

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

PRINTED: 08/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/12/2015
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NAME OF PROVIDER OR SUPPLIER VILLASPRING OF ERLANGER	STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018
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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 An offsite revisit was conducted and based on the acceptable Plan of Correction, the facility was deemed to be in compliance as alleged on 08/10/15.	{F 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Acceptable

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NAME OF PROVIDER OR SUPPLIER VILLASPRING OF ERLANGER		STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018	

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F 000	INITIAL COMMENTS An Abbreviated Survey investigating KY#00023419 was initiated on 07/07/15 and concluded on 07/09/15. KY#00023419 was substantiated with related deficiencies cited. Deficiencies were cited with the highest scope and severity cited at a "D".	F 000	Without admitting or denying the validity or existence of the alleged deficiencies, including but not limited to any determinations of scope or severity, Villaspring provides the following plan of correction. This plan of correction is submitted as required by the state and federal guidelines and is not an admission or agreement with any of the cited information. This plan of correction is not meant to establish any standard of care, contract, obligation or position and Villaspring reserves all right to raise all possible contention and defenses in any civil or criminal claim action or proceeding. THIS PLAN OF CORRECTION SERVES AS Villaspring of Erlanger CREDIBLE ALLEGATION OF SUBSTANTIAL COMPLIANCE AS OF 8/10/15.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157	The facility immediately informs residents, consults with residents' physicians; and if known, notifies residents' legal representative or interested family members when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in residents' physical, mental or psychosocial status; a need to alter treatment significantly, or a decision to transfer or discharge the resident from the facility. The facility also promptly notifies residents, and when known, the residents' legal representative or interested family member when there is a change in room or roommate assignment, or a change in resident rights under federal or state law. The facility records and periodically updates the address and phone numbers of residents' legal representatives or interested family members. Director of Nursing reviews change of status/injury occurrences to determine policy	8/11/15

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

[Signature]
Adam Lewandowski

TITLE
LNA
(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:
Based on interview, record review, and review of the facility's policy, it was determined the facility failed to consult with the resident's physician when there was a significant change in the resident's physical, medical, or psychosocial status for one (1) of four (4) sampled residents (Resident #1). Resident #1 had a significant weight gain and the facility failed to notify the resident's physician.

The findings include:

Review of the facility's policy "Physician Notification/Communication", revised 04/15, revealed the facility should ensure all calls, faxes, and communications to physicians were timely, specific and completed in a timely manner.

Record review revealed the facility admitted Resident #1 on 05/18/15 with diagnoses which included Aftercare healing of Fracture Lower Leg, Cellulitis and Abscess of Upper Arm and Forearm, Sepsis, Chronic Kidney Disease, Cellulitis and Abscess of Leg except foot, Coronary Artery Disease, Chronic Pulmonary Heart Disease, Diabetes, Ulcer of part of Foot, Panic Disorder, Hypertension, Depression, and Congestive Heart Failure. Continued review of the record revealed a Physician's Order, dated 05/18/15, for the resident to be weighed daily and the physician to be notified for a gain or loss of three (3) pounds (lbs.) daily. Further review of the record revealed a Care Plan Intervention,

F 157 | is being followed to include notification of legal representative, or guardian.

Additionally, the Unit Mangers review the Nursing Shift Communication sheet on a daily basis at least five (5) days a week, specifically noting for residents who have any changes that could be considered significant. The Unit Manager routinely reviews the residents that have new orders, abnormal lab results or other change in condition and assure thorough record review the documentation of physician/family notification of significant changes

Resident #1 no longer resides at the facility.

Each resident record will be reviewed by 8/5/15 by DON, ADON, and /or Nursing Management staff to assure that any significant change of the resident in the past 2 weeks including but not limited to weight gain/loss was communicated appropriately.

Nursing staff will be re-educated by the DON, ADON, and /or Nursing Management (this includes the DON, ADON, RN Unit Managers and MDS RAI Coordinator) on the survey findings including but not limited to the importance of notification of the Nurse/Supervisor of any care concerns, weight change/loss, skin issues or other changes in the resident. The education will be completed by 8/7/15. Additionally, licensed nurses will be provided with additional re-education on Change of Condition and notification. The education will include, but not be limited to,

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dated 05/19/15, for weights per clinician orders. Review of Resident #1's Weights and Vitals Summary revealed Resident #1's weight on 05/18/15 documented as two hundred sixteen (216) lbs. Continued review revealed Resident #1's weight documented on 05/19/15 as two hundred thirty four and six tenths (234.6) lbs. Further review revealed the Resident #1's weight documented on 05/20/15 as two hundred sixteen and eight tenths (216.8) lbs. Additional review of Resident #1's record revealed no documentation of the physician being notified of the significant weight abnormalities.

Interview with Licensed Practical Nurse (LPN) #4, on 07/09/15 at 9:20 AM, revealed based on the significant weight gain documented on 05/19/15 and again on 05/20/15, the physician should have been notified according to facility's policy and the physician's order.

Interview with the Unit Manager, on 07/09/15 at 9:30 AM, revealed staff should have notified the physician regarding Resident #1's significant weight changes.

Interview with the Assistant Director of Nursing (ADON), on 07/08/15 at 2:45 PM, revealed based on the physician's order and the documented weight; the staff should have notified the physician according to facility's policy.

Interview with the Director of Nursing (DON), on 07/09/15 at 10:25 AM, revealed the physician should have been notified of Resident #1's significant weight changes and documented in the record according to the facility's policy.

Interview with the Administrator, on 07/09/15 at

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immediately informing the resident; consult with the resident's physician; and if known, notify the residents' legal representative or an interested family member when there is weight gain/loss; a significant change in the resident's physical, mental, or psychosocial status; or a decision to transfer or discharge the resident from the facility.

A Performance Improvement (PI) worksheet is being completed and reviewed for physician and family notification as it relates to significant changes including but not limited to weight gain/loss, new orders, incidents, and significant change in status. This PI worksheet will sample, no less than 10 residents, and will be completed by the DON, ADON, and /or Nursing Management weekly for four weeks, then monthly thereafter. If issues are identified, the DON, ADON, and /or Nursing Management will be addressing upon discovery. The findings of substantial compliance with physician and family notification will be reported to the Performance Improvement committee for additional comments/interventions, and for determination of the need for formal ongoing monitoring. A copy of such worksheet is attached as **Exhibit A**.

Director of Nursing will monitor through observation, interview, and review of audits.

Compliance date: 8/10/15

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F 157	Continued From page 3 10:30 AM, revealed his expectation was for facility staff to follow the facility's policies and standard nursing protocol regarding significant weight changes.	F 157			