



PRINTED: 04/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____ Division of Health Care Southern Enforcement Branch	(X3) DATE SURVEY COMPLETED  04/10/2014
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NAME OF PROVIDER OR SUPPLIER  LETCHER MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 73 PIEDMONT DRIVE WHITESBURG, KY 41858
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBC 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  F 279 SS=E	<p><b>INITIAL COMMENTS</b></p> <p>A standard health survey was conducted on 04/08-10/14. Deficient practice was identified with the highest scope and severity at "E" level.</p> <p><b>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</b></p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record review, and facility policy review, the facility failed to develop a comprehensive plan of care to address the use of oxygen for three (3) of twenty-three (23) sampled residents (Residents #3, #10, and #20).</p>	F 000  F 279	<p>Letcher Manor does not believe nor does the facility admit that any deficiencies exist. Letcher Manor reserves all rights to contest the survey findings through informal dispute resolution, appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard of care, contract, obligation or position. Letcher Manor 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 any potentially applicable peer review, quality assurance or self critical examination privileges which Letcher Manor does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceeding. Letcher Manor offers its responses, credible allegations of compliance and plan of correction as part of its on-going effort to provide quality care to our residents. Letcher Manor strives to provide the highest quality of care while ensuring the rights and safety of all residents.</p> <p><b>F279 483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS</b> Letcher Manor strives to provide the highest quality of care to all residents, which includes development of a comprehensive care plan for each resident. It is the policy of Letcher Manor to develop a comprehensive care plan through a qualified Interdisciplinary Care</p>	

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

*Carla E. Dikuna*

TITLE

*Administrator*

(X6) DATE

*5-3-14*

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 279	<p>Continued From page 1</p> <p>The findings include:</p> <p>A review of the facility's Care Plan policy (dated 08/01/13) revealed a comprehensive care plan would be developed by the Care Plan Team based on the resident's comprehensive assessment.</p> <p>1. Review of the medical record revealed the facility admitted Resident #3 on 11/15/13 with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). A review of the April 2014 physician's orders revealed the physician prescribed oxygen to be administered for the resident at 2 liters per minute per nasal cannula as needed for COPD.</p> <p>Resident #3 was observed on 04/08/14 at 3:50 PM and 4:45 PM with oxygen being administered at 1.5 liters per minute. Continued observation on 04/08/14 at 5:45 PM, 04/09/14 at 3:30 PM, and 04/10/14 at 9:05 AM and 1:00 PM, revealed the oxygen was administered at 2.5 liters per minute.</p> <p>Review of the admission Minimum Data Set (MDS) dated 11/27/13 revealed the facility assessed Resident #3 to have a diagnosis of Chronic Obstructive Pulmonary Disease and to use oxygen. However, there was no evidence the facility had developed a Comprehensive Plan of Care to include the diagnosis of chronic Obstructive Pulmonary Disease or the use of oxygen.</p> <p>2. Review of the medical record revealed the facility admitted Resident #10 on 02/26/14 with diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Shortness of Breath, and</p>	F 279	<p>Planning Committee/Team, for each resident upon admission, and within 7 days after the completion of the comprehensive resident assessment. It shall include measurable objectives and timetables to meet the resident's medical, nursing and psychosocial needs. It is the policy of Letcher Manor to correctly prepare and implement the care plan. Care plans are reviewed, revised, and updated per Medicare and Medicaid guidelines, or as significant changes in the resident's condition dictates. The care plan adequately describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being. Daily care and documentation must be consistent with the resident's care plan.</p> <p>For residents #3, #10 and #20, it was noted throughout the resident's care plans to "administer medications as ordered." The facility considered oxygen as medications as ordered. It should also be noted that the admission care plans for all three residents specifically listed oxygen use.</p> <p>This is evidenced by the following actions:</p> <p>1. <u>Resident #3</u> master care plan was updated on April 10, 2014, to include oxygen use and diagnosis of COPD. It should be noted that the diagnosis of Chronic Airway Obstruction NEC (also known as COPD) has been on the computer generated care plan since November 28, 2013.</p> <p><u>Resident #10</u> master care plan was updated on April 10, 2014, to include oxygen use and diagnosis of Pneumoconiosis Coal Lung (COPD). It should be noted that the diagnosis of</p>		

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F 279	<p>Continued From page 2</p> <p>Coronary Artery Disease. A review of the April 2014 physician's orders revealed the physician prescribed oxygen to be administered at 2 liters per minute per nasal cannula as needed for shortness of breath and COPD.</p> <p>Observations of Resident #10 on 04/09/14 at 3:56 PM, 4:45 PM, and 5:45 PM, 04/09/14 at 9:10 AM and 3:30 PM, and 04/10/14 at 9:05 AM, 10:30 AM, 12:30 PM, and 1:00 PM, revealed the resident's oxygen was administered at 1.5 liters per minute via nasal cannula.</p> <p>Review of the admission Minimum Data Set dated 03/10/14 revealed the facility assessed Resident #10 to have diagnoses of Chronic Obstructive Pulmonary Disease and Shortness of Breath that required the use of oxygen as needed. However, there was no evidence the facility had developed a Comprehensive Plan of Care to include the diagnoses or the use of oxygen.</p> <p>3. Review of the medical record revealed the facility admitted Resident #20 on 11/04/13 with diagnoses including Asthma, Heart Failure, and Chronic Ischemic Heart Disease. A review of the April 2014 physician's orders revealed the physician prescribed oxygen to be administered for the resident at 2 liters per minute per nasal cannula due to shortness of breath.</p> <p>Resident #20 was observed on 04/10/14 at 12:35 PM, in the restorative dining room with oxygen administered at 2 liters per minute by nasal cannula. Continued observation on 04/10/14, at 1:50 PM, revealed the resident was in bed with his/her eyes closed and was receiving oxygen at 2 liters per minute.</p>	F 279	<p>Chronic Airway Obstruction NEC (also known as COPD), and shortness of breath has been on the care plan since March 11, 2014.</p> <p>Resident #20 master care plan was updated on April 10, 2014 to include oxygen use. It should be noted that Asthma has been on every care plan, in the diagnosis section, since November 11, 2013.</p> <p>There was no indication of adverse affects for the residents.</p> <p>2. To identify any/all residents with the potential to be affected, all care plans for residents utilizing oxygen were reviewed by the Interdisciplinary Care Planning Team on April 28, 2014. There were no other residents found to be deficient in regards to care plans not reflecting utilization of oxygen and corresponding diagnoses. Other residents are not anticipated to be affected due to the implementation of #4 below.</p> <p>3. To ensure the practice will not recur, educational in-services were conducted, by the Director of Nursing, on April 11, 2014 with the MDS/Interdisciplinary team, regarding appropriate care plan processes in relation to oxygen use, resident non-compliance, resident education, and relevant diagnoses. To ensure the resident care plans are current and updated, the Assessment Nursing staff will provide new or updated information, such as physician order changes for oxygen and pertinent diagnoses, to the MDS/Interdisciplinary Care Plan team on a daily basis.</p>		

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F 279	Continued From page 3  Review of the MDS admission assessment dated 11/16/13 revealed the facility assessed Resident #20 to use oxygen. In addition, review of the quarterly MDS dated 02/12/14, revealed the facility assessed Resident #20 to require oxygen during the previous 14 days. However, there was no evidence the facility developed a care plan to address the resident's diagnosis of Asthma and the use of oxygen for the resident.  Interview with Registered Nurses (RNs) #3 and #4 on 04/10/14, at 4:30 PM revealed they were responsible for the completion of the MDS assessments and the development of the comprehensive care plan for residents in the facility. RNs #3 and #4 stated a care plan should have been developed to address the resident's diagnosis of asthma and the use of oxygen.	F 279	4. To ensure solutions are sustained in regards to the care planning processes, the Director of Nursing shall implement quality assurance measures, by the method of survey. A ten (10) percent sample selection of all residents utilizing oxygen shall be conducted, with review of their relevant diagnoses, and in comparison to their corresponding care plan. The QA Coordinator shall maintain a current log of residents who utilize oxygen, to conduct the survey and shall assess compliance on a quarterly basis, and shall evaluate annually for on-going review. Evaluation reports will be distributed by the QA Coordinator to the Director of Nursing for review and appropriate action to be taken as necessary. If solutions are not maintained, dependent upon the cause, corrective action shall be implemented, including, but not limited to: #3 as mentioned above shall be initiated again, and/or sampling increased, and/or increase in periodic monitoring.		
F 328 SS=E	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS  The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 328	5. F279 <u>April 28, 2014</u>  <u>F328 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</u> Letcher Manor strives to provide the highest quality of care and treatment to all residents, which includes individual resident assessments and provision for medically related needs for each resident. It is the policy of Letcher Manor to ensure that all services provided or arranged by the facility meets professional standards of quality. It is	April 28, 2014	

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F 328	<p>Continued From page 4</p> <p>and review of the facility policy, it was determined the facility failed to ensure three (3) of twenty-three (23) sampled residents (Residents #3, #10, and #17) received the proper care and treatment related to oxygen administration. Residents #3, #10, and #17 had physician's orders, dated April 2014, for staff to administer two (2) liters of oxygen per minute by means of a nasal cannula. However, observation revealed staff failed to ensure the residents' oxygen was administered at the amount prescribed by the physician.</p> <p>The findings include:</p> <p>Review of the facility's "Medication Administration-general guidelines" policy revealed all medications were administered in accordance with written orders of the attending physician.</p> <p>1. Review of Resident #3's medical record revealed a physician's order dated April 2014 for oxygen to be administered at 2 liters per minute. Review of the quarterly Minimum Data Set dated 02/11/14, revealed Resident #3 had a Brief Interview for Mental Status (BIMS) of 15 indicating the resident's cognitive status was intact.</p> <p>Observation of Resident #3 on 04/08/14 at 3:50 PM and 4:45 PM revealed the resident's oxygen was set to be administered at 1.5 liters per minute via nasal cannula. Further observation revealed on 04/08/14 at 5:45 PM, 04/09/14 at 10:30 AM and 3:30 PM, and 04/10/14 at 9:05 AM and 1:00 PM, his/her oxygen was set to be administered at 2.5 liters per minute via nasal cannula.</p> <p>Interview with Resident #3 on 04/08/14 at 6:15</p>	F 328	<p>the policy of Letcher Manor that each resident must receive, and the facility must provide the necessary care and services to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being. This would include administering all medications in accordance with written orders of the attending physician. In regards to the oxygen concentrator and administration of the oxygen, it should be noted that if the person reading the flow meter is not directly in front, and at eye level, to the line of the indicator ball, a variation of the reading may occur, up to .5 liters. This would include standing when attempting to read the flow meter. The Surveyor was standing when discussing the meter readings with the Director of Nursing. The Director of Nursing demonstrated to the Surveyor the variations in the flow meter rates, dependent upon the reader's positioning, and explained in order to obtain an accurate reading, the person must be at eye level with the flow meter to properly assess the indicator for the rate level.</p> <p>This is evidenced as follows:</p> <p>1. Resident #3 did not express any concern, nor was found to have any other adverse affects in regards to the oxygen administration. The resident administered the oxygen their self, without notifying the nurse. The resident was educated on April 10, 2014 regarding oxygen use and rate levels. The resident voiced understanding. At the time of the survey, the Director of Nursing, when standing at eye level of the flow meter did not find a variation from the prescribed rate. But, when</p>		

MAY/12/2014/MON 12:25 PM Letcher Manor

FAX No. 606-633-3450

P. 008

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F 328	<p>Continued From page 5</p> <p>PM revealed his/her oxygen was supposed to be on at 2.5 liters per minute. Resident #3 said he/she had not adjusted the oxygen flow rate.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 04/10/14 at 1:10 PM revealed nurses were to check the accuracy of the oxygen administered to residents when they made rounds approximately twice per shift and were to sign the Medication Administration Record (MAR) to indicate the oxygen was on the prescribed rate. LPN #2 said there had not been any problems with Resident #3's oxygen administration reported.</p> <p>2. Review of Resident #10's medical records revealed a physician's order dated April 2014 for oxygen to be administered at 2 liters per minute as needed for Chronic Obstructive Pulmonary Disease and Shortness of Breath. Review of the Admission Minimum Data Set dated 03/10/14 revealed the resident's Brief Interview for Mental Status (BIMS) was 13 which indicated the resident's cognition was intact.</p> <p>Observation of Resident #10 on 04/08/14 at 3:55 PM, 4:45 PM, and 5:45 PM, 04/09/14 at 9:10 AM, 10:30 AM, and 3:30 PM, and 04/10/14 at 9:05 AM, 10:30 AM, 12:30 PM, and 1:00 PM, revealed the resident's oxygen was set to be administered at 1.5 liters per minute via nasal cannula.</p> <p>Interview with Resident #10 on 04/08/14 at 3:55 PM revealed staff had turned on the resident's oxygen. However, Resident #10 stated he/she had just turned the oxygen concentrator on and put the oxygen into his/her nose.</p> <p>Interview with LPN #3 on 04/10/14 at 1:15 PM revealed Resident #10's oxygen should be on at</p>	F 328	<p>standing with the surveyor, the level did appear to have a .5 liter variation. The resident's care plan was updated. Resident #10 did not express any concern, nor was found to have any other adverse affect in regards to the oxygen administration. The resident administered the oxygen their self, without informing the nurse, and after the nurse had made shift checks. The resident was educated on April 10, 2014 regarding oxygen use and rate levels. The resident voiced understanding. The M.D. was notified regarding the rate variance and did not provide new orders. The resident's care plan was updated.</p> <p>Resident #17 did not express any concern, nor was found to have any other adverse affect in regards to the oxygen administration. The oxygen had been applied by the nurse and noted to be at the correct setting. The resident's physician later informed the resident that smoking was not recommended if the O2 level was not within a certain range, and when the physician left the room, the resident increased the flow rate significantly without informing the nurse. This had been an isolated incident with this resident. The resident was educated on April 10, 2014 regarding oxygen use and rate levels, along with adverse affects. The resident voiced understanding. The M.D. was notified regarding the rate variance and did not provide new orders. The resident's care plan was updated and the oxygen flow rate is checked every</p>		

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F 32B	<p>Continued From page 6</p> <p>2 liters per minute as needed. LPN #3 was not aware that Resident #10's oxygen was on at 1.5 liters per minute. According to LPN #3, Resident #10 could turn the oxygen concentrator on and off by him/herself but was unsure if the resident changed the flow rate on the oxygen concentrator. LPN #3 said the oxygen was checked during rounds for accuracy and the nurses signed the MARs indicating the oxygen was accurate every shift.</p> <p>3. Review of Resident #17's medical record revealed physician's orders for oxygen to be administered at 2 liters per minute via nasal cannula for Chronic Obstructive Pulmonary Disease. Review of the quarterly Minimum Data Set dated 02/12/14 revealed a Brief Interview for Mental Status (BIMS) of 14 which indicated the resident's cognition was intact.</p> <p>Observation of Resident #17 on 04/08/14 at 10:51 AM, 04/09/14 at 11:45 AM and 4:10 PM, and 04/10/14 at 11:15 AM, 12:30 PM, and 1:00 PM, revealed the resident's oxygen was set at, and delivered at, 5 liters per minute via nasal cannula.</p> <p>Interview with Resident #17 on 04/10/14 at 1:00 PM revealed he/she "thought" the oxygen rate was 5 liters per minute, and stated he/she had not adjusted the oxygen flow rate.</p> <p>Interview with LPN #1 on 04/10/14 at 1:05 PM revealed every shift nurses were to check oxygen rates to ensure oxygen was delivered as prescribed by the physician, and record the oxygen flow rate on the Medication Administration Record. LPN #1 stated Resident #17 had the ability to change her/his oxygen flow rate and</p>	F 32B	<p>medication pass, rather than every shift beginning April 10, 2014. There have been no further issues to date.</p> <p>2. To identify other residents who may have the potential to be affected, assessments were conducted on April 10, 2014 for all residents utilizing oxygen to ensure the prescribed flow rate was accurately set, when observed at eye level. There were no subsequent findings of flow meter readings of any residents receiving oxygen that were not set as prescribed. No other residents were found to have been affected. Other residents are not anticipated to be affected due to the implementation of #4 below.</p> <p>3. To ensure the practice will not recur, educational in-services were conducted, by the Director of Nursing, on April 11, 2014 with all nursing staff (LPN, RN and CMTs) regarding appropriate oxygen processes, including identifying and setting appropriate flow rates, and identifying resident tampering and interventions, as well as communication to the MDS/interdisciplinary team. All new hires shall be oriented to the same as above-mentioned. The same shall be reviewed with staff if a concern is identified.</p> <p>4. To ensure solutions are sustained in regards to residents receiving proper care and treatment as related to oxygen administration, the Director of Nursing shall implement quality assurance measures, by the method of survey, observation and assessment. A ten (10) percent sample selection of all residents</p>		

MAY/12/2014/MON 12:26 PM Letcher Manor

FAX No. 606-633-3450

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F 328	Continued From page 7 stated she had not been aware of the resident's oxygen rate at the incorrect setting.  Interview with the Director of Nursing (DON) on 04/10/14 at 1:00 PM, revealed she was "unsure" if Resident #3, #10, or #17 self-adjusted their oxygen flow rates. According to the DON, when a nurse received an order from a physician to provide oxygen therapy to a resident, the nurse initiated the oxygen therapy at the rate prescribed by the physician. The DON stated the nurse was to inform the nurse aides and the nurses that administered medications of the oxygen flow rate. The DON stated she, the Unit Coordinator, and the nurses that administered medications made rounds every shift to observe resident care. According to the DON, staff had not identified problems related to incorrect oxygen settings.	F 328	utilizing oxygen shall be conducted to ensure oxygen is being administered at the prescribed rate. The QA Coordinator shall maintain a current log of residents who utilize oxygen, to conduct the survey and shall assess compliance on a monthly basis, and shall evaluate annually for on-going review. Evaluation reports will be distributed by the QA Coordinator to the Director of Nursing for review and appropriate action to be taken as necessary. If solutions are not maintained, dependent upon the cause, corrective action shall be implemented, including, but not limited to: #3 as mentioned above shall be initiated again, and/or sampling increased, and/or increase periodic monitoring.		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.	F 514	5. F328 April 11, 2014  <u>F514 483.75(l)(1) RES RECORDS - COMPLETE/ACCURATE/ACCESSIBLE</u> Letcher Manor strives to maintain and ensure clinical records are accurate and complete in accordance with accepted professional standards and practices. Per facility policy titled, 'Physician Medication Orders,' a verbal order from a physician must be recorded immediately in the resident's chart. This action is made by using a designated 'physician order' form. It is not protocol to write an "order" on a microbiology report. It should be noted that the microbiology report did have other "notes" on the report such as allergies of the resident, and it is questionable if the notation was simply a "note" or an actual physician order.	April 11, 2014	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  04/10/2014
NAME OF PROVIDER OR SUPPLIER  LETCHER MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 73 PIEDMONT DRIVE WHITESBURG, KY 41658		
(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 514	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and a review of the facility policy, it was determined the facility failed to ensure clinical records were complete, accurate, and maintained in accordance with accepted professional standards and practices for one (1) of twenty-three (23) sampled residents (Resident #5). A review of a laboratory report in Resident #5's medical record revealed staff had written a verbal order on the report for staff to administer antibiotics to the resident for ten (10) days and then to re-culture a scabbed area on the resident's right foot. Review of physician's orders in Resident #5's medical record revealed facility staff documented the antibiotic treatment in the physician's orders but failed to transcribe the order for the re-culture of the resident's wound to the physician's orders. As a result of staff's failure to transcribe the order to the physician's orders, staff failed to re-culture the resident's wound in ten (10) days as requested by the physician.</p> <p>The findings include:</p> <p>A review of facility policy titled Physician Medication Orders, dated 08/01/13, revealed verbal orders must be recorded immediately in the resident's chart by the person that received the order and must include the date and time of the order.</p> <p>A review of the medical record for Resident #5 revealed a physician's order dated 03/05/14 for culture and sensitivity of a scabbed area on the second digit of the resident's right foot. Review of a microbiology report dated 03/07/14 revealed the area had a heavy growth of Methicillin Resistant</p>	F 514	<p>LPN #4 is no longer employed at this facility, and did not have an opportunity to examine the microbiology report with the handwriting, to definitively confirm what the intention was. The deficiency statement does not reflect that the physician was consulted regarding the order.</p> <p>This is evidenced by the following actions:</p> <ol style="list-style-type: none"> <li>1. Resident #5 did not express any concern, nor was found to have any other adverse affect in regards to the re-culture. The physician had been consulted routinely regarding the issue. On March 19, 2014 a new order reflects to simply clean the scabbed area to right foot, 2<sup>nd</sup> toe and leave open to air. The physician did not indicate a re-culture with this new order. A re-culture was not required as the pin point area had healed to a scab. LPN #4 could not be educated as he/she is no longer employed.</li> <li>2. To identify other residents who may have the potential to be affected, chart reviews were conducted on April 11, 2014 for all residents with infections, to ensure all physician orders were addressed. This included review of microbiology reports. No other residents were found to have been affected. Other residents are not anticipated to be affected due to the implementation of #4 below.</li> <li>3. To ensure the practice will not recur, educational in-services were conducted, by the Director of Nursing, on April 11, 2014 with licensed practical nursing staff and registered nursing staff, regarding the above mentioned policy and</li> </ol>		

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F 514	<p>Continued From page 9</p> <p>Staphylococcus Aureus (MRSA). Continued review of the report revealed Licensed Practical Nurse (LPN) #4 received a verbal order from Resident #5's physician on 03/07/14 at 1:25 PM and had written the orders on the Microbiology report. The physician's verbal order on the laboratory report revealed staff was to administer 500 milligrams (mg) of Tetracycline (antibiotic) three times a day (TID) for ten days and then to re-culture the area. However, review of the physician's orders located in Resident #10's medical record revealed staff failed to transcribe the order to obtain a re-culture the scabbed area from the laboratory report onto the physician's orders. As a result of staff failure to transcribe the order to the physician's orders, staff failed to re-culture the resident's wound in ten (10) days as requested by the physician.</p> <p>An interview with Licensed Practical Nurse (LPN) #4 on 04/10/14 at 3:55 PM revealed, "I remember taking the order from the physician and writing it on the physician's order. I must have forgotten to write the re-culture part on the order."</p> <p>An interview with the Ward Clerk on 04/10/14 at 9:35 AM revealed the nurse that took the order was responsible to copy the order, put it in the clerk's "box," and fill out a lab requisition for any orders that apply. The Ward Clerk stated, "I would check the physician order and make sure the lab requisition was done." The Ward Clerk acknowledged, "The order to re-culture isn't on the physician order; I didn't go back to the lab."</p> <p>An interview with Registered Nurse (RN) #2 on 04/10/14 at 2:00 PM revealed, "The nurse who took the order should have written an order in the physician orders to re-culture the wound. Without</p>	F 514	<p>appropriate physician order processes and forms. All new hires shall be oriented to the same as above-mentioned. The same shall be reviewed with staff if a concern is identified.</p> <p>4. To ensure solutions are sustained in regards to maintaining accurate and complete medical records, the Director of Nursing shall implement quality assurance measures, by the method of survey/chart review. A ten (10) percent sample selection of all residents with infections shall be conducted, to ensure physician orders are noted on the appropriate forms. The QA Coordinator shall oversee physician order reviews and assess compliance on a monthly basis, and shall evaluate annually for on-going review. Evaluation reports will be distributed by the QA Coordinator to the Director of Nursing for review and appropriate action to be taken as necessary. If solutions are not maintained, dependent upon the cause, corrective action shall be implemented, including, but not limited to: #3 as mentioned above shall be initiated again, and/or sampling increased, and/or increase periodic monitoring.</p> <p>5. F514 <u>April 11, 2014</u></p>	April 11, 2014	

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F 514	Continued From page 10 the physician's order, I wouldn't know to do the culture."  An interview with RN #1 on 04/10/14 at 3:45 PM revealed when staff received an order for a cultura from the physician, the order and a lab requisition should "automatically" be written.	F 514			