details of the code in the medical record.</p> <p>Interviews on 03/04/15: at 3:20 PM with LPN #8; at 3:49 PM with SRNA #13; at 4:15 PM with LPN #2/MDS Nurse; at 4:30 PM with SRNA #6; at 4:50 PM with RN #4/MDS Coordinator and SRNA #2; at 4:58 PM with SRNA #12; at 5:15 PM with LPN #1/Supervisor; at 5:20 PM with LPN #4; and at 5:50 PM with SRNA #8/KMA and RN #5; and interviews on 03/06/15: at 12:35 PM with LPN #10/Weekend Supervisor; at 1:00 PM with SRNA #19 and SRNA #14; at 2:00 PM with SRNA #15; at 2:30 PM with SRNA #16/KMA; at 3:35 PM with SRNA #1; at 3:50 PM with SRNA #11; at 4:00 PM with SRNA #10; at 4:05 PM with LPN #9; at 4:25 PM with LPN #3; at 4:40 PM with SRNA #9; and at 4:50 PM with RN #8 revealed they had all received in-service education regarding differentiation of DNR and Full Code status, how to identify a resident's code status, how to call for and initiate a Code Blue, who should respond to a Code Blue immediately, where to locate the crash carts, contacting the Physician and calling 911, continuation of a code until EMS arrived, notification of the DON and Administrator, and documentation of all details of the code in the medical record. Additionally, the staff interviewed revealed they had also been educated on how to manage a resident who had a DNR status, and had to take a post-test and score 100%.</p>	F 514		

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F 514	<p>Continued From page 163</p> <p>Interview on 03/06/15; at 4:00 PM with SS #2; at 4:30 PM with SS #13; and at 5:30 PM with the SDC, revealed they had all participated in the training of all facility nursing staff on the facility's Code Blue policy and procedure, protocol and process to manage a resident with a DNR status, verify no vital signs at five minute intervals, pronouncement of death and notification of Physician, family/POA, DON, and Administrator and documentation in the medical record, which required a post-test with 100% accuracy, with immediate re-education provided for any incorrect answers.</p> <p>Interview, on 03/06/15 at 5:55 PM, with the DON revealed she had participated in the training of all nursing staff on the facility's Code Blue policy and procedure, protocol, and process to manage a resident with a DNR status, verify no vital signs at five minute intervals, pronouncement of death and notification Physician, family/POA, DON, and Administrator and documentation in the medical record. Per interview, each area required a post-test with 100% accuracy, with immediate re-education provided for any incorrect answers. The DON further stated two (2) staff members were out on leave and did not receive the training; however, would not be added to the schedule until they were in-service and completed the post-test with 100 % accuracy.</p> <p>20. Review of the facility's in-service sign in sheets and post test on 03/06/15, for 02/27/15 through 03/02/15, revealed nursing staff (Nurses, KMAs and SRNA's) had received education on the facility's requirement for inclusion of the resident's Advanced Directives and code status on the Comprehensive Care Plan.</p>	F 514		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/06/2015
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 VERSAILLES ROAD LEXINGTON, KY 40504
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Interviews on 03/04/15: at 3:20 PM with LPN #8; at 3:49 PM with SRNA #13; at 4:15 PM with LPN #2/MDS Nurse; at 4:30 PM with SRNA #6; at 4:50 PM with RN #4/MDS Coordinator and SRNA #2; at 4:58 PM with SRNA #12; at 5:16 PM with LPN #1/Supervisor; at 5:20 PM with LPN #4; and at 5:50 PM with SRNA #8/KMA and RN #5; and interviews on 03/06/15: at 12:35 PM with LPN #10/Weekend Supervisor; at 1:00 PM with SRNA #19 and SRNA #14; at 2:00 PM with SRNA #15; at 2:30 PM with SRNA #16/KMA; at 3:35 PM with SRNA #1; at 3:50 PM with SRNA #11; at 4:00 PM with SRNA #10; at 4:05 PM with LPN #9; at 4:25 PM with LPN #3; at 4:40 PM with SRNA #9; and at 4:50 PM with RN #6 revealed they had all received in-service education regarding the requirement for inclusion of a resident's Advance Directives and code status on the Comprehensive Care Plan. Additionally, the staff interviewed revealed they all had taken a post-test and had to score 100%.

Interview with the SDC on 03/06/15 at 5:30 PM, revealed she had participated in the training of all nursing staff on the facility's requirement for inclusion of the resident's Advance Directives and code status on the Comprehensive Care Plan. Per interview, a post-test was required with 100% accuracy, with immediate re-education provided for any incorrect answers.

Interview, on 03/06/15 at 5:55 PM and 6:30 PM, with the DON revealed she had participated in the training of all staff on the facility's requirement for inclusion of the resident's Advance Directives and code status on the Comprehensive Care Plan. Per interview, a post-test was required with 100% accuracy, with immediate re-education provided for any incorrect answers. Further interview

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F 514	<p>Continued From page 165</p> <p>revealed two (2) staff members were out on leave and did not receive the training; however, would receive the training prior to being added to the schedule, and would have to complete the post-test as required, but will not be added to the schedule until they are in-serviced and complete the post-test accurately.</p> <p>21. Review on 03/06/15, of the 02/27/15 code status audits revealed fifty-six (56) of one hundred and twenty-eight (128) residents had a Full Code status as per their Advance Directives.</p> <p>Interview with MR on 03/06/15 at 3:50 PM, revealed she and the QA Nurse had audited all residents' records on 02/27/15, and fifty-six (56) of those residents' records had an Advance Directive for Full Code status.</p> <p>22. Interview, on 03/06/15 at 5:30 PM, with the SDC revealed the new hire orientation packet did include the new training and post-test related to professional nursing standards, Comprehensive Care Plans, Advance Directives, identifying code status, facility's Code Blue protocol and new Code Blue forms. Per interview, the post-test would be required with a 100% accuracy, and immediate re-education provided for any incorrect answers.</p> <p>Interview, on 03/06/15 at 6:30 PM, with the DON revealed all agency staff received orientation packets to educate them on the same topics as facility staff. Per interview, all agency staff would complete the post-test with 100% accuracy prior to providing direct care.</p> <p>Interview, on 03/06/15 at 1:00 PM, with RN #7, an agency nurse, revealed she did receive the</p>	F 514		
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F 514	Continued From page 166 ! facility's in-service training and had completed a post-test for each topic regarding the facility's protocol for Advance Directives, code status, Comprehensive Care Plan, Resident Rights, and Code Blue documentation forms. 23. On 03/06/15, review of the facility's in-service sign in sheets and post test for 02/28/15 through 03/02/15, revealed nursing staff (Nurses, KMAs and SRNA's) did received education related to professional nursing standards, pertaining to provision of CPR, documentation, ensuring a Physician's order for DNR status and honoring each resident's Advance Directives. Interviews on 03/04/15: at 3:20 PM with LPN #8; at 3:49 PM with SRNA #13; at 4:15 PM with LPN #2/MDS Nurse; at 4:30 PM with SRNA #6; at 4:50 PM with RN #4/MDS Coordinator and SRNA #2; at 4:58 PM with SRNA #12; at 5:15 PM with LPN #1/Supervisor; at 6:20 PM with LPN #4; and at 5:50 PM with SRNA #8/KMA and RN #5; and interviews on 03/06/15: at 12:35 PM with LPN #10/Weekend Supervisor; at 1:00 PM with SRNA #19 and SRNA #14; at 2:00 PM with SRNA #15; at 2:30 PM with SRNA #18/KMA; at 3:35 PM with SRNA #1; at 3:50 PM with SRNA #11; at 4:00 PM with SRNA #10; at 4:05 PM with LPN #9; at 4:25 PM with LPN #3; at 4:40 PM with SRNA #9; and at 4:50 PM with RN #6 revealed they had all received in-service education regarding professional nursing standards which pertained to provision of CPR, documentation, ensuring a Physician's Order for a DNR status and honoring a resident's Advance Directives. Additionally, the staff interviewed revealed they all had taken a post-test and had to score 100%. 24. Review of the 03/03/15 Mock Code Blue	F 514			

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sign-in sheet revealed seven (7) LPN's, one (1) RN, five (5) SRNA's and MR responded to the Mock Code Blue drill. Review of the Incident/Accident form, Nurse's Note, Code Blue Information form, and Code Blue Nurse's Notes Guide revealed the staff responded timely, and followed the facility's protocol for a Code Blue.

Interviews, on 03/06/15 at 1:30 PM, with SRNA #2, at 2:10 PM, with SRNA #18, revealed they had participated in the mock Code Blue on 03/03/15. SRNA #2 and SRNA #18 stated the drill went very well, and everyone seemed to be more comfortable with their role in a Code Blue event.

Interview, on 03/06/15 at 1:45 PM, with LPN #1/Supervisor revealed she had taken the lead in the mock Code Blue, and after assessing the mock resident for vital signs had given the order to page a Code Blue. Per interview, she informed those present to get the crash cart, and CPR was initiated timely and documentation was completed. She further stated she felt good about the mock Code Blue.

Interview, on 03/06/15 at 5:30 PM, with the SDC revealed a mock Code Blue drill would be completed quarterly on all shifts and on weekends.

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