

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

PRINTED: 12/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/22/2014
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE PINE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1608 HILL RISE DRIVE LEXINGTON, KY 40504
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{F 000} INITIAL COMMENTS

An offsite revisit was conducted, and based on the acceptable Plan of Correction, the facility was deemed to be in compliance on 12/22/2014 as alleged.

{F 000}

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 000 INITIAL COMMENTS

An Abbreviated Survey was initiated on 11/10/14 and concluded on 11/13/14 investigating KY00022445 and KY00022446. KY00022446 was unsubstantiated. KY00022445 was substantiated with deficiencies cited at a highest Scope and Severity of a "D".

F 281 SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure services were provided to meet professional standards which were provided by appropriately qualified persons.

Registered Nurse (RN) #1 failed to renew her nursing license with the State Board of Nursing by the expiration date, and the facility failed to ensure she provided proof of renewing the license. The facility failed to verify RN #1 had completed the steps necessary for re-instatement of her nursing license prior to allowing her return to work within the facility. RN #1 was allowed to work six and a half days under her lapsed nursing license in the capacity of an RN.

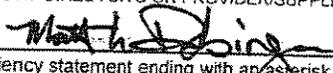
The findings include:
Review of the facility's policy titled, "Registered or Licensed Personnel", undated, revealed all professionally registered licensed employees

F 000 Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared and executed solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements.

F 281 D Services Provided Meet Professional Standards

Residents Affected
All residents on the 400 hall were affected by RN #1 lapse in nursing license. The residents on 100, 200, 300, 500 and 600 halls had a potential to be affected. The facility immediately removed RN #1 from the facility on 11-12-14 after discovery that her license had not been renewed by the Kentucky Board of Nursing (KBN). After investigation, RN #1 employment was terminated.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 12/9/14
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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 281	<p>Continued From page 1</p> <p>were required to keep their registration certificate or license current and a copy provided for each renewal.</p> <p>Review of the facility's, "Nursing November Schedule for 2014" revealed RN#1's regular schedule was Monday through Friday, from 7:00 AM to 3:30 PM. Continued review of the Schedule revealed RN#1 was assigned to work her normal shifts on 11/04/14, 11/05/14, 11/06/14, 11/07/14, 11/10/14, 11/11/14 and 11/12/14.</p> <p>Interview with the Director of Nursing (DON), on 11/12/14 at 10:40 AM and at 11:22 AM, and on 11/13/14 at 1:18 PM, revealed the facility posted reminders for all licensed nursing staff, approximately one (1) month prior to 10/31/14, the expiration date, to remind them to get their license renewed. The DON revealed she looked at the State Board of Nursing's website at midnight on 11/01/14, to verify all her licensed nursing staff had renewed their nursing license. However, she stated when she checked she discovered one (1) licensed nurse, RN #1, had not renewed her nursing license prior to the expiration of 10/31/14. The DON revealed RN #1 was taken off the schedule on 11/01/14, until her nursing license was renewed. Per interview, RN #1 reported to the facility she had taken all the appropriate steps to get her nursing license renewed on 11/03/14, and therefore, was allowed to return to work on 11/04/14. The DON stated she thought RN #1 provided the facility with proof of having an active license prior to returning to work on 11/04/14.</p> <p>Interview, on 11/12/14 at 1:45 PM, with RN #1 revealed she had procrastinated on renewing her nursing license, and due to having computer</p>	F 281	<p>Identification of Other Residents</p> <p>The facility reviewed the work schedule assignment for RN #1 and during her period of lapse in nursing license, she was assigned to the residents on the 400 Hall only.</p> <p>The DON audited all nursing license of each nurse employed at the facility; the findings concluded that all nursing license are active and in good standing with the Kentucky Board of Nursing (KBN). No care issues were identified for any residents on hall 400 as a result of this incident.</p> <p>Systemic Changes</p> <p>The administrator and the DON conducted an in-service and training with the staffing coordinator regarding obtaining documentation from the Kentucky Board</p>	
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F 281 Continued From page 2
problems she was unable to get her nursing license renewed before it expired. RN #1 reported she notified the facility she had not renewed her nursing license before it expired, and she was taken off the schedule until she had her nursing license reinstated. Per interview, on 11/03/14 RN #1 paid the renewal fee for her license reinstatement and provided proof of her continuing education which she indicated were previously lost and had to be completed again on 11/03/14. She stated she gave the State Nursing Licensure Board consent for a background check, and the Board was to send her a fingerprint card within seven (7) to fourteen (14) days. Continued interview revealed RN#1 "texted" the facility's Staffing Coordinator of what she had done to renew her license. According to RN #1, she also notified the Staffing Coordinator of the wait of seven (7) to fourteen (14) days for the fingerprint card. Per RN #1, the Staffing Coordinator told her she thought it would be fine for her to return to work at that time. Further interview revealed she did not come back to work intentionally without her nursing license being active, and stated she thought her nursing license had been renewed. RN #1 stated she thought she just needed to return the fingerprint card after she received it, and indicated again she thought her license had been renewed. RN #1 confirmed she had worked on normal shifts on 11/04/14, 11/05/14, 11/06/14, 11/07/14, 11/10/14, 11/11/14 and half her shift on 11/12/14.

Interview with the Staffing Coordinator on 11/12/14 at 11:31 AM, revealed upon hire the facility obtained a copy of the licensed staff's license and she also verified the licensed staff's license on the State Board of Nursing website upon hire. She revealed she posted reminders

F 281
of Nursing (KBN) and/or verifying license on line for all nurses and for all situations with no exceptions.
A new system was implemented which includes having the staffing coordinator verify that nursing license are active and in good standing with the Kentucky Board of Nursing (KBN) for new hires; and for annual renewals, the staffing coordinator will check all nurses license on line on October 31st and any nurse who has not renewed will be taken off the schedule until verification from KBN that the license is renewed and in good standing. The staffing coordinator will submit the license verification form for new nurses hired before being allowed to be added to the schedule and for all annual renewals to the DON before being placed on the schedule for November 1 of each year. The DON will submit the verification forms to the Quality Assurance Committee meetings. The DON is responsible for monitoring this process and ensuring all licensed nurses have active licenses at all times.

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F 281	Continued From page 3 for all licensed nursing staff of the upcoming renewal in early October 2014. Continued interview revealed the Director of Nursing (DON) was responsible for checking to ensure all the licensed nursing staff had renewed their license. The Staffing Coordinator stated RN #1 told her on 10/31/14, the date of expiration for nursing licenses, she had not renewed her nursing license and was informed she could not return to work until her nursing license was renewed and active. Per interview, RN #1 was taken off the schedule on 11/01/14, 11/02/14 and 11/03/14. The Staffing Coordinator stated RN#1 "texted" her on 11/03/14 at 6:53 PM, to tell her she had paid the fee for her license renewal, provided proof of her continuing education, consented to a background check, and was only waiting on the State Board of Nursing to send her a fingerprint card in the mail. The Staffing Coordinator reported RN #1 asked her in the "text message" if she had to wait for the fingerprint card prior to coming back to work and the Staffing Coordinator told RN #1 she thought RN #1 could return to work on 11/04/14. According to the Staffing Coordinator, she thought she told the DON that RN#1 had taken care of everything to get her nursing license renewed. The Staffing Coordinator further reported RN#1 did not provide proof of an active nursing license on her return to work on 11/04/14, and the facility had not verified RN #1's license had not been renewed until 11/12/14, at approximately 11:00 AM, when the facility discovered her license was lapsed. In addition, the Staffing Coordinator confirmed RN #1 worked her assigned shifts on 11/04/14, 11/05/14, 11/06/14, 11/07/14, 11/10/14, 11/11/14, and half her shift on 11/12/14. Continued interview with the Director of Nursing	F 281	Monitoring The DON will validate that the license for all new hires are active before being placed on the schedule; and the DON will review all the nurses annual renewal license verification forms submitted to her by the staffing coordinator before the nurse is placed on the schedule for November 1 st of each year, to ensure all nurses have an active license from KBN. The DON will submit her findings from the license verification forms to the Quality Assurance Committee (at least quarterly or more frequent as determined necessary) for review, evaluation and recommendations. Date of Correction: 12/22/14	12/22/14	

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F 281 Continued From page 4
(DON), on 11/12/14 at 10:40 AM and at 11:22 AM, and on 11/13/14 at 1:18 PM, revealed on 11/04/14, she had spoken with RN#1 who told her she had provided the facility proof of the steps she had taken to renew her nursing license. The DON revealed RN #1 said she was just waiting on a fingerprint card, but her nursing license had been renewed. The DON stated however, the facility discovered after checking the Stated Board of Nursing website, on 11/12/14 at approximately 11:00 AM, after the State Surveyor's entrance, RN #1's nursing license had not been renewed as she had reported on 11/04/14. The DON revealed RN #1 had been allowed to return to work on an expired nursing license, and had performed her regular nursing duties from 7:00 AM to 3:30 PM on 11/04/14, 11/05/14, 11/06/14, 11/07/14, 11/10/14, and 11/11/14, and had also worked on 11/12/14 from 7:00 AM until approximately 11:00 AM, when the facility discovered RN#1's license was expired. Per the DON, after discovering RN #1's license had not been renewed, she was immediately removed from her nursing duties and escorted out of the facility. Per interview, the DON revealed the State Board of Nursing had contacted her on 11/12/14 and told her RN #1 was specifically told by the Board she could not return to work as a nurse before her nursing license was reinstated. The DON further stated she thought there had been a "miscommunication" between herself and the Staffing Coordinator regarding RN#1 providing documentation of an active nursing license on 11/04/14 prior to returning to work. Further interview revealed it was her expectation for all licensed nursing staff to renew their nursing license on time and provide proof of the renewal to the facility.

F 281

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F 281	Continued From page 5 Interview with the Administrator on 11/13/14 at 1:35 PM, revealed the facility was "misled" and had taken employee's, RN #1's, "word" on her nursing license having been renewed. The Administrator stated however, the facility should have verified RN #1's nursing license was renewed "online" prior to her being allowed to work.	F 281		
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