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

PRINTED: 12/01/2014
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER COLONIAL HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 708 BARTLEY AVENUE BARDSTOWN, KY 40004	

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F 000	INITIAL COMMENTS A Recertification Survey was initiated on 11/11/14 and concluded on 11/13/14 and found the facility not meeting minimum recertification requirements with deficiencies cited with the highest scope and severity of a "D".	F 000	The preparation and execution of this Plan of Correction does not constitute an admission 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 it is required by Federal and State law	
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum	F 272		

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

[Signature]

TITLE: Administrator x 12-19-14

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 272	<p>Continued From page 2</p> <p>O-0100C, Oxygen Therapy, directed the staff to code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a resident to relieve Hypoxia in this section. Section O-0100G, BiPAP/CPAP directed staff to code any type of CPAP or BiPAP respiratory support devices that prevent the airways from closing by delivering slightly pressurized air through a mask continuously or via electronic cycling. Review of Chapter four (4) for Care Area Assessment (CAA), dated May 2013, revealed regulations required facilities to complete, at a minimum and at regular intervals, a comprehensive, standardized assessment of each resident's functional capacity and needs, in relation to a number of specific areas. The results of the assessment, which must accurately reflect the resident's status and needs, are to be used to develop, review and revise each resident's comprehensive care plan. Residents who perform any of the treatments, programs, and/or procedures should be educated by the facility on the proper performance of these tasks, safety and use of any equipment needed, and be monitored for appropriate use and continued ability to perform these tasks.</p> <p>1. Observation, during the initial facility tour, on 11/11/14 at 9:25 AM, revealed Resident #3 was ambulatory in his/her room and had a wheelchair available. A C-PAP machine, with items placed on top of the equipment, was placed in a chair between the bed and the window. Continued observation, on 11/12/14 at 8:30 AM, 9:20 AM, 9:55 AM and at 10:40 AM, revealed Resident #3 remained in his/her room, on the bed while sleeping, without the C-PAP in use.</p> <p>Review of Resident #3's clinical record revealed.</p>	F 272	<p>Coordinator of all residents to identify all residents that are on a CPAP and/or continuous oxygen. Assessments for all residents wearing a CPAP and/or continuous oxygen will be monitored and reviewed bi-weekly by the ADON to ensure that all use is documented and captured in all RAI assessments.</p> <p>3. The facility will initiate the following measures to ensure that the deficient practice will not recur.</p> <ul style="list-style-type: none"> o An MDS assistant was hired to assist the MDS Coordinator with information gathering.

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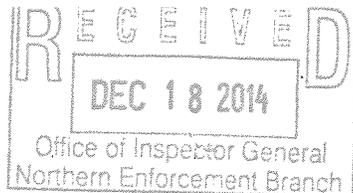
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F 272	<p>Continued From page 3</p> <p>the facility admitted the resident on 12/20/13 and readmitted him/her on 02/28/14 with diagnoses of Acute Respiratory Failure, Hypotension, Alzheimer's Dementia, Bipolar, Depression and Anxiety.</p> <p>Review of Resident #3's physician orders, dated for 11/01/14 through 11/30/14, revealed the C-PAP parameters were ordered for when he/she was asleep and was to be set at ten (10) with thirty per cent (30%) FIO2, and was initially ordered on 02/28/14.</p> <p>Review of Resident #3's Significant Change Minimum Data Set (MDS) Assessment completed by the facility and digitally signed on 09/10/14 revealed the facility completed a Brief Interview for Mental Status (BIMS) and was scored by the facility at a fourteen (14) of fifteen (15), meaning cognitively intact. The MDS in Section O, 0100G, did not code the use of the CPAP.</p> <p>Review of Resident #3's nursing narrative note, dated 08/11/14 at 12:45 PM, revealed the resident return from his/her doctor appointment with orders for staff to encourage the resident to use the CPAP during the night.</p> <p>Review of Resident #3's Quarterly MDS, completed by the facility and digitally signed on 08/20/14 revealed the facility completed a BIMS and was scored by the facility at an eight (8) of fifteen (15), as being moderately impaired. The MDS in Section O, 0100G, again, did not code the use of the CPAP.</p> <p>Interview with the Director of Resident Assessment (MDS Nurse), on 11/13/14 at 3:58</p>	F 272	<ul style="list-style-type: none"> o Education provided on 12/17/14 by coporate MDS Consultant on MDS - completion, modifications, and corrections, as well as a reievew of the facility process for gathering information for the MDS and ensuring accuracy of MDS. o ADON to audit all MDS's completed weekly for 4 weeks, then at least 5 completed MDS's weekly for 4 weeks, then 10 per month for accuracy related to special treatments, such as CPAP, oxygen, tube feeding, IV's, etc. beginning 12/19/14. Results of audits

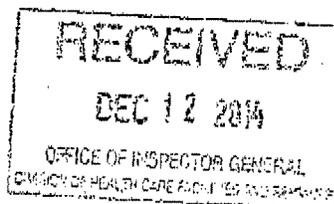
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F 272	<p>Continued From page 4</p> <p>PM, revealed the purpose of the MDS was to capture the resident's data to drive the care and re-imburement. She stated she collected data from the resident's medication and treatment administration records. She stated there were no discussions about Resident #3 not using his/her CPAP. She stated she had not looked into the resident's CPAP use.</p> <p>Interview with the Director of Nursing, on 11/13/14 at 8:20 AM, revealed the care plans were developed from the completed and accurate MDS. She stated the MDS nurse was responsible to compile the data; however, the MDS nurse was fairly new in her position. She reported all the data needed to be collected for the MDS to be accurate. The information collected assisted with the care plan development and since the information was not collected a care plan for the Resident #3 was not developed for the CPAP and that was a break in the process.</p> <p>2. Observations on 11/12/14 at 11:47 PM, 11/13/14 at 12:15 AM, 12:25 AM, 8:57 AM and 12:50 PM revealed resident #12 was receiving O2@2 LPM/NC.</p> <p>Review of the Quarterly MDSs, dated June 2014 and September 2014, Section O-0100C, revealed the facility failed to code Resident #12 as receiving Oxygen Therapy while a resident of the facility.</p> <p>Review of Resident #12's clinical record revealed the facility admitted him/her on 04/21/14 with diagnoses of Shortness of Breath, Hypertension,</p>	F 272	<p>will be presented to the facility QA committee. Any discrepancies will be corrected if found.</p> <p>4. The facility plans to monitor the performance of the solutions for sustainability by the following.</p> <ul style="list-style-type: none"> The results of the audits will be reported by the ADON and Staff Development Coordinator directly to the QA Committee monthly.



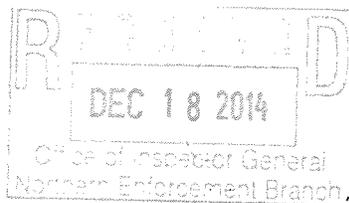
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F 272	Continued From page 5 Anxiety and Depression. Review of the Physician orders, dated April 2014 through November 2014, revealed Resident #12 was to receive O2@2 LPM/NC to maintain Oxygen saturation levels above 90%. Review of Resident #12's Comprehensive Plan of Care, dated July 2014, revealed the facility was to provide Oxygen as ordered. Interview with the Director of Resident Assessment, on 11/13/14 at 4:40 PM, revealed she was unable to explain the absence of Resident #12's O2 use on the June 2014 Quarterly and the September 2014 Quarterly MDS assessments. Interview with the Director of Nursing, on 11/13/14 at 4:50 PM, revealed it was her expectation that the RAI process was to be adhered to and that resident #12's O2 use should have been coded on the June and September 2014 Quarterly MDS assessments.	F 272	5. The QA Committee will review the submitted reports/audits monthly to ensure compliance. Recommendations will be made based on the outcomes of these reports/audits as to needed revisions.
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. 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.	F 279	1. Resident #3 care plan was updated on 11/13/14 to include CPAP use and setting to be used while sleeping.
			Completion Date 12/22/14

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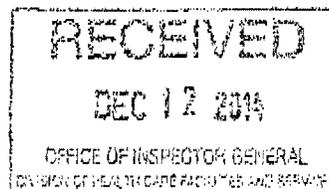


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F 279	<p>Continued From page 8</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services 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, record review, review of the facility's policy and the Resident Assessment Instrument (RAI), it was determined the facility failed to develop a care plan for one (1) of fifteen (15) sampled residents. (Resident #3) The facility failed to develop a care plan to address Resident #3's use of a Continuous Positive Air Pressure (CPAP) machine.</p> <p>The findings include:</p> <p>Review of the facility's Care Planning Policy, Care Planning is a Team Effort, revised December 2013, was presented by the facility as the policy and not identified with the facility name, revealed the facility must use the results of the Resident Assessment Instrument, (RAI) to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan of each resident that included measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that were identified in the comprehensive assessment. The care plan must describe any services required, but are not provided due to exercise of rights by the resident,</p>	F 279	<p>2. All residents with orders and use of a CPAP have the potential to be affected by the deficient practice. An audit will be performed by the Assistant Director of Nursing (ADON) of all residents currently on CPAP to ensure that their care plans are updated correctly and timely. Complete implementation of #2 by 12/15/14.</p> <p>3. The facility will initiate the following measures to ensure that the deficient practice will not recur.</p> <ul style="list-style-type: none"> Education provided on 12/17/14 by coporate MDS Consultant 	



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F 279	<p>Continued From page 7</p> <p>including the right to refuse treatment. The plan of care process components included Minimum Data Set (MDS), physician orders, treatment administration record (TARS), nurse aide care plan/assignment sheets and facility assessments.</p> <p>The facility did not provide a specific policy for completion of the Resident Assessment Instrument (RAI) process, but referred to the RAI Manual. Review of Chapter four (4), page 4-1, for Care Area Assessment (CAA), dated May 2013, revealed the facilities were to complete, at a minimum and at regular intervals, a comprehensive, standardized assessment of each resident's functional capacity. The results of the assessment, which must accurately reflect the resident's status and needs, were to be used to develop the resident's comprehensive care plan.</p> <p>Observation, during the initial facility tour, on 11/11/14 at 9:25 AM, revealed Resident #3 had a CPAP machine sitting in a chair, with items placed on top of the equipment, between the bed and the window. Observation, on 11/12/14 at 8:30 AM, 9:20 AM, 9:55 AM and at 10:40 AM, revealed Resident #3 remained in his/her room on the bed sleeping without the C-PAP machine in use. The CPAP equipment remained in the chair with items stacked on top of the equipment. Continued observation, on 11/12/14 at 11:33 PM, at 11:55 PM revealed Resident #3 laid in his/her bed asleep without utilization of the CPAP machine during sleep. In addition, observations, on 11/13/14 at 12:25 AM and at 1:10 AM, revealed Resident #3 was not wearing his/her CPAP equipment while asleep.</p>	F 279	<p>on MDS completion, modifications, and corrections, as well as a reiew of the facility process for gathering information for the MDS and ensuring accuracy of MDS.</p> <ul style="list-style-type: none"> o ADON to audit all MDS's completed weekly for 4 weeks, then at least 5 completed MDS's weekly for 4 weeks, then 10 per month for accuracy related to special treatments, such as CPAP, oxygen, tube feeding, IV's, etc. beginning 12/19/14. <p>Results of audits will be presented to the facility QA committee. Any discrepancies will be corrected if found.</p> <ul style="list-style-type: none"> o ADON will review each care plan during Interdisciplinary Team Meetings weekly to ensure all special services, such as CPAP

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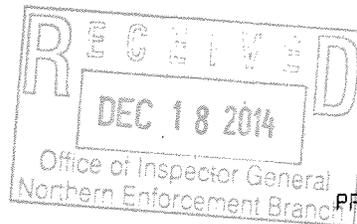
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F 279	<p>Continued From page 8</p> <p>Review of Resident #3's clinical record revealed the facility admitted the resident on 12/20/13 and readmitted him/her on 02/28/14 with diagnoses of Acute Respiratory Failure, Hypotension, Alzheimer's Dementia, Bipolar, Depression and Anxiety. In addition, review of Resident #3's hospital discharge summary, dictated 12/20/13, stated the resident had oxygen concentration levels that dropped into the low eighties (80) and definitely needed the CPAP during the night.</p> <p>Review of Resident #3's care plan, dated 09/10/14, revealed a care plan for continuous oxygen therapy; however, the care plan did not include the use of the CPAP, nor, did any other area of the care plan. The care plan for oxygen therapy interventions included oxygen as ordered; SpO2 (noninvasive method of measuring the oxygen saturation via pulse oximetry); notify the medical doctor of any changes; and, elevate the head of the bed.</p> <p>Review of Resident #3's Significant Change Minimum Data Set (MDS) Assessment completed by the facility and digitally signed on 09/10/14 revealed the facility completed a Brief Interview for Mental Status (BIMS) and was scored by the facility at a fourteen (14) of fifteen (15), meaning cognitively intact. The MDS in Section O-0100G, did not code the use of the CPAP. Continued review of Resident #3's Quarterly MDS, completed by the facility and digitally signed, on 08/20/14 revealed the facility completed a BIMS and was scored by the facility at eight (8) of fifteen (15), as being moderately impaired. Section O-0100G did not code the use of the CPAP.</p> <p>Review of Resident #3's narrative note for</p>	F 279	<p>and oxygen, are care planned beginning 12/19/14.</p> <p>4. The facility plans to monitor the performance of the solutions for sustainability by the following.</p> <ul style="list-style-type: none"> o The results of the audits will be reported by the ADON directly to the QA Committee monthly. o The QA Committee will review the submitted reports/audits monthly to ensure compliance. Recommendations will be made based on the outcomes of these reports/audits as to needed revisions. 	<p>Completion Date 12/22/14</p>
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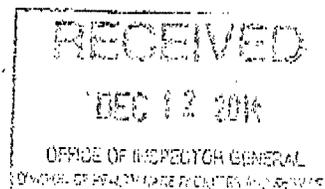
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F 279	<p>Continued From page 9</p> <p>nursing, dated 08/11/14 at 12:45 PM, revealed the resident return from his/her doctor appointment with a note for staff to encourage the resident to use the CPAP during the night.</p> <p>Interview with Resident #1, on 11/12/14 at 11:20 AM and 12:20 PM, revealed he/she would wear the CPAP during sleep, but the staff don't put it on him/her. He/she stated they didn't know how to hook the oxygen up to it when they did put it on him/her at night. He/she stated the CPAP had not been used in quiet a while.</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 11/13/14 at 12:45 AM, revealed she was assigned to Resident #3 on 11/13/14 and stated he/she refused to use his/her CPAP. She stated, she did not know if the CPAP was on the resident's care plan or not and had not reviewed the care plan. She stated Resident #3 did not like wearing the CPAP. She stated she had not reported the non-use of CPAP to the supervisors or the physician.</p> <p>Interview with LPN #3, on 11/13/14 at 3:15 PM, revealed she worked nights routinely and frequently cared for Resident #3. LPN #3 stated she did not know if the CPAP was on the care plan; however, knew it was a physician order and the CPAP was on the treatment administration record. She stated Resident #3 refused to use his/her CPAP and complained the mask hurt her face and would refuse to wear the CPAP. She stated she had never notified the doctor the resident was not using the CPAP. Retrospectively, that was not a good decision. She stated everyone knew the resident did not use the CPAP. She indicated the nurses were responsible for the application of the CPAP. The</p>	F 279	



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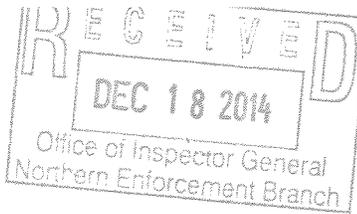
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
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NAME OF PROVIDER OR SUPPLIER COLONIAL HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 708 BARTLEY AVENUE DARDSTOWN, KY 40004
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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)	(75) COMPLETION DATE
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F 279	<p>Continued From page 10</p> <p>nurses report off to each other every shift and they did not discuss Resident #3's non-use of the CPAP in shift report or report this to the supervisors, nor did they notify the physician. She stated it was a common practice to follow physician's orders and if not the doctor should be notified of the non-use.</p> <p>Interview with the Director of Resident Assessment (MDS Nurse), on 11/13/14 at 3:58 PM, revealed she had not looked into the resident's non-use of the CPAP. She stated the treatment records are an extension of the care plan and she did not care plan the CPAP. She stated the purpose of the MDS was to capture the resident data that drives the resident care. She stated she collected data from the resident's medication and treatment administration records. She stated there was no discussion about Resident #3 not using his/her CPAP. She stated she knew a lot of people that never use their CPAP, so she did not have a concern that the resident did not use his/her CPAP.</p> <p>Interview with the Director of Nursing, on 11/13/14 at 8:20 AM, revealed the care plans were developed from the completed and accurate MDS. She stated the MDS nurse was responsible to compile the data and she was fairly new in her position. She stated all the data needed to be collected and reviewed for the MDS to be accurate. The information collected assisted with the care plan development and since the information was not collected or reviewed for the CPAP, a care plan for Resident #3 was not developed to address the CPAP and that was a break in the process.</p>	F 279		
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET	F 281		

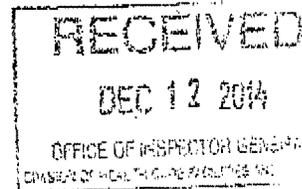
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER COLONIAL HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 708 BARTLEY AVENUE BARDSTOWN, KY 40004		
(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 281 SS=D	<p>Continued From page 11</p> <p>PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the Kentucky Board of Nursing, it was determined the facility failed to collaborate with the physician for one (1) of fifteen (15) sampled residents. (Resident #3). The facility failed to communicate to the physician that Resident #3 was not using the ordered Continuous Positive Air Pressure (CPAP) machine.</p> <p>The findings include:</p> <p>The facility did not provide a specific policy regarding physician notification, interview with the Director of Nursing, on 11/13/14 at 8:20 AM, revealed it was standard practice and basic nursing to communicate with the physician any changes or non-compliance of physician orders.</p> <p>Review of the Kentucky State Board of Nursing, Advisory Opinion Statement, amended 2012, effective 07/12/12, revealed the Licensed Practical Nurse provided care by observation and caring for the ill, injured, or infirmed under the direction of a Registered Nurse, a Licensed Physician, or Dentist; the provision of counsel and applying procedures to safeguard life and health, as defined and authorized by the board; the administration of medication or treatment as authorized by a Physician, Physician Assistant, Dentist, or Advanced Practice Registered Nurse and as further authorized or limited by the board</p>	F 281	<ol style="list-style-type: none"> Resident #3 physician was notified on 11/13/14 of the resident's non-compliance for use of the CPAP. All residents with a CPAP have the potential to be affected by the deficient practice. The facility will audit all patient records to determine which residents are currently on a CPAP treatment by means of the patient care plans. Complete implementation by 12/17/14. The facility will initiate the following measures to ensure that the deficient practice will not recur. <ul style="list-style-type: none"> One-on-one in-services will be held with each floor nurse to educate them on the basic nursing skill of contacting 		



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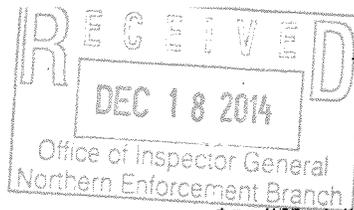
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER COLONIAL HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 708 BARTLEY AVENUE BARDSTOWN, KY 40004	

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F 281	<p>Continued From page 12</p> <p>which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of Licensed Practical Nurses. In addition, the Advisory Opinion Statement (AOS) #27, Components of Licensed Practical Nursing Practice revealed collaboration involved communicating and working cooperatively in implementing the nursing plan/strategy of care with individuals whose services may have a direct or indirect effect upon the client's health care.</p> <p>Observation during the initial facility tour, on 11/11/14 at 9:25 AM, revealed a CPAP machine used by Resident #3 had items placed on top and was sitting in a chair between the bed and the window. Observation, on 11/12/14 at 8:30 AM, 9:20 AM, 9:55 AM and at 10:40 AM, revealed Resident #3 remained in his/her room on the bed sleeping without the CPAP machine being used. The CPAP machine remained in the chair with items stacked on top of it. Continued observation, on 11/12/14 at 11:33 PM, at 11:55 PM revealed Resident #3 laying in his/her bed asleep without utilization of the CPAP during sleep. In addition, observations, on 11/13/14 at 12:25 AM and at 1:10 AM, revealed Resident #3 was not wearing his/her CPAP equipment while asleep.</p> <p>Review of Resident #3's clinical record revealed the facility admitted the resident to the facility on 12/20/13 and readmitted him/her on 02/28/14 with diagnoses of Acute Respiratory Failure, Hypotension, Alzheimer's Dementia, Bipolar, Depression and Anxiety.</p> <p>Review of the medication/treatment record, dated for 11/01/14, revealed the CPAP was originally ordered by the physician on 02/28/14. The CPAP</p>	F 281	<p>the physician with all changes and non-compliance of each resident, and to ensure that they are noting their conversation with the physician in their nursing note.</p> <ul style="list-style-type: none"> o The Interdisciplinary Team to review all new physician orders during weekly meeting. o The ADON will check nursing notes to ensure that the physician was notified of all applicable changes. o Complete implementation of #3 by 12/24/14. 	
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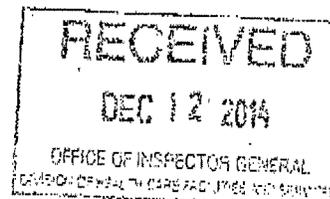
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER COLONIAL HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 708 BARTLEY AVENUE BARDSTOWN, KY 40004		
(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 281	<p>Continued From page 13</p> <p>was initialed with a circle around the staff's name indicating the treatment was not completed and labeled as refused by Resident #3 for the past twelve (12) nights from 11/01/14 until 11/13/14.</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 11/13/14 at 12:45 AM, revealed she was assigned to Resident #3 on 11/13/14 and stated he/she refused to use his/her CPAP. She stated Resident #3 did not like wearing the CPAP. She stated she had not reported the non-use of the CPAP machine to the supervisors or the physician.</p> <p>Interview with LPN #3, on 11/13/14 at 3:15 PM, revealed she worked nights routinely and frequently cared for Resident #3. LPN #3 stated she knew the CPAP was a physician order and the CPAP was on the treatment administration record. She stated Resident #3 refused to use his/her CPAP, so she had been circling her initials and noting the resident had refused the use of the CPAP. Resident #3 complained the mask hurt her face and thus refused to wear the CPAP. She stated she had never notified the doctor the resident was not using the CPAP. Retrospectively, that was not a good decision. She stated everyone knew the resident did not use the CPAP. She further stated the nurses were responsible for the application of the CPAP. The nurses report off to each other every shift and they did not discuss Resident #3's non-use of the CPAP in shift report or report this to the supervisors, nor did they notify the physician. She stated it was common practice to follow physician's orders and if not, they were to notify the doctor of the non-compliance.</p> <p>Interview with the Physician, on 11/13/14 at 3:44</p>	F 281	<p>4. The facility plans to monitor the performance of the solutions for sustainability by the following.</p> <ul style="list-style-type: none"> The in-service log will be given to the Director of Nursing (DON) when all in-services have been completed to verify that all floor nurses have completed the in-service. All newly hired staff will be educated by the Staff Development Coordinator during orientation. The DON will submit her report to the Quality Assurance (QA) committee in January to ensure completion of the in-services. The QA Committee will review the submitted report to ensure compliance. Recommendations will be made based on the outcomes of this report as to needed revisions. 	Completion Date 12/25/14	



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 188342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER COLONIAL HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 700 BARTLEY AVENUE BARDSTOWN, KY 40004	
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F 281	Continued From page 14 PM, revealed he was not notified regarding Resident #3's non use of the CPAP machine until he received a telephone call from the nursing home staff this morning. He stated some of the older CPAP equipment could be cumbersome and retrospectively, he would have looked into various other equipment options to ensure a more comfortable fit for Resident #3, if he had be notified previously. He stated, he was not aware of any sequela (a negative after effect) resulting from non-compliance of the CPAP; however, over time that could be different.	F 281	

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185342	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/12/2014
NAME OF PROVIDER OR SUPPLIER COLONIAL HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 708 BARTLEY AVENUE BARDSTOWN, KY 40004		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1966</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type III Unprotected Construction.</p> <p>SMOKE COMPARTMENTS: Six (6) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system.</p> <p>GENERATOR: Type II, 20 KW generator. Fuel source is Diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 11/12/14. The facility was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000			

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

Asa A. Roman

TITLE
Administrator

(X6) DATE
12/10/14

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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