

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

PRINTED: 05/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/16/2015
NAME OF PROVIDER OR SUPPLIER PIONEER TRACE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 PIONEER TRACE FLEMINGSBURG, KY 41041	
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F 490	<p>Continued From page 155 plan.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed the facility's Code Status Policy had been revised as per the AOC.</p> <p>13. Reviewed Care Plan Conference notes, dated 04/15/15, which included reviewing the resident's "Code Status" at the planned Care Plan Conferences.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed residents' code status was being discussed at care plan conferences which began on 04/15/15.</p> <p>14. On 04/16/15, the "Employee Roster Report" listing of all licensed staff with CPR expiration dates and copies of their CPR certification was reviewed. Reviewed the CPR certification class roster and certification cards from classes provided by the facility on 04/09/15 and 04/10/15. Review of the documentation revealed all licensed nursing staff now had current CPR certification.</p> <p>15. Reviewed the facility's CPR and Code 500 policies. Reviewed the sign in sheet and education provided by the Administrator to the DON and ADON related to the CPR and Code 500 Policy dated 04/08/15.</p> <p>Interview with the DON and ADON, on 04/16/15 at 2:26 PM, revealed they had been educated by the Administrator on 04/08/15, regarding the CPR and Code 500 policies.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed the facility's CPR and</p>	F 490	

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F 490	<p>Continued From page 156</p> <p>Code 500 policies had been implemented on 04/08/15, as per the AOC. A post-survey interview on 05/01/15 at 9:32 AM, with the Administrator revealed after becoming aware of the need to have someone CPR certified in the building at all times, he had read the regulatory requirements and conferenced with the Consultant Administrator for guidance. Per interview, the Consultant Administrator had discussed with him getting staff CPR certified and what needed to be done to ensure this was done. The Administrator stated he and the Consultant Administrator had communication "all the way through" the process and had developed the plan of action.</p> <p>16. Reviewed the sign-in sheets and education provided by the DON and ADON for all staff related to the CPR and Code 500 Policy, dated 04/08/15 through 04/11/15 and reviewed the post-tests.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeping #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18 revealed they had all been educated on the CPR and Code 500 policies, and other code policies and General Documentation Guidelines for CPR, and had taken a post-test after the education.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed all but four (4) staff had received the</p>	F 490			

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F 490	<p>Continued From page 157</p> <p>education on the facility's code policies and CPR policy. The DON stated the four (4) staff who had not received the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per interview, the education was added to the new hire orientation training agenda.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed facility staff had been educated on the CPR, Code 500 and other code policies, as per the AOC.</p> <p>17. Reviewed the Administrator's audits of all resident's CCP for verification that each residents' code status was care planned. The audits revealed each resident had a "Code Status" CCP with no issues identified and the Administrator had signed the audits as completed on 04/09/15.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had completed the audit of all residents' CCPs on 04/09/15, with no problems noted, as per the AOC. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>18. Interview, on 04/16/15 at 2:26 PM, with the DON revealed she would audit all newly hired nursing staff for their CPR certification expiration dates. Per interview, she would schedule CPR certification courses as necessary to make sure the Charge Nurses all maintained their CPR certification.</p> <p>19. Reviewed the Administrator's audits,</p>	F 490			

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F 490	<p>Continued From page 158</p> <p>performed on 04/10/15, of all nurses' personnel files to ensure they were CPR certified. The audits revealed each licensed staff's CPR certification was present with the expiration date, and no issues were identified by the Administrator.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had performed the audits of all nurses' personnel files for CPR certification on 04/10/15, and had not identified a problem. The Administrator revealed he would continue to monitor the DON's verification of the Charge Nurse's CPR certification to ensure they maintained current CPR certification. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>20. Reviewed the Administrator's audit of the current facility schedule verifying a CPR certified staff member was present in the facility at all times, dated 04/10/15.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had completed the audit of the facility's current schedule to verify a CPR certified staff member was present in the facility at all times on 04/10/15. He revealed he would continue to monitor the nursing schedule monthly to ensure all shifts were staffed with a CPR certified nurse. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p>	F 490			

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F 490	Continued From page 159 21. Reviewed the sign in sheet and notes for the Mock Code Drill, conducted on 04/10/15. Interview on 04/15/15: at 11:45 AM with RN #4; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; and, at 2:10 PM with LPN #8 revealed the Mock Code Drill had been completed by the facility, and the findings had been reviewed with staff and allowed for staff input. Interview, on 04/16/15 at 2:26 PM with the DON and at 3:00 PM, with the Administrator revealed the Mock Code Drill had been completed on 04/10/15, as per the AOC. They stated the results had been discussed with staff afterwards. The Administrator and DON revealed the facility would continue to conduct Mock Code Drills weekly for sixty (60) days on different days and shifts, and they would monitor the documentation of the drills for accuracy and completeness, as per the AOC.	F 490	
F 514 SS=J	483.75(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.	F 514	Administrator and DON reviewed Advance Directive policy, Code Status policy, Resident Right's policy, Notification of Change in Resident Condition Policy, and Full Code Policy. Administrator revised Code Status Policy to include placement of a green sticker next to resident name

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F 514	Continued From page 180 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. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policies and procedures, it was determined the facility failed to have an effective system to ensure accurate clinical records were maintained for one (1) of twelve (12) sampled residents (Resident #2). Resident #2 had Advance Directives which noted he/she requested to be a Full Code (indicates life-saving measures would be instituted in the event of cardiac or respiratory failure) to include performance of Cardiopulmonary Resuscitation (CPR). On 03/28/15, Resident #2 was found unresponsive by Registered Nurse (RN) #1, who checked for a pulse and respirations and was unable to obtain either. RN #1 left the room and returned with two (2) Certified Nursing Assistants (CNAs) who informed the nurse they thought the resident was a Full Code status. RN #1 left the room a second time to verify Resident #2's code status for herself and returned to the room a third time. Per interview, RN #1 did not initiate CPR or any other life-saving interventions during any of her three (3) encounters with Resident #2. However, review of the medical record revealed no documented evidence of why RN #1 did not	F 514	outside room and a green bracelet on person of all "Full Code" status residents. Furthermore, Administrator created new policy titled Code Status Acknowledgement policy to instruct staff how to identify residents' choice of "Full Code" or Do Not Resuscitate (DNR). Policy states that staff must review code status with all new residents upon admission to facility to designate wish to be "Full Code" or "DNR" and further instructs staff how identification of resident code status is communicated and documented. Policy states that "Full Code" status residents will have placement of green stickers next to resident name outside room and green bracelet place on person. "DNR" will have black sticker placed next to name outside room. On 4/7/15, a review of resident #2's Comprehensive Care Plans (CCP) revealed that resident code status was not documented in the CCP. Resident #2's CCP was not updated as resident had been discharged from facility. On 4/7/15, MDS staff conducted a review of all resident CCPs for documentation of code status. Review revealed code status was not documented in any resident CCP		

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F 514	<p>Continued From page 161</p> <p>initiate CPR for Resident #2 who had a Full Code status. In addition, there was no documented evidence of RN #1's encounters in Resident #2's medical record until 4:50 AM, when RN #1 documented the resident had no signs of life and the funeral home was notified.</p> <p>The facility's failure to ensure the provision of CPR for a Full Code resident, with all information accurately documented in the resident's record, has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 04/07/15, and was determined to exist on 03/28/15. The facility was notified of the Immediate Jeopardy on 04/07/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/14/15 with the facility alleging removal of the Immediate Jeopardy on 04/12/15. Immediate Jeopardy was verified to be removed on 04/12/15 as alleged by the State Survey Agency prior to exit on 04/16/15, with remaining non-compliance at a Scope and Severity of a "D" while the facility develops and implements a Plan of Correction and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Notification of Change in Resident's Condition/Accidents", dated October 2007, revealed in the event of a resident status change requiring emergency care, nursing documentation would include assessment findings and an account of care provided.</p> <p>Review of the "Job Description for Charge</p>	F 514	<p>MDS staff updated each resident CCP, according to residents' advance directives, to include code status. In accordance with existing, revised, and new policies Medical Records personnel conducted a review of all current residents, as of 3/31/15, in the facility to verify code status was correct according to residents advance directives on 3/31/15. DON and ADON placed green stickers next to resident names outside rooms and green bracelets on residents with "Full Code" status on dates 3/31/15 through 4/3/15.</p> <p>All staff, except for four, were educated on revised code status policy between 3/31/15 and 4/16/15 by DON and ADON. DON and ADON conducted the education in several small group sessions during the dates 3/31/15 through 4/16/15 with open conversation and a question and answer period to ensure knowledge and understanding of the policy. The four staff members, 1 LPN and 3 CNAs, who did not receive this education, are on medical leave with an unknown date for return at this point, however, they will not be allowed on the schedule until they</p>	

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F 514	<p>Continued From page 162</p> <p>Nurse", undated, revealed the Charge Nurse would ensure the medical record included detailed evaluations of all residents and reflected progress and condition of residents at all times.</p> <p>Review of the medical record revealed the facility admitted Resident #2 on 06/22/12, and re-admitted the resident on 09/05/14. Review of the Advance Directives, dated 09/11/12 and signed by Resident #1, revealed the resident requested to have a Full Code status which included CPR in the event of becoming unresponsive with no respirations or heart beat. Review of Resident #2's Physician's Orders, dated 03/25/15, revealed the resident had an order to have a Full Code status.</p> <p>Review of RN #1's written statement, dated 03/28/15 and obtained by the facility during the course of their investigation of the events involving Resident #2 on that date, revealed RN #1 observed Resident #2 to be unresponsive lying on his/her bed. Continued review of the written statement revealed Resident #2 had no signs of life, no pulse, and no breathing or movement of any kind. RN #1 noted she did a "sternum rub" (a painful stimulus applied to the sternum to check for responsiveness) with no signs of life noted, and the resident appeared to have been deceased for thirty (30) or forty-five (45) minutes. Further review of the statement revealed RN #1 left Resident #2's room and returned two (2) times.</p> <p>Review of the Nurse's Note, dated 03/28/15 timed 4:50 AM, documented by RN #1 revealed Resident #2 was found lying on the bed with no blood pressure or pulse, and no signs of life. Continued review of the Note revealed RN #1 documented notifying the resident's Physician at</p>	F 514	<p>have completed the education that is to be conducted by DON or ADON.</p> <p>On dates 5/26/15 through 5/29/15, DON and ADON educated all Charge Nurses on facility policies regarding documentation, following physician orders, and Change in Resident Status. Furthermore, this education has been added to the facility's orientation program which is conducted prior to new employees providing direct care in the facility.</p> <p>The Code Status Policy was revised to incorporate instructions to add code status to residents CCPs on admission. The Code Status Policy instructs staff that upon admission to facility, the charge nurse will create a care plan for resident code status that is derived from resident's advance directives.</p> <p>DON will audit documentation daily, Monday through Sunday, to ensure staff compliance with clinical documentation regulations. DON will audit documentation for adherence to physician's orders, documentation of resident change of conditions, and adherence to facility policies with regards to documentation. DON will immediately educate charge nurse</p>		

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F 514	<p>Continued From page 163</p> <p>5:05 AM; his/her family at 5:10 AM; and the funeral home with no documented evidence of the time of notification. Further review revealed no documented evidence of a reason for why RN #1 had not immediately initiated CPR, as per Resident #2's Advance Directives and Full Code status. In addition, record review revealed no documented evidence of the account given by RN #1 in her written statement, to include the performance of the "sternum rub" and the nurse's findings, and no documented evidence of the time at which she found Resident #2 nonresponsive.</p> <p>Review of the "Provisional Report of Death" form with a date of death noted as 03/28/15 for Resident #2 revealed time of death documented as 4:50 AM.</p> <p>Interview with RN #1 on 04/04/15 at 3:26 PM, revealed she was the nurse providing care Resident #2 on 03/28/15, and was also the facility's Charge Nurse. RN #1 stated she was not aware of Resident #2's code status on 03/28/15 when she found the resident unresponsive with no signs of life, so she did not immediately initiate CPR. Per interview, she left the resident's room and went to the nurse's station where CNA #3 and CNA #4 were and had them come to Resident #2's room with her. She revealed the CNAs told her they thought Resident #2 was a Full Code, but she left the resident's room again to check his/her code status herself. According to RN #1, she returned to Resident #2's room once more after finding out for herself the resident was a Full Code; however, she did not initiate CPR and instructed the CNAs to start post-mortem care. Per RN #1, the CNAs told her during post-mortem care they thought they had</p>	F 514	<p>individually if problems are found during audit and ensure documentation is updated in clinical record in accordance with documentation standards and practices. DON will present audit results to QAPI Committee monthly. Results of audits will be reviewed by the QAPI Committee, which includes Administrator, DON, ADON, Dietary Director, Activities Director, Housekeeping/ Laundry Supervisor, MDS Coordinator, and Maintenance Director.</p>	6/12/15	

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F 514	<p>Continued From page 164</p> <p>felt a pulse and saw the resident take a breath, which she assessed for, but did not feel or observe. However, record review revealed no documented evidence of RN #1 being informed by the CNAs they thought they had felt a pulse and saw Resident #2 take a breath, or documented evidence of her assessment performed after being told by the CNAs. Further interview with RN #1 revealed however, she did not document the events.</p> <p>Interview with the Director of Nursing (DON) on 04/02/15 at 11:40 AM and at 2:19 PM, revealed the primary nurse was responsible for initiating and documenting the "code" events. Continued interview revealed the facility did not have a written policy which addressed the "code" process to include documentation.</p> <p>Interview with the Administrator on 04/06/15 at 11:53 AM, he confirmed there was no written policy for conducting a "code" to include documentation requirements. However, he revealed nurses should document all details of a resident incident in the medical record.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/14/15, which alleged removal of the IJ effective 04/12/15. Review of the AOC revealed the facility implemented the following:</p> <p>1. On 03/28/15, the Director of Nursing (DON) initiated an investigation into the incident involving Resident #2. The DON interviewed (Registered Nurse) RN #1, Certified Nursing Assistant (CNA) #3 and CNA #4 regarding Resident #2 not receiving Cardiopulmonary Resuscitation (CPR) even though the resident was Full Code status.</p>	F 514			

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F 514	<p>Continued From page 165</p> <p>RN #1 was suspended pending the facility's investigation. On 03/30/15, an initial report of the incident involving Resident #2 on 03/28/15 was sent to the State Agency by the Social Services Director.</p> <p>2. On 03/30/15, RN #1 was terminated from her position of employment with the facility.</p> <p>3. On 03/30/15, the facility developed a Code Status Acknowledgement policy which included the procedure for a visual identification system. Full Code status residents would be identified by application of a green bracelet to the resident's wrist, and placement of a green sticker outside the resident's door beside their name. A resident with a Do Not Resuscitate (DNR) status would have a black sticker on the door by their name.</p> <p>4. On 03/31/15, the DON and the Assistant DON (ADON) conducted education in small group sessions to all staff (with the exception of four {4} staff on medical leave) related to their knowledge and understanding of the facility's Code Status Acknowledgement policy. Education related to the Code Status Acknowledgement policy was added to the training agenda for New Employee Orientation.</p> <p>5. On 03/31/15, Medical Records personnel conducted a review of all current residents in the facility to verify their code status.</p> <p>6. On 03/31/15 through 04/01/15, the Social Services Director (SSD) reviewed Advance Directives with all current "Full Code" status residents and/or their Power of Attorney (POA) to ensure their code status was accurate.</p>	F 514			

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F 514	<p>Continued From page 166</p> <p>7. On 04/01/15, the SSD verified the Code Status Acknowledgement policy was implemented by a visual inspection of all full code status residents to ensure each had a green bracelet on their wrist and a green sticker next to their name on the door.</p> <p>8. The SSD monitored daily beginning 04/01/15 through 04/11/15, to ensure all full code status residents continued to wear a green bracelet and had a green sticker next to their name on the outside of their door.</p> <p>9. On 04/06/15 through 04/11/15, the Administrator and the DON made daily rounds through the facility on all shifts to question and talk with staff about the new Code Status policy.</p> <p>10. On 04/07/15, the Administrator educated the Minimum Data Set (MDS) staff related to resident's code status documented on the resident's Comprehensive Care Plan (CCP) and it was to be reviewed at the resident Care Plan Conferences.</p> <p>11. On 04/07/15, MDS staff conferred with Medical Records staff to verify each residents' code status was correct. The MDS staff revised all resident CCPs to reflect each resident's Advance Directives.</p> <p>12. On 04/07/15, the Code Status Policy was revised to incorporate instructions to add code status to resident CCPs on admission.</p> <p>13. Beginning 04/15/15, the SSD will review code status with all the residents and/or their POA during resident Care Plan Conferences.</p>	F 514			

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F 514	<p>Continued From page 167</p> <p>14. On 04/07/15, the DON audited all licensed Charge Nurse's personnel files for the presence of current CPR certifications, and found two (2) who were not current. On 04/08/15, all licensed nurses were instructed to have current CPR certification by 04/10/15.</p> <p>15. On 04/08/15, the Administrator implemented a CPR policy and a Code 500 Policy. On 04/08/15, the Administrator provided education to the DON and the ADON related to the new CPR and Code 500 policies.</p> <p>16. On 04/08/15 through 04/11/15 the DON and the ADON conducted education with all staff related to the CPR, Code Status, Code Status Acknowledgement and Code 500 policies and General Documentation Guidelines for CPR, with post-education tests implemented on 04/10/15, to ensure the staff's knowledge and understanding of the policies.</p> <p>17. On 04/09/15, the Administrator audited all current resident charts to verify the code status was on each resident's CCP, with no issues identified.</p> <p>18. The DON will audit new hire nursing staff for CPR certification expiration dates and will schedule CPR certification courses as necessary to ensure all charge nurses maintained CPR certifications.</p> <p>19. On 04/10/15, the Administrator audited all nurses' personnel files to ensure all were CPR certified as instructed on 04/08/15. No issues were identified and the Administrator will continue to verify the DON audits of Charge Nurse's personnel files to ensure they maintain CPR</p>	F 514			

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F 514	<p>Continued From page 168 certification.</p> <p>20. On 04/10/15, the Administrator audited the current facility schedule to verify a CPR certified staff member was present in the facility at all times. The Administrator will continue to audit the nurse schedule monthly, and when changes occur, to ensure all shifts are staffed with a CPR certified nurse.</p> <p>21. On 04/10/15, the Administrator, the DON and the ADON conducted a Mock Code 500 drill and reviewed findings after completion with staff who responded to the drill. The facility will conduct Mock Code 500 drills on a weekly basis for the next sixty (60) days, on different days and shifts. The Administrator and the DON will monitor Code 500 documentation for completeness and accuracy.</p> <p>22. On 04/10/15, the Administrator notified the Medical Director of the code policy revisions.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the facility's investigation of the incident revealed RN #1, CNA #3 and CNA #4 were interviewed related to the Code 500 event involving Resident #2. Continued review of the investigations revealed, RN #1 was suspended on 03/28/15, pending the investigation results. Per review, the initial report was sent to the State Survey Agency regarding the Code event involving Resident #2 on 03/30/15, and it was signed by the SSD.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed she had initiated the investigation on</p>	F 514			

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F 514	<p>Continued From page 169</p> <p>03/28/15, and interviewed the staff involved (RN #1, CNA #3 and CNA #4). Per interview, RN #1 was suspended from work pending the results of the investigation. The DON stated the SSD sent the initial report of the incident to the State Survey Agency on 03/30/15.</p> <p>2. Review of RN #1's personnel file verified she was terminated from her employment at the facility. Interview with RN #1 on 04/04/15 at 3:26 PM, confirmed her employment at the facility was terminated on 03/30/15.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed RN #1's employment was terminated on 03/30/15.</p> <p>3. Review of the facility's Code Status Acknowledgement policy, dated 03/30/15, and revised 04/09/15, revealed it included the procedure for visual identification of a resident's code status. Per the Policy, Full Code status residents would wear a green bracelet on their wrist and have a green sticker located outside the room door by their name.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the facility's Code Status Acknowledgement policy now included the procedure for visual identification of a resident's code status through Full Code residents wearing a green bracelet on their wrist and a green sticker placed by the resident's name outside their room door.</p> <p>4. The facility's CPR policy and Code 500 policy, Code Status policy and Code Status Acknowledgement policy were reviewed. Review of the facility's in-service sign-in forms dated</p>	F 514		

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F 514	<p>Continued From page 170</p> <p>03/31/15, revealed staff was educated on the facility's Code Status Acknowledgement policy and the other code related policies. Review of the facility's New Employee Education Pack revealed the Code Status Acknowledgement policy education had been added.</p> <p>Interview on 04/06/15 at 8:00 AM with CNA #4; at 8:20 AM with CNA#3; at 12:38 PM with LPN #6; at 1:58 PM with CNA #5; at 2:00 PM with CNA #6; at 3:55 PM with CNA #11; and, at 4:05 PM with LPN #7 revealed they had all been provided education related to the facility's Code Status Acknowledgement Policy between 03/31/15 and 04/11/15, in small group sessions.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the education on the Code Status Acknowledgement policy had been provided as per the AOC, with all but four (4) staff receiving the education. The DON stated the four (4) staff who had not receive the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per interview, the education was added to the new hire orientation training agenda.</p> <p>5. Review of the Medical Records documentation related to the verification of all residents' code status, revealed all residents' code status was verified.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM, revealed after Medical Records compiled the code status information, she verified it with comparison to the residents' written signed consents.</p> <p>6. Review of the documentation of the SSD's</p>	F 514		

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F 514	<p>Continued From page 171</p> <p>Advance Directives review with all current "Full Code" status residents and/or their POAs to ensure the code was accurate revealed the code status was verified for each resident from 03/31/15 through 04/01/15.</p> <p>Interview, on 04/02/15 at 1:20 PM, with Resident #3 revealed his/her daughter was the resident's POA and talked to staff about decisions regarding his/her care; however, a green bracelet (indicated a Full Code status) had been placed on him/her on 04/01/15. Interview, on 04/15/15 at 11:07 AM, with Resident #9 revealed the SSD had talked to the resident about his/her "Full Code" status. Interview, on 04/14/15 at 12:24 PM, with Resident #10 revealed the SSD had discussed the resident's "Full Code" status with him/her and he/she had made the decision to have the code status changed to a DNR. Interview, on 04/14/15 at 12:45 PM, with Resident #8 revealed the resident thought someone had talked with him/her about Advance Directives; however, he/she could not recall who had talked to him/her. Resident #8 revealed he/she was not aware of what his/her Advance Directive or code status was at this time.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the Advance Directives review with "Full Code" status residents and/or their POA to verify the code status was accurate. The SSD revealed if a resident requested to change their status, it was changed as requested.</p> <p>7. Review of documentation of the check off sheet, dated 04/01/15, revealed the SSD had verified all Full Code status residents had a green bracelet on their wrist and a green sticker next to</p>	F 514		

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F 514	<p>Continued From page 172 their name on their door.</p> <p>Observation revealed eleven (11) of eleven (11) residents, who were "Full Code" status, were wearing a green bracelet and had a green sticker outside the room door by their name.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted a visual inspection of all "Full Code" residents on 04/01/15 to ensure the Code Status Acknowledgement policy had been implemented. Per the SSD, she verified all the "Full Code" status residents were wearing a green bracelet and a green sticker was by the resident's name outside their room door.</p> <p>8. The computer generated "Full Code" status logs utilized by the SSD to monitor that all "Full Code" status residents had a green sticker on their door by their name and was wearing a green bracelet. The review revealed the SSD's "Full Code" status log had been checked and signed by the Administrator on 04/10/15, to verify the log had been completed by the SSD.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the monitoring beginning 04/01/15 through 04/11/15, to ensure residents had the green bracelet on if they had a "Full Code" status, and to ensure the green sticker was beside their names outside their room doors.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had reviewed the SSD log and verified the SSD had completed the monitoring to ensure "Full Code" status residents had their green bracelet in place and the green sticker was beside their name outside the room</p>	F 514			

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F 514	<p>Continued From page 173 door.</p> <p>9. Reviewed the Administrator's and DON's daily rounds log sheet dated 04/06/15 through 04/11/15, which revealed the rounds were made each day on all shifts. Reviewed the documentation of the educational questions and answers that were reviewed with staff.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeper #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18, the Administrator and DON had been completing rounds on each shift questioning and educating staff about codes and the facility's code status policies.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM and at 3:00 PM with the Administrator, revealed they had conducted the daily rounds throughout the facility on all shifts to question and talk with staff about the facility's Code Status policy. They stated they had ensured staff understood the new policy with no problems identified. Per Interview, the results of the daily rounds would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>10. Reviewed the education given to the MDS staff by the Administrator related to ensuring residents' code status was documented on the</p>	F 514		

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F 514	<p>Continued From page 174</p> <p>CCP and that the code status was to be reviewed at residents' care plan conferences.</p> <p>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed the education had been provided by the Administrator regarding residents' code status being on the care plan and ensuring the code status was discussed in the residents' care plan meetings.</p> <p>11. Reviewed 100% of the facility's residents' CCPs which revealed each resident's code status was care planned with interventions.</p> <p>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed MDS staff had talked to the Medical Records staff to verify each resident's code status was correct. Per interview, MDS staff revised all resident's CCPs to address each resident's Advance Directives including the code status.</p> <p>12. Reviewed the Code Status Policy which revealed it had been revised April 2015, and included ensuring each resident's CCP included the code status be incorporated on admission. Reviewed the facility's "Admission Checklist for Nursing" form which revealed it included the information for nurse's to obtain an order for the new resident's code status, place the appropriate sticker on the resident's nameplate, place a green bracelet on "Full Code" residents and ensure the code status was added to the resident's care plan.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed the facility's Code Status Policy had been revised as per the AOC.</p>	F 514			

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F 514	<p>Continued From page 175</p> <p>13. Reviewed Care Plan Conference notes, dated 04/15/15, which included reviewing the resident's "Code Status" at the planned Care Plan Conferences.</p> <p>Interview, on 04/16/15 at 1:08 PM, with the SSD revealed residents' code status was being discussed at care plan conferences which began on 04/15/15.</p> <p>14. On 04/16/15, the "Employee Roster Report" listing of all licensed staff with CPR expiration dates and copies of their CPR certification was reviewed. Reviewed the CPR certification class roster and certification cards from classes provided by the facility on 04/09/15 and 04/10/15. Review of the documentation revealed all licensed nursing staff now had current CPR certification.</p> <p>15. Reviewed the facility's CPR and Code 500 policies. Reviewed the sign in sheet and education provided by the Administrator to the DON and ADON related to the CPR and Code 500 Policy dated 04/08/15.</p> <p>Interview with the DON and ADON, on 04/16/15 at 2:26 PM, revealed they had been educated by the Administrator on 04/08/15, regarding the CPR and Code 500 policies.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed the facility's CPR and Code 500 policies had been implemented on 04/08/15, as per the AOC. A post-survey interview on 05/01/15 at 9:32 AM, with the Administrator revealed after becoming aware of the need to have someone CPR certified in the building at all times, he had read the regulatory</p>	F 514			

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F 514	<p>Continued From page 176</p> <p>requirements and conferenced with the Consultant Administrator for guidance. Per interview, the Consultant Administrator had discussed with him getting staff CPR certified and what needed to be done to ensure this was done. The Administrator stated he and the Consultant Administrator had communication "all the way through" the process and had developed the plan of action.</p> <p>16. Reviewed the sign-in sheets and education provided by the DON and ADON for all staff related to the CPR and Code 500 Policy, dated 04/08/15 through 04/11/15 and reviewed the post-tests.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeping #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18 revealed they had all been educated on the CPR and Code 500 policies, and other code policies and General Documentation Guidelines for CPR, and had taken a post-test after the education.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed all but four (4) staff had received the education on the facility's code policies and CPR policy. The DON stated the four (4) staff who had not received the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per interview, the education was added to the new</p>	F 514			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/16/2015
NAME OF PROVIDER OR SUPPLIER PIONEER TRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 115 PIONEER TRACE FLEMINGSBURG, KY 41041		
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F 514	<p>Continued From page 177</p> <p>hire orientation training agenda.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed facility staff had been educated on the CPR, Code 500 and other code policies, as per the AOC.</p> <p>17. Reviewed the Administrator's audits of all resident's CCP for verification that each residents' code status was care planned. The audits revealed each resident had a "Code Status" CCP with no issues identified and the Administrator had signed the audits as completed on 04/09/15.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had completed the audit of all residents' CCPs on 04/09/15, with no problems noted, as per the AOC. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>18. Interview, on 04/16/15 at 2:26 PM, with the DON revealed she would audit all newly hired nursing staff for their CPR certification expiration dates. Per interview, she would schedule CPR certification courses as necessary to make sure the Charge Nurses all maintained their CPR certification.</p> <p>19. Reviewed the Administrator's audits, performed on 04/10/15, of all nurses' personnel files to ensure they were CPR certified. The audits revealed each licensed staff's CPR certification was present with the expiration date, and no issues were identified by the Administrator.</p>	F 514			

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F 514	Continued From page 178 Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had performed the audits of all nurses' personnel files for CPR certification on 04/10/15, and had not identified a problem. The Administrator revealed he would continue to monitor the DON's verification of the Charge Nurse's CPR certification to ensure they maintained current CPR certification. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem. 20. Reviewed the Administrator's audit of the current facility schedule verifying a CPR certified staff member was present in the facility at all times, dated 04/10/15. Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had completed the audit of the facility's current schedule to verify a CPR certified staff member was present in the facility at all times on 04/10/15. He revealed he would continue to monitor the nursing schedule monthly to ensure all shifts were staffed with a CPR certified nurse. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem. 21. Reviewed the sign in sheet and notes for the Mock Code Drill, conducted on 04/10/15. Interview on 04/15/15: at 11:45 AM with RN #4; at 1:40 PM with LPN #8; at 1:50 PM with LPN #1; and, at 2:10 PM with LPN #8 revealed the Mock	F 514			

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F 514	<p>Continued From page 179</p> <p>Code Drill had been completed by the facility, and the findings had been reviewed with staff and allowed for staff input.</p> <p>Interview, on 04/16/15 at 2:26 PM with the DON and at 3:00 PM, with the Administrator revealed the Mock Code Drill had been completed on 04/10/15, as per the AOC. They stated the results had been discussed with staff afterwards. The Administrator and DON revealed the facility would continue to conduct Mock Code Drills weekly for sixty (60) days on different days and shifts, and they would monitor the documentation of the drills for accuracy and completeness, as per the AOC.</p> <p>22. Interview, on 04/16/15 at 1:20 PM, with the Medical Director revealed the facility had notified him of the Immediate Jeopardy and findings. Per interview, he had also been notified of the changes made to the facility's code policies and the new system for identification of "Full Code" residents.</p>	F 514			