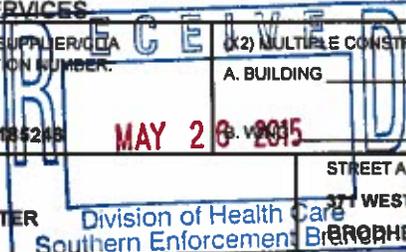


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/28/2015
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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 377 WEST MAIN STREET BROOKFIELD, KY 40409
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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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F 000	INITIAL COMMENTS	F 000		
F 202 SS=D	<p>483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, closed record review, and review of the facility policy it was determined the facility failed to ensure one (1) of three (3) sampled residents (Resident #1) had the required physician documentation in the medical record when the resident was transferred/discharged from the facility. Resident #1 was transferred to a psychiatric facility on 03/26/15 due to inappropriate behaviors and the facility's inability to meet the resident's needs. The facility failed to assure the record contained the required documentation from the physician.</p> <p>The findings include: Review of the facility Policy titled "Transfer or</p>	F 202	<p>Rockcastle Health and Rehabilitation, A Signature Healthcare Facility does not believe and does not believe and does not admit any deficiencies existed before, during or after survey. The facility reserves the rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care contract obligation or position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of potentially applicable Peer review, Quality assurance or self critical examination privilege which the facility does not waive and reserves the right to assert in any administrative, civil, or criminal claim, action or proceeding. The facility offers it's response, credible allegations of compliance and plan of correction as part of it's ongoing efforts to provide quality care to residents.</p> <ol style="list-style-type: none"> 1. Resident #1 was safely discharged from the facility on 3/26/15. 2. All discharges for the past three months were reviewed by nurse managers no other residents were affected. 3. Education will be completed for all nurse managers and Social Service Director by June 15, 2015 by the Administrator on facility policies regarding discharge of residents that the facility is unable to meet their needs or residents' well-being. Beginning May 20, 2015 all residents that are discharged from the facility for resident's welfare or if the facility is unable to meet their needs will have the required physician documentation in the medical record per facility policy. 	6/15/15 6/12/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alicia Bullock</i>	TITLE NHA	(X6) DATE 5/20/15
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/28/2015
NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409		
(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 202	<p>Continued From page 1</p> <p>Discharge Documentation," dated October 2013, revealed the basis for the transfer or discharge must be documented in the resident's clinical record by the resident's attending physician if the transfer or discharge was necessary for the resident's welfare and the resident's needs cannot be met in the facility. Further review of the policy revealed if a resident was discharged because the health of individuals in the facility would otherwise be endangered, a physician must document the basis for the transfer/discharge in the resident's clinical record.</p> <p>Review of the closed medical record for Resident #1 revealed the facility admitted the resident on 05/31/02. A review of the most recent diagnoses revealed the resident was diagnosed with Dementia with Behavior, Alzheimer's disease, and a Mental Disorder (unspecified). A review of the most recent Minimum Data Set Assessment dated 02/14/15 revealed Resident #1 was assessed to be cognitively impaired with a Brief Interview for Mental Status (BIMS) score of 1. Further review of the record for Resident #1 revealed no evidence of the required physician documentation on the basis for discharge from the facility.</p> <p>Interview conducted with Licensed Practical Nurse (LPN) #1 on 04/28/15 at 1:25 PM revealed the LPN observed Resident #1 touching another resident's groin area on 03/26/15 at approximately 10:00 AM. According to LPN #1, she told Resident #1 to stop and the resident started up the hall quickly and went to the Assistant Director of Nursing (ADON), who was walking in the hallway, and tried to grab her breast.</p>	F 202	<p>4. The Director of Nursing, Assistant Director's of Nursing or Social Service Director will audit each discharge for the next three months to ensure the proper documentation from the physician. The audits will be reviewed in the QAPI meeting monthly for three months and then at the discretion of the QAPI Committee.</p>	6/15/15 6/12/15	

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F 202	Continued From page 2 Interview conducted with the Assistant Director of Nursing on 04/28/15 at 1:00 PM revealed Resident #1 was ambulating up the hallway quickly with a walker on 03/26/15 after LPN #1 had told the resident to stop touching another resident's groin. Further interview revealed Resident #1 approached the ADON and attempted to grab her breast. According to the ADON, Resident #1 was redirected to the resident's room and placed on one-to-one supervision. The resident's physician was contacted and orders were received to send the resident for a psychiatric evaluation. An interview conducted with the Administrator on 04/28/15 at 2:20 PM revealed the Administrator contacted a facility to accept Resident #1 for transfer on 03/26/15. However, a bed was not available for the resident until 03/27/15. According to the Administrator, the resident's physician was contacted on the day of the incident for orders to transfer the resident for a psychiatric evaluation. The resident was transferred to the psychiatric facility and the resident's bed-hold expired while receiving treatment. The Administrator stated the facility admitted another resident to replace Resident #1. Further interview revealed the facility interdisciplinary team had decided the facility could no longer meet the resident's needs because the resident was still having inappropriate behaviors at the psychiatric facility. Therefore, the resident was discharged.	F 202		6/48/15- 6/12/15
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and,	F 203	1. Resident #1 was safely discharged from the facility on 3/26/15. 2. The Director of Nursing, Administrator, Social Service Director and Assistant Directors of Nursing reviewed discharged resident records for the last three months to ensure that notification to resident, family member,	