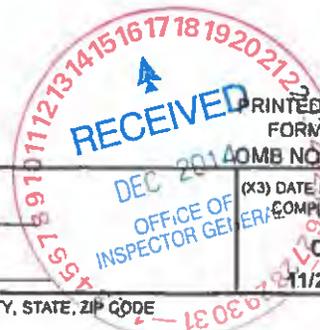


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/03/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/20/2014
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NAME OF PROVIDER OR SUPPLIER  HENDERSON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420
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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	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
F 157	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	Resident #1 was discharged from the facility on 11/07/2014.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *M. D. Ford* TITLE *Administrator* (X6) DATE *12-12-14*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and review of the facility policy, it was determined the facility failed to notify the physician and family for one (1) of three (3) sampled residents (Resident #1) when there was a possible need to alter treatment when Resident #1's Bipap could not be used as ordered related to a broken "Pressure Line Adapter".</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled, "Change of Condition Process", revised 09/13, revealed the policy does not identify notification of physician when a treatment must be altered.</p> <p>Record review revealed the facility admitted Resident #1 on 05/03/13 with diagnoses which included Heart Failure and Chronic Lung Disease. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 09/11/14, revealed the facility assessed Resident #1 cognition as cognitively intact with a Brief Interview Mental Status (BIMS) score of fifteen (15), indicating the resident was interviewable.</p> <p>Review of a Physician's Order, dated 05/13/14, revealed "Auto bipap at settings of 10-20 cm of water pressure with three (3) of biflex and supplemental oxygen at 3 liters related to obstructive sleep apnea".</p> <p>Interview with Resident #1, on 11/20/14 at 12.38</p>	F 157	<p>2. On 12/08/2014 all current residents of the facility were reviewed by the IDT to include the Director of Nursing, Assistant Director of Nursing, Unit Managers for hall one and hall two, MDS Coordinator, MDS Assistant, and Social Service Director to assure that any current resident who is experiencing a change in condition including failure of ordered medical equipment had physician notification. Any identified as having had a significant change or equipment failure in the past thirty (30) days without physician notification had immediate physician notification.</p> <p>3. The Director of Nursing re-educated all facility licensed staff on the immediate notification of the physician and responsible party if they are unable to follow the physician orders to include the inability to use ordered equipment due to equipment failure. This education was completed on 11/28/2014 with no licensed staff working after 11/28/2014 without this education.</p>		

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F 157	Continued From page 2 PM, revealed the pressure line adapter was broken where the oxygen goes into the line on the night of 10/05/14. Resident #1 stated it had been broken before and been replaced but Licensed Practical Nurse (LPN) #4 could not find the part so she used oxygen per nasal cannula the remainder of night.  Interview with LPN #4, on 11/20/14 at 12:23 PM, revealed the resident reported the broken pressure line adapter on 10/05/14 approximately 11:00 PM and since she could not find the part placed the resident on oxygen per nasal cannula.  Interview with Resident #1's Physician, on 11/20/14 at 1:32 PM, revealed he would have preferred to have been called when the Bipap did not work instead of just switching the resident to oxygen during sleeping hours.  Interview with the Company Representative that services the Bipap, on 11/18/14 at 10:00 AM, revealed staff are on call twenty-four (24) hours a day, seven (7) days a week to service or replace their equipment.  Interview with the Director of Nursing (DON), on 11/20/14 at 1:55 PM, revealed she the physician should be called when their orders cannot be followed.  Interview with the Administrator, on 11/20/14 at 2:04 PM, revealed he would expect the physician to be notified when his orders cannot be followed.	F 157	4. The Director of Nursing or the Assistant Director of Nursing will audit five (5) records weekly for 12 weeks to ensure that physician notification has been made in any instance of being unable to follow physician orders. The results of the audit will be reviewed by the quality assurance committee monthly for three (3) months. If at any time concerns are identified, the Quality Assurance Committee will meet to review and make further recommendations. The Quality Assurance Committee will consist of a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers for hall one and hall two, Dietary Services Manager, MDS Coordinator, MDS Assistant, and the Social Service Director with the Medical Director attending at least quarterly.  12/09/2014		
F 282	483 20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility	F 282	F-282  1. Resident # 1 was discharged from facility on 11/07/2014.		

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F 282	<p>Continued From page 3</p> <p>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 and record review it was determined the facility failed to ensure services were provided in accordance with each resident's written plan of care for one (1) of three (3) sampled residents (Resident #1) related to the use of a Bipap machine. Resident #1 was care planned for facility staff to encourage the resident to use Bipap as ordered by the Medical Doctor (MD); however, on 10/05/14 at approximately 11:00 PM, Resident #1's Bipap was reported to not be functioning correctly because the pressure line adapter was broken and the resident was unable to use the Bipap the remainder of the night. (Refer to F157)</p> <p>The findings include:</p> <p>Record review revealed the facility admitted Resident #1 on 05/03/13 with diagnosis which included Heart Failure and Chronic Lung Disease. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 09/11/14, revealed the facility assessed Resident #1 cognitive status as cognitively intact with a Brief Interview Mental Status (BIMS) score of fifteen (15), indicating the resident was interviewable.</p> <p>Review of the Comprehensive Care Plan, dated 09/17/14, revealed Resident #1 was at risk for alteration in circulation and oxygen exchange related to sleep apnea and the staff were to encourage the resident to use the Bipap per the</p>	F 282	<p>2. The IDT, which included the Director of Nursing, Assistant Director of Nursing, Unit Managers for Hall one and Hall two, the MDS coordinator, MDS assistant, and Social Service Director, reviewed all current residents care plans on 12/8/2014 to assure that the care plan was up to date and met the needs of the resident, and the care plan interventions were in place. Any resident whose care plan was not up to date to meet the needs of the resident had the care plan updated. Any interventions not in place were implemented.</p> <p>3. The Director of Nursing re-educated all facility licensed staff on the immediate notification of the physician if they are unable to follow the resident care plan. This education was completed on 11/28/2014 with no licensed staff working after 11/28/2014 without this education.</p>		

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F 282	Continued From page 4 Doctor's orders.  Interview with Resident #1, on 11/20/14 at 12:38 PM, revealed the pressure line adapter was broken where the oxygen goes into the line on night of 10/05/14. Resident #1 stated Licensed Practical Nurse (LPN) #4 could not find the part so she used oxygen per nasal cannula the remainder of night and he was unable to use the Bipap  Interview with LPN #4, on 11/20/14 at 12:23 PM, revealed the resident reported the Bipap was not functioning properly on evening of 10/05/14. LPN #4 stated she found a broken pressure line adapter on 10/05/14 and since she could not find the replacement part she placed the resident on oxygen per nasal cannula and the Bipap was not used.  Interview with the company representative that services the Bipap, on 11/18/14 at 10:00 AM, revealed staff are on call twenty-four (24) hours a day, seven (7) days a week to service or replace their equipment.  Interview with the Director of Nursing (DON), on 11/20/14 at 1:55 PM, revealed she expected the nurse to notify the nurse manager on call when a physician's order cannot be followed related to equipment failure or they could call the service provider themselves when equipment fails.  Interview with the Administrator, on 11/20/14 at 2:04 PM, revealed he expected the nurse to call the nurse manager on call when there is equipment failure to get direction.	F 282	4. The Director of Nursing or the Assistant Director of Nursing will audit five (5) records weekly for twelve (12) weeks to ensure that the care plans meet the needs of the resident and care plan interventions are followed. All monitoring will be reviewed by the quality assurance committee monthly for three (3) months. If at any time concerns are identified, the Quality Assurance Committee will meet to review and make further recommendations. The Quality Assurance Committee will consist of a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers for hall one and hall two, Dietary Services Manager, MDS Coordinator, MDS Assistant, and the Social Service Director with the Medical Director attending at least quarterly.  12/09/2014		