

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

2nd SCD

PRINTED: 10/09/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/09/2015
NAME OF PROVIDER OR SUPPLIER  LORETTO MOTHERHOUSE INFIRMARY			STREET ADDRESS, CITY, STATE, ZIP CODE 515 NERINX ROAD NERINX, KY 40049	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</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 ensure services were provided in accordance with each resident's written plan of care for two (2) of three (3) sampled residents (Resident #1 and Resident #2). The facility developed a care plan with interventions for a gait belt to prevent falls for Resident #1; however, on 08/23/15, a State Registered Nursing Assistant (SRNA) was assisting Resident #1 with ambulating in the hallway without the assistance of a gait belt. Resident #1 sustained a non-injury fall to the floor on 08/23/15. Additionally, the facility developed a care plan with interventions for a gait belt to prevent falls for Resident #2; however, on 09/04/15, SRNA #4 was assisting Resident #2 with transferring from a bedside commode to a whirlpool chair without the assistance of a gait belt. During the transfer on 09/04/15, Resident #2 became weak, was lowered to the floor, and sustained a skin tear.</p>	F 282	<p><b>F282</b> Corrective action accomplished for residents found to be affected by deficient practice: Following the immediate fall investigation for Resident #1, SRNA #1 was removed from her duties for failure to follow the resident care plan and non-compliance with facility policy which put resident safety at risk. Nursing staff were instructed at shift report to have a separate staff person push a wheelchair when a resident requires assist and gait belt with ambulation in the hall. Corrective action for Resident #2 was the suspension of SRNA #4 pending the fall investigation and follow up re-training for SRNA #4 before returning to work. Resident #2 care plan was modified immediately following the fall on 9/4/15 to require 1 or 2 assist with transfers and mechanical lift PRN due to weakness. Resident #2 care plan was then modified on 9/6/15 to require 2 assist and mechanical lift prn. Resident #2 was evaluated by PT on 9/14/15 and modified care plan to require 2 assist with gait belt and</p>	10/22/15

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

TITLE

(X6) DATE

*Michelle Espartero*

*Administrator*

09/30/2015

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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F 282	<p>Continued From page 1</p> <p>The findings include:</p> <p>Review of the facility policy and procedure titled "Resident Assessment and Care Plan," revised on 11/11/14, revealed the facility would assess the strengths and needs of each resident and develop an individualized care plan. Further review revealed the care plan was an interdisciplinary tool to describe the services needed to attain or maintain each resident's highest practicable physical, mental, and psychosocial well-being. Additional review revealed interventions would be implemented to address the individual's physical and functional needs, concerns, problems, and risks.</p> <p>1. Record review revealed the facility admitted Resident #1 on 03/06/12, with diagnoses that included Alzheimer's Disease, Dementia with Behavior Disturbance, Anxiety, and Impulsiveness.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated 07/22/15, revealed the facility assessed Resident #1's cognition as intact with a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was interviewable. Further review revealed the facility assessed Resident #1 to require extensive assistance with transfer and ambulation.</p> <p>Review of a Comprehensive Care Plan dated 03/06/12 and revised on 10/28/14, revealed Resident #1 was at risk for falls due to an unsteady gait. Further review of the care plan revealed interventions to prevent falls included providing Resident #1 with the assistance of one (1) or two (2) staff persons and a gait belt at all</p>	F 282	<p>walker and PTA assistance or sit-to-stand lift PRN. After PT was discontinued due to unable to meet goals the care plan was modified to require sit-to-stand mechanical lift for all transfers on 10/08/15.</p> <p><b>Identify other residents having potential to be affected by deficient practice:</b> SRNA Compliance Rounds have been conducted on all shifts by nurse supervisors to ensure other residents were not affected by failure to follow care plan interventions. The Director of Nursing reviews compliance checks to ensure completion and expected competency is met. (See attached SRNA Compliance Round document). A</p> <p><b>Measures put into place or systemic changes made to ensure deficient practice will not recur:</b> The Quality Assurance Committee completed a root-cause analysis of the reported falls related to non-compliance and identified SRNA competency to be a focus area. The Staff Development Nurse will conduct SRNA Proficiency Reviews with all current SRNA staff to be completed by 10/22/15 (See attached SRNA Annual Proficiency Review document). The SRNA Proficiency Review will be</p>		

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F 282	<p>Continued From page 2 times with transfers and ambulation.</p> <p>Review of a facility "Fall Scene Investigation Report," dated 08/23/15, revealed Resident #1 sustained a non-injury fall on 08/23/15. Further review revealed SRNA #1 was assisting Resident #1 with ambulating in the hallway and Resident #1 lost his/her balance and fell to the floor. Additional review of the Fall Scene Investigation Report revealed the gait belt was not in use at the time of the fall.</p> <p>Interview with Resident #1 on 09/09/15 at 10:45 AM revealed he/she was ambulating with the staff in the hallway on 08/23/15. Resident #1 stated his/her leg twisted and he/she lost his/her balance and fell. Resident #1 stated he/she did not have an injury from the fall. Further interview revealed Resident #1 stated he/she could not remember if a gait belt was used.</p> <p>Interview with SRNA #1 on 09/09/15 at 1:10 PM revealed she was assisting Resident #1 to ambulate in the hallway on 08/23/15. SRNA #1 stated Resident #1 became weak and fell to the floor. SRNA #1 stated she did not use the gait belt per Resident #1's care plan and per the facility's policy and procedure. Further interview with SRNA #1 revealed she had been trained on the facility's gait belt policy; however, Resident #1 did not like it and she just did not use it.</p> <p>2. Record review revealed the facility admitted Resident #2 on 06/24/13 with diagnoses that included Vascular Dementia, Anxiety, Restless Leg Syndrome, and Anemia.</p> <p>Review of a quarterly MDS assessment dated 08/26/15 revealed the facility assessed Resident</p>	F 282	<p>incorporated into the orientation program and as part of the SRNA annual in-service requirement. The SRNA Proficiency Review will include key clinical processes of falls prevention, characteristics of professionalism, resident environment, and evaluation of the appropriateness of the SRNA care plan and compliance. The Newly hired SRNA staff will receive training focused on SRNA skill proficiency requiring demonstrated compliance during the orientation period (See attached SRNA Onboarding, Orientation, and Competency Policy).<sup>C</sup> All SRNA staff will participate in an annual SRNA Proficiency Review in-service overseen by the Director of Nursing.</p> <p>Plans to monitor performance to ensure solutions are sustained: SRNA Compliance Rounds will be conducted monthly for each SRNA during October, November, and December 2015 (See attached SRNA Compliance Round document).<sup>A</sup> The Director of Nursing will review SRNA Compliance Rounds to ensure completion and expected competency is met. The Quality Assurance coordinator will collect data from the SRNA Compliance Rounds for tracking and monitoring</p>		

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F 282	<p>Continued From page 3</p> <p>#2's cognition as moderately impaired with a BIMS score of 9, indicating Resident #2 was interviewable. Further review revealed the facility assessed Resident #2 to require extensive assistance with transfer and ambulation.</p> <p>Review of a Comprehensive Care Plan dated 06/24/13 and revised on 08/21/15, revealed Resident #2 was at risk for falls due to an unsteady gait. Further review revealed interventions to prevent falls included staff using a gait belt with transfers and ambulation.</p> <p>Review of a facility "Fall Scene Investigation Report" dated 09/04/15 revealed Resident #2 sustained a fall on 09/04/15. Additional review revealed SRNA #4 was assisting Resident #2 with transferring from a bedside commode to a whirlpool chair and the resident became weak and was lowered to the floor. Further review revealed a gait belt was not used at the time of the fall.</p> <p>Interview with SRNA #4 on 09/09/15 at 6:30 PM, revealed she was assisting Resident #2 with transferring from the bedside commode to the whirlpool chair on 09/04/15. SRNA #4 stated Resident #2 became weak and she lowered him/her to the floor. The SRNA stated Resident #2 sustained a skin tear. SRNA #4 stated she did not use a gait belt during the transfer. SRNA #4 stated she had been trained by the facility to use the gait belt with all residents requiring extensive hands-on assistance and was aware of the facility's policy and procedure. SRNA #4 stated she did not know why she did not use the gait belt.</p> <p>Interview with the Director of Nursing (DON) on</p>	F 282	of trends or patterns and to ensure continued compliance.		

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F 282	Continued From page 4 09/09/15 at 4:25 PM, revealed it was her expectation for staff to follow all policies and procedures and SRNA #1 and SRNA #4 should have used the gait belt. Additionally she stated it was her expectation that all staff followed the residents' care plans.	F 282			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  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 ensure staff utilized assistive devices to prevent accidents when assisting two (2) of three (3) sampled residents (Resident #1 and Resident #2). Resident #1 and Resident #2 had care plan interventions for a gait belt to be utilized to prevent falls. On 08/23/15, State Registered Nursing Assistant (SRNA) #1 was assisting Resident #1 with ambulating in the hallway without the assistance of a gait belt. Resident #1 sustained a non-injury fall to the floor on 08/23/15. On 09/04/15, SRNA #4 was assisting Resident #2 with transferring from a bedside commode to a whirlpool chair without the assistance of a gait belt. Resident #2 became weak, was lowered to the floor, and sustained a	F 323	<b>F323</b> Corrective action accomplished for residents found to be affected by deficient practice: Following the immediate fall investigation for Resident #1, SRNA #1 was removed from her duties for failure to follow the resident care plan and non-compliance with facility policy which put resident safety at risk. Nursing staff were instructed at shift report to have a separate staff person push a wheelchair when a resident requires assist and gait belt with ambulation in the hall. Corrective action for Resident #2 was the suspension of SRNA #4 pending the fall investigation and follow up re-training for SRNA #4 before returning to work. Resident #2 care plan was modified immediately following the fall on 9/4/15 to require 1 or 2 assist with transfers and mechanical lift PRN due to weakness. Resident #2 care plan was then modified on 9/6/15 to require 2 assist and mechanical lift prn. Resident #2 was evaluated by PT on 9/14/15 and modified care plan to require 2 assist with gait belt and	10/22/15	

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F 323	<p>Continued From page 5 skin tear.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled "Gait Belts for Transfer," not dated, revealed gait belts were provided to assist staff to safely transfer or ambulate residents. Further review revealed the use of the gait belt was mandatory if a resident needed hands-on assistance.</p> <p>1. Record review revealed the facility admitted Resident #1 on 03/06/12, with diagnoses that included Alzheimer's Disease, Dementia with Behavior Disturbance, Anxiety, and Impulsiveness.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated 07/22/15 revealed the facility assessed Resident #1's cognition as intact with a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was interviewable. Further review revealed the facility assessed Resident #1 to require extensive assistance with transfers and ambulation.</p> <p>Review of a Comprehensive Care Plan dated 03/06/12 and revised on 10/28/14, revealed Resident #1 was at risk for falls due to an unsteady gait. Further review revealed Resident #1 required the assistance of one (1) or two (2) staff persons and a gait belt at all times with transfers and ambulation to prevent falls.</p> <p>Review of a facility "Fall Scene Investigation Report," dated 08/23/15, revealed Resident #1 sustained a non-injury fall on 08/23/15. Further review revealed SRNA #1 was assisting Resident #1 with ambulating in the hallway and Resident</p>	F 323	<p>walker and PTA assistance or sit-to-stand lift PRN. After PT was discontinued due to unable to meet goals the care plan was modified to require sit-to-stand mechanical lift for all transfers on 10/08/15.</p> <p><b>Identify other residents having potential to be affected by deficient practice:</b> SRNA Compliance Rounds have been conducted on all shifts by nurse supervisors to ensure other residents were not affected by failure to follow care plan interventions. The Director of Nursing reviews compliance checks to ensure completion and expected competency is met. (See attached SRNA Compliance Round document).<sup>A</sup></p> <p><b>Measures put into place or systemic changes made to ensure deficient practice will not recur:</b> The Quality Assurance Committee completed a root-cause analysis of the reported falls related to non-compliance and identified SRNA competency to be a focus area. The Staff Development Nurse will conduct SRNA Proficiency Reviews with all current SRNA staff to be completed by 10/22/15 (See attached SRNA Annual Proficiency Review document).<sup>B</sup>The SRNA Proficiency Review will be</p>		

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F 323	<p>Continued From page 6</p> <p>#1 lost his/her balance and fell to the floor. Additional review of the Fall Scene Investigation Report revealed the gait belt was not in use at the time of the fall.</p> <p>Interview with Resident #1 on 09/09/15 at 10:45 AM, revealed he/she was ambulating with the staff in the hallway on 08/23/15. Resident #1 stated his/her leg twisted and he/she lost his/her balance and fell. Resident #1 stated he/she did not have an injury from the fall. Further interview revealed Resident #1 stated he/she could not remember if a gait belt was used.</p> <p>Interview with SRNA #1 on 09/09/15 at 1:10 PM revealed she assisted Resident #1 to ambulate in the hallway on 08/23/15. SRNA #1 stated Resident #1 became weak and fell to the floor. SRNA #1 stated she did not use the gait belt per Resident #1's care plan and per the facility's policy and procedure. Further interview with SRNA #1 revealed she had been trained on the facility's gait belt policy; however, Resident #1 did not like the gait belt and she just did not use it.</p> <p>2. Record review revealed the facility admitted Resident #2 on 06/24/13 with diagnoses that included Vascular Dementia, Anxiety, Restless Leg Syndrome, and Anemia.</p> <p>Review of a quarterly MDS assessment dated 08/26/15 revealed the facility assessed Resident #2's cognition as moderately impaired with a BIMS score of 9, indicating Resident #2 was interviewable. Further review revealed the facility assessed Resident #2 to require extensive assistance with transfer and ambulation.</p> <p>Review of a Comprehensive Care Plan dated</p>	F 323	<p>incorporated into the orientation program and as part of the SRNA annual in-service requirement. The SRNA Proficiency Review will include key clinical processes of falls prevention, characteristics of professionalism, resident environment, and evaluation of the appropriateness of the SRNA care plan and compliance. The Newly hired SRNA staff will receive training focused on SRNA skill proficiency requiring demonstrated compliance during the orientation period (See attached SRNA Onboarding, Orientation, and Competency Policy).<sup>c</sup> All SRNA staff will participate in an annual SRNA Proficiency Review in-service overseen by the Director of Nursing.</p> <p>Plans to monitor performance to ensure solutions are sustained: SRNA Compliance Rounds will be conducted monthly for each SRNA during October, November, and December 2015 (See attached SRNA Compliance Round document). The Director of Nursing will review SRNA Compliance Rounds to ensure completion and expected competency is met. The Quality Assurance coordinator will collect data from the SRNA Compliance Rounds for tracking and monitoring</p>		

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F 323	<p>Continued From page 7</p> <p>06/24/13 and revised on 08/21/15 revealed Resident #2 was at risk for falls due to an unsteady gait. Further review revealed staff was to use a gait belt with transfers and ambulation.</p> <p>Review of a facility "Fall Scene Investigation Report" dated 09/04/15 revealed Resident #2 sustained a fall on 09/04/15. Additional review revealed SRNA #4 was assisting Resident #2 with transferring from a bedside commode to a whirlpool chair and the resident became weak and staff lowered the resident to the floor. Further review revealed a gait belt was not used at the time of the fall. Additional review revealed Resident #2 was assessed to have a skin tear on his/her right shin which measured 3 centimeters (cm) by 2.3 cm. Further review revealed Resident #2 received first aid including steri-strips and a clear adhesive dressing.</p> <p>Interview with Resident #2 on 09/09/15 at 11:20 AM revealed he/she had a fall on 09/04/15. Resident #2 stated he/she was transferred from the bedside commode to the whirlpool chair and became weak. Resident #2 stated the staff assisted him/her to the floor and he/she scraped his/her leg. Resident #2 stated he/she could not remember if the staff used a gait belt.</p> <p>Interview with SRNA #4 on 09/09/15 at 6:30 PM, revealed she was assisting Resident #2 with transferring from the bedside commode to the whirlpool chair. SRNA #4 stated Resident #2 became weak and she lowered him/her to the floor and the resident sustained a skin tear. SRNA #4 stated she did not use a gait belt during the transfer. SRNA #4 stated she had been trained by the facility to use the gait belt with all residents requiring extensive hands-on</p>	F 323	of trends or patterns and to ensure continued compliance.		

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F 323	Continued From page 8 assistance and was aware of the facility's policy and procedure. She stated she did not know why she did not use the gait belt.  Interview with the Director of Nursing (DON) on 09/09/15 at 4:25 PM, revealed it was her expectation for staff to follow all policies and procedures and SRNA #1 and SRNA #4 should have used the gait belt to prevent falls for Resident #1 and Resident #2.	F 323			