

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

PRINTED: 06/22/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/03/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HENDERSON NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2500 NORTH ELM ST.</b> <b>HENDERSON, KY 42420</b>		
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F 000	INITIAL COMMENTS  An Abbreviated Survey investigating Complaint KY #23284 was conducted on 06/02/15 through 06/03/15. KY #23284 was unsubstantiated with unrelated deficiencies cited at a Scope and Severity of a "D".	F 000			
F 271 SS=D	483.20(a) ADMISSION PHYSICIAN ORDERS FOR IMMEDIATE CARE  At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure one (1) of three (3) sampled residents (Resident #2) was admitted with physician orders for the resident's immediate care. Resident #2 was admitted with an indwelling urinary catheter without a physician's order.  The findings include:  Review of the facility's policy titled, "New orders for Non-controlled Substances", dated 01/01/13, revealed the facility ensures all resident information was complete and accurate, reconciled, and is verified by physician/prescriber.  Record review revealed the facility admitted Resident #2 on 05/07/15 with diagnoses which included Congestive Heart Failure, Atrial Flutter, Diabetes, Hyperlipidemia, Anemia and Dementia. Review of the admission Brief Interview of Mental	F 271			

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

TITLE

(X6) DATE

06/26/2015

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 271	Continued From page 1 Status (BIMS), dated 05/14/15, revealed Resident #3's cognitive status was severely impaired with a score of "2" which indicated the resident was not interviewable.  Observation of Resident #2, on 06/02/15 at 2:45 PM, revealed the resident to have an indwelling urinary catheter to a bedside drainage bag with a dignity bag containing cloudy yellow urine with sediment.  Review of the Admission Orders for Resident #2, dated 05/07/15, revealed there was no order for an indwelling urinary catheter.  Interview with the Registered Nurse (RN) #1, on 06/02/15 at 2:59 PM, revealed Resident #2 had an indwelling urinary catheter on admission and she was unable to locate an order. She stated that the catheter and care of the catheter should be placed on the Treatment Administration Record (TAR). She indicated that this resident did not have a treatment on the TAR for a catheter.  Interview with the Director of Nursing (DON), on 06/02/15 at 3:15 PM, revealed she expected that any resident with a urinary catheter should have a physician's order, it should be care planned and should be placed on the TAR. She stated Resident #2 did not have an order on admission for an indwelling urinary catheter which was in place upon admission and that the TAR did not reflect the resident having a catheter.	F 271			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED  The assessment must accurately reflect the	F 278			

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F 278	<p>Continued From page 2 resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and a review of the Minimum Data Set (MDS) manual, it was determined the facility failed to properly code the Admission MDS for one (1) of three (3) sampled residents related to bathing (Resident #1).</p> <p>The findings include:</p> <p>Review of the MDS Resident Assessment</p>	F 278			

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F 278	<p>Continued From page 3</p> <p>Instrument (RAI) manual, version 3.0, section G 0120 revealed a coding of eight (8) indicated the activity did not occur during the look back period.</p> <p>Record review revealed the facility admitted Resident #1 on 05/04/15 with diagnoses to include post operative Thoracic Aortic Aneurysm, Chronic Pain, Hypertension and Heart Disease. Review of the Admission Minimum Data Set (MDS) assessment, dated 05/11/15, revealed the facility assessed the resident's as severely impaired with a Brief Interview of Mental Status (BIMS) score of "00" which indicated the resident was not interviewable. Further review of the Admission MDS, revealed Section G-0120 was coded at eights (8's) which indicated that bathing activities did not occur during the seven (7) day look back period.</p> <p>Review of the Accu-Nurse Documentation tools, dated 05/05/15, 05/07/15 and 05/09/15 revealed the documentation was completed by CNA #4 and Resident #1 received bed baths each of those days on the day shift.</p> <p>Interview with Certified Nurse Aide (CNA) #4, on 06/02/15 at 2:30 PM , revealed Resident #1 refused baths on occasion. CNA #4 stated there had been ongoing problems with the Accu-Nurse documentation system and at times when the system was down, the staff would have to document care on the paper documentation tool.</p> <p>Interview with the Licensed Practical Nurse (LPN) #1/MDS Nurse, on 06/03/15 at 8:55 AM, revealed she coded the bathing section as an eight (8) because she talked with the family and they reported to her they had given the resident a bath. LPN #1 stated the MDS staff also utilized</p>	F 278			

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F 278	Continued From page 4 documentation provided by the AccuNurse system and when the system was down, they review the downtime documents to gain the needed information. LPN #1 revealed she did not look at the downtime documentation.  Interview with the Director of Nursing (DON), on 06/03/15 at 7:25 AM, revealed the MDS staff reported to her that the MDS was coded eights (8's) for bathing for Resident #1 because the daughter was giving the resident a bath when she was interviewing to complete the MDS. She also reported that wasn't the only bath she received in the seven (7) day look back period. The DON stated she expected the MDS to be coded accurately.	F 278			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review it was determined the facility failed to ensure appropriate care and services were provided to one (1) of three (3)	F 315			

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F 315	<p>Continued From page 5</p> <p>sampled residents (Resident #2) to prevent a urinary tract infection.</p> <p>The findings include:</p> <p>Review of the facility policy titled, "Indwelling Catheter Care, undated, revealed when cleaning the catheter, the catheter should be secured with one (1) hand close to the urethra and using a clean wipe, start at the body moving outward about four (4) inches while using a clean wipe for each stroke until clean.</p> <p>Record review revealed the facility admitted Resident #2 on 05/07/15 with diagnoses which included Congested Heart Failure, Atrial Flutter, Diabetes, Dementia and Urinary Retention.</p> <p>Review of a Urinalysis, completed on 05/28/15 at 8:59 AM, revealed the resident had a urinary tract infection.</p> <p>Observation on 06/02/15 at 3:40 PM, revealed Resident #2 was receiving catheter care by Licensed Practical Nurse (LPN) #1. The perineum was cleansed front to back with a clean cloth each time. When cleaning the catheter itself, the nurse used one (1) wipe and performed cleansing of the catheter using a back and forth motion instead of a clean swipe from the body outward with each stroke.</p> <p>Interview with LPN #1, on 06/03/15 at 8:55 AM, revealed she identified she had indeed provided improper catheter care when she used a wiping back and forth motion when cleaning the catheter.</p> <p>Interview with the Director of Nursing (DON), on</p>	F 315			

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F 315	Continued From page 6 06/03/15 at 12:18 PM, revealed she expected staff to use proper technique when providing catheter care and to use the facility policy as a guide.	F 315			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431			

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F 431	Continued From page 7  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review it was determined the facility failed to ensure one (1) of three (3) medication carts and a treatment cart on the hall were locked when out of staff view.  Review of the facility's wanderer/elopement list provided by the Director of Nursing (DON) revealed the facility had four (4) wanderers in the building at the time of the survey.  The findings include:  Review of the facility's policy titled, "Storage of Medications, Biologicals, Syringes and Needles, dated 01/01/15, revealed the facility should store all medications and biologicals, including treatment items in a locked cabinet/cart or locked medication room that is inaccessible to resident and visitors.  Observation on 06/02/15 at 11:00 AM, revealed there was one (1) of three (3) medication carts left unlocked and unattended on the resident hall with no staff in view of the cart.  Observation on 06/02/15 at 4:20 PM, revealed one (1) treatment cart that contained biologicals and treatment creams was observed to be unlocked. During this observation (twenty (20) minutes), RN #2 was observed opening the cart in search for supplies and closing the drawers	F 431			

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F 431	Continued From page 8 without locking the cart and left the cart out of her site on three (3) different occasions. During all these observations, it was noted that there were residents wandering in the area of each cart.  Interview with Registered Nurse (RN) #2, on 06/02/15 at 4:26 PM, revealed she thought the treatment cart was locked each time she walked away. She stated the cart needed to be locked for the safety of the residents.  Interview with Unit Manager, on 06/03/15 at 8:30 AM, revealed she expected the medication/treatment carts to be locked at all times when the nurse was not in direct site of the cart. She stated a resident and staff could take out medications. She revealed there were residents that wandered in the facility.  Interview with the Director of Nursing (DON), on 06/03/15 at 10:00 AM, revealed she expected all medication and treatment carts to be locked and secured at all times when not in use and unattended for the safety of residents and visitors	F 431			
F 514 SS=D	483.75(I)(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	F 514			

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F 514	<p>Continued From page 9</p> <p>preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to maintain clinical records on each resident in accordance with accepted professional standards and practices that were complete for one (1) of three (3) sampled residents (Resident #2) related to the failure to document Resident #1 had a indwelling urinary catheter on admission and the care that was needed on the Treatment Administration Record (TAR).</p> <p>The findings include:</p> <p>Review of the facility policy titled "Resident Comprehensive Care Plan", dated 09/08, revealed the comprehensive care plan was comprised of the following document and disciplinary to include document of treatment on the Treatment Administration Record (TAR). Effects should always be directed towards developing care guidelines for Medical Diagnosis based on professional standards of practices which can be applied broadly to any resident with the associated diagnosis.</p> <p>Record review revealed the facility admitted Resident #2 on 05/07/15 with diagnoses which included Congested Heart Failure, Atrial Flutter, Diabetes, Dementia and Urinary Retention.</p>	F 514			

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F 514	<p>Continued From page 10</p> <p>Observation of Resident #2, on 06/02/15 at 2:45 PM, revealed the resident to have an indwelling urinary catheter to a bedside drainage bag with a dignity bag containing cloudy yellow urine with sediment.</p> <p>Review of the Admission Physician's Orders, dated 05/07/15 and review of the May and June 2015 TARs revealed there was no documentation Resident #2 had a urinary catheter or urinary catheter care was to be provided.</p> <p>Interview with Registered Nurse (RN) #2, on 06/03/15 at 11:54 AM, revealed the licensed staff should communicate with the Certified Nurse Aides (CNA's) that a resident has a catheter and the catheter and catheter care should be placed on the TAR. RN #2 stated licensed staff were responsible for catheter care and were required to document this each shift. RN #2 revealed if a resident does not have an admission order for a catheter then an order should be obtained from the ordering physician and placed on the TAR for communication and documentation. She stated it was the responsibility of the admitting nurse to ensure there was an order for catheter care if a resident has one.</p> <p>Interview with the Director of Nursing (DON), on 06/02/15 at 3:15 PM, revealed she expected any resident with a urinary catheter to have a physician's order and the catheter and treatment/care of the catheter should be placed on the TAR. The DON stated Resident #2 did not have an order on admission for an indwelling urinary catheter which was in place upon admission and the TAR did not reflect the resident having the catheter. The DON stated an order must accompany all resident care and that</p>	F 514			

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F 514	Continued From page 11 the TAR serves as the communication and documentation of the treatment provided.	F 514			