

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

PRINTED: 11/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/09/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE RICHMOND PLACE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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{F 000} INITIAL COMMENTS

{F 000}

An offsite revisit was conducted, and based on the acceptable Plan of Correction (POC), the facility was deemed to be in compliance on 11/07/15 as alleged.

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

TITLE

(X6) DATE

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

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NAME OF PROVIDER OR SUPPLIER RICHMOND PLACE REHABILITATION AND HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509		
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating Complaint #KY00023817, was initiated on 09/22/15 and concluded on 09/24/15. KY00023817 was unsubstantiated with unrelated deficiencies cited.	F 000	I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies dated 10/8/2015. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors.	11/7/15	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	It is the policy of Richmond Place Rehabilitation and Health Center to immediately inform the resident; consult with the resident's physician and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's deterioration in health, mental, or		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Bonita Dickerson* TITLE: *Administrator* (X8) DATE: *10/29/15*

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F 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility's policy, it was determined the facility failed to notify one (1) of four (4) sampled residents' Responsible Party (RP)/Power of Attorney (POA) when the resident experienced a change in status. Although the Physician was notified on 08/27/15, of Resident #1 having frequency and difficulty urinating, requiring the insertion of a urinary catheter (a thin flexible hollow tube placed through the urethra into the bladder to allow the urine to drain), there was no documented evidence Resident #1's Responsible Party/POA was notified. In addition, although the Physician was notified of abnormal laboratory values on 09/10/15 and new Physician's Orders were received for an iron supplement, there was again no documented evidence the resident's Responsible Party/POA was notified.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled "Change of Condition for Skilled Nursing Communities" revised 07/20/15, revealed when a resident was assessed as having a change in condition, the charge nurse would follow through in documentation of notification to the family/legal representative, the physician and other licensed nurses in order to facilitate the appropriate plan of care. Section D of the policy revealed, a resident's change of condition may include but was not limited to abnormal laboratory results and X-Rays, or infections/antibiotics.</p>	F 157	<p>psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility as specified in 483.12(a).</p> <p>Resident #1 was discharged from this facility prior to these findings. The nurse responsible for notification to the Responsible Party for Resident # 1 related to frequency and difficulty urinating and abnormal labs was educated by the Healthcare Administrator on September 24, 2015.</p> <p>The responsible party information for all residents who are considered alert and oriented will be reviewed by the Social Services Coordinators (2) to ensure the responsible party listing is correct and in accordance with each resident's preferences for clinical notification by November 6, 2015.</p> <p>All current resident records will be reviewed to ensure the responsible party was notified of change of condition or need to alter treatment by the Director of Clinical Services (DCS), (RN), the Quality Assurance (QA) Coordinator (RN), and/or the</p>

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F 157	<p>Continued From page 2</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 06/24/15, with diagnoses which included Dementia, Depression, Hypertension, Hip Fracture, Syncope and Collapse. Review of the Admission Minimum Data Set (MDS) Assessment, dated 07/01/15, revealed the resident had a Brief Interview for Mental Status (BIMS) of a fourteen (14) indicating the resident was cognitively intact.</p> <p>Review of the Nurse's Notes, dated 08/27/15 at 7:15 PM, revealed the resident complained of frequency and difficulty starting to void (to excrete urine). Per the Note, an In and Out (I&O) catheter was done (insertion of a urinary catheter into the urethra to the bladder to allow urine to drain) with 300 milliliters (ml's) of residual urine return. Further review of the Note, revealed the Nurse Practitioner (APRN) was notified; however, there was no documented evidence the RP was notified.</p> <p>Review of the laboratory data for a Hemoglobin (HGB) and Hematocrit (HCT) collected on 09/10/15, and reported on 09/10/15, revealed the HGB was eight (8) (reference range of 14.1-18.11) and the HCT was 26.2 (reference range of 43.5-53.7). The laboratory report indicated the nurse called the Physician for notification of the results. New Physician's Orders were received on 9/10/15 for Nifrex (iron supplement to prevent and treat iron deficiencies). However, there was no documented evidence the RP/POA was notified of the lab results or the new order for Nifrex.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 09/24/15 at 3:55 PM, revealed the resident's RP/POA and physician was to be notified of any</p>	F 157	<p>Unit Managers (2 RN/1LPN) by November 6, 2015</p> <p>All nurses will be re-educated to review the Responsible Party information in each patient's chart to ensure the proper person is notified for any changes of condition. In addition, that the notification of the Responsible Party is documented per the Policy titled "Change of Condition for Skilled Nursing Communities". This education will be completed by the Director of Clinical Services (DCS), (RN), the Quality Assurance (QA) Coordinator (RN), and/or the Unit Managers (2 RN/1LPN) by November 6, 2015. Education regarding notification per the "Change of Condition for Skilled Nursing Communities" will be presented to all new associates effective November 1, 2015.</p> <p>The Director of Clinical Services (DCS), (RN), the Quality Assurance (QA) Coordinator (RN), and/or the Unit Managers (2 RN/1LPN) will audit a minimum of 6 charts per week for a minimum of 4 weeks to ensure the Responsible Party is notified of changes in condition and that it is properly documented.</p>	

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F 157	<p>Continued From page 3</p> <p>change with the resident. LPN #1 stated he thought Resident #1 was his/her own RP because he/she was alert and oriented to person, place and time. LPN #1 further revealed the RP/POA was listed in the front of the residents chart. Upon review of Resident #1's face sheet LPN #1 stated, "oh the daughter is the RP". LPN #1 further stated he did not notify the resident's daughter with all changes but did notify the resident. Per interview, LPN #1 stated he always told the resident's daughter of changes when she was in the facility.</p> <p>Interview with LPN #2 on 09/24/15 at 2:10 PM, revealed Resident #1 was his/her own RP but when the resident's daughter came in she always notified her of any new concerns with the resident. LPN #2 reviewed the Face Sheet on the chart and stated, the Responsible Party/POA was listed in the front of the residents' chart as the resident's daughter. LPN #2 stated, she never notified the resident's daughter of changes with the resident unless she was in the building.</p> <p>Interview with the Director of Nursing (DON), on 09/24/15 at 5:30 PM, revealed she expected licensed staff to notify the Physician, RP/POA of any changes in a resident's condition. The DON stated, she thought the staff understood the importance of notifying the RP, but due to the resident being alert and oriented, the staff assumed the resident was his/her own RP. The DON further stated staff should always check to see if a resident had a RP/POA.</p> <p>Interview with the Administrator, on 09/24/15 at 6:00 PM, revealed she expected licensed staff to notify the RP/POA with any changes in a resident's condition.</p>	F 157	<p>Auditing will continue until no issues regarding notification are identified.</p> <p>The results of the audit will be forwarded monthly to the Quality Assurance Committee, (Medical Director, Director of Clinical Services, Administrator, Quality Assurance Coordinator, and Pharmacy Consultant) for review to maintain compliance.</p> <p>Date of Compliance: November 7, 2015</p>	

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