

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

PRINTED: 10/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185469	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/26/2013
NAME OF PROVIDER OR SUPPLIER ARBOR PLACE OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 106 PADGETT DRIVE CLINTON, KY 42031		
(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 Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 09/20/13, as alleged.	{F 000}			

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

TITLE

(X6) DATE

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

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NAME OF PROVIDER OR SUPPLIER ARBOR PLACE OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 106 PADGETT DRIVE CLINTON, KY 42031	
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F 000	INITIAL COMMENTS	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Arbor Place of Clinton does not admit that the deficiency listed on this form exist, nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The facility reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 281 SS=D	<p>A recertification survey was conducted on 09/04/13 through 09/06/13 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of "D."</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility policy and procedure it was determined the facility failed to ensure services provided met professional standards of care for one (1) resident (C), not in the selected sample related to not following physician's orders while administering medications.</p> <p>The findings include:</p> <p>A review of the facility's policy and procedure titled, "MEDICATION ADMINISTRATION-GENERAL GUIDELINES", dated 12/18/12, revealed "Medications are administered in accordance with written orders of the attending physician".</p> <p>Record review revealed the facility admitted Resident C on 08/07/13 with diagnoses to include Late Effects-Hemiplegia Non-Dominant, Hypertension, Atrial Fibrillation, Diabetes Mellitus II, Speech Disturbance, Diarrhea, and Abnormality of Gall.</p>	F 281	<p>F281</p> <p>1. The physician for Resident # 13 was notified of Flomax 0.4 milligrams (mg) not administered 30 minutes after meals on 9/4/2013. The physician changed order on 9/4/2013 to Flomax 0.4mg at bedtime.</p>	



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Julia Wilson

TITLE

LNHA

(X6) DATE

9-26-2013

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F 281	<p>Continued From page 1</p> <p>A review of a physician's order, dated 08/07/13 revealed Flomax 0.4 milligrams (mg.) was to be given thirty (30) minutes after the same meal each day.</p> <p>An observation during a medication administration pass, on 09/04/13 at 2:20 PM, revealed the Medication Technician administered Flomax 0.4 mg by mouth to Resident C at approximately 2:20 PM.</p> <p>An interview with the Medication Technician (MT), on 09/04/13 at 2:20 PM, revealed Resident C received his/her tray at approximately 12:50 PM and the medication was scheduled to be given at 2:00 PM. She stated Resident C came from the hospital with the order for the Flomax to be given at 2:00 PM and the physician had stated that the medication did not have to be given 30 minutes after a meal. The MT revealed she should have gotten a clarification order to change the time of the medication administration to coincide with the physician order.</p> <p>An interview with Registered Nurse (RN) #1, on 09/06/13 at 9:15 AM, revealed she would have expected the MT to follow the physician's order related to the medication to be given 30 minutes after a meal and if not given then, to contact the physician for a clarification order.</p> <p>An interview with Resident C's physician, on 09/06/13 at 9:24 AM, revealed Resident C returned from the hospital with an order for the Flomax to be given 30 minutes after a meal and he would have never written the order that way. He further revealed that he writes orders for Flomax to be given at bedtime and there were no</p>	F 281	<ol style="list-style-type: none"> 2. Orders on all residents have been reviewed by medical records to ensure medications are administered in accordance with written orders of the attending physician by 9/20/2013. All residents medications were found to be in accordance with written orders of the attending physician. 3. Licensed nurses were in-serviced on 9/12/2013 by the Director of Nursing to administer medications as ordered and to notify physician immediately if variance noted. Medical Records will review orders 5 days a week x 1 month, then monthly thereafter to ensure medication are in accordance with written orders of the attending physician. 4. Medical Records will review orders 5 days a week x 1 month, then monthly thereafter to ensure medication are in accordance with written orders of the attending physician. Identified issues will be corrected upon discovery. The Director of 		

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F 281	Continued From page 2 significant side effects if the medication is not given 30 minutes after a meal. He stated his expectation would be for the staff to follow the physician order for any medication.	F 281	Nursing will report the results to the Continuous Quality Improvement Committee which includes: Administrator, Director of Nursing, Food Services Supervisor, Activities Director, Social Services Director, Maintenance Supervisor, Housekeeping/Laundry Supervisor, Rehab Director, Medical Director, and Pharmacy for further recommendations x 3 months.	
F 463 SS=D	An interview with Resident C, on 09/06/13 at 10:30 AM, revealed that he/she had not experienced any negative side effects from medications. 483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH . The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's policy/procedure, it was determined the facility failed to ensure each bathroom available for resident use was equipped to receive resident calls through a communication system. The findings include: Review of the Call Light System policy/procedure, dated 08/01/12, revealed the call system was in place to respond to resident's request and needs. Observation, on 09/06/13 at 9:15 AM, revealed one bathroom on the 100 hall and one bathroom on the 200 hall without an emergency communication system in place. Both bathrooms were unlocked and available for resident use.	F 463	5. Date of Completion: F463 1. Audit completed 9/06/2013 by Maintenance Supervisor . Bathroom doors on side 1 and side 2 were immediately locked and a key placed at top of door facing out of resident's reach. 2. All other doors were audited on 9/06/2013 and no other residents rooms, toileting and bathing facilities were identified without a communication system.	9/20/2014

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F 463	Continued From page 3 Interview with the Maintenance Director and the Administrator, on 09/06/13 at 9:45 AM and 10:05 AM, respectively, revealed they were not aware the guest bathrooms were required to have a call system in place, if accessible to residents.	F 463	<ol style="list-style-type: none"> 3. The Administrator educated the Maintenance Supervisor on 9/06/2013 regarding a communication system must be accessible in resident's rooms, toileting and bathing facilities. Staff in-serviced by Maintenance Supervisor by 9/14/2013 that bathroom doors on side 1 and side 2 must be locked at all times. 4. The Maintenance Supervisor will monitor the bathroom doors on side 1 and side 2 three times a week x 2 weeks, then weekly x 3 months. Identified issues will be corrected upon discovery. The Maintenance Supervisor will report results to the Continuous Quality Improvement Committee which includes: Administrator, Director of Nursing, Food Services Supervisor, Activities Director, Social Services Director, Maintenance Supervisor, Housekeeping/Laundry Supervisor, Rehab Director, Medical Director, and Pharmacy for further recommendations. 5. Date of Completion: 	9/14/2012	

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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1967.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (200).</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1967, upgraded in 2012 with 38 smoke detectors and no heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 1968 and upgraded in 2012.</p> <p>GENERATOR: Type II generator installed in 2009. Fuel source is Diesel.</p> <p>A standard Life Safety Code survey was conducted on 09/05/13. Arbor Place of Clinton was found in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for Eighty-Eight (88) beds with a census of Thirty-Eight (38) on the day of the survey.</p> <p>The findings that follow demonstrate compliance with Title 42, Code of Federal Regulations,</p>	K 000		

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K 000	Continued From page 1 483.70(a) et seq. (Life Safety from Fire).	K 000			