

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

PRINTED: 02/23/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185179 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/05/2015 |
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| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT GLENVIEW | STREET ADDRESS, CITY, STATE, ZIP CODE 6000 HUNTING RD. LOUISVILLE, KY 40222 |
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| F 000 | INITIAL COMMENTS Amended 02/23/15 A Recertification Survey was initiated on 02/03/15 and concluded on 02/05/15. The facility was found not meeting the minimum requirements for recertification with deficiencies cited at the highest scope and severity of an E . 483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to maintain a comfortable and homelike environment for three (3) of sixty-three (63) resident rooms. Rooms 23, 24, and 27, had slats missing from the vertical blinds. The findings include: The facility did not provide a policy on homelike environment. Observation, on 02/03/15 at 2:40 PM, revealed Room 23 had a missing slats on the end of the left side of the vertical blinds. Rooms 24 and 27 had slats missing from the center of the vertical blinds. The missing slats prevented the resident, | F 000 | | |
| F 252 SS=D | | F 252 | F252 a.)What corrective action will be accomplished for those residents found to have been affected by the deficient practice; The broken vertical blinds in rooms 23, 24, and 27 were replaced on 2/5/15 by the Maintenance director. b.)How will the facility identify other residents having the potential to be affected by the same deficient practice; | 3-13-15 |

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

TITLE

(X6) DATE

Charles A. Meyer

Administrator

2-25-15

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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.

OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE REGULATION AND SERVICES

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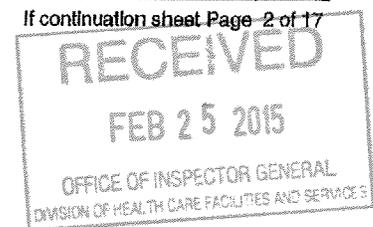
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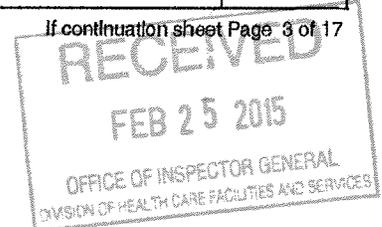
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| F 252 | Continued From page 1 whose bed was next to the window, from being able to control the amount of light in his/her space. Review of the South Unit's maintenance log book revealed a staff member had made an entry on 01/28/15 for the blinds in room 24 to be repaired. Interview with LPN #2, on 02/05/15 at 4:45 PM, revealed any staff member could enter a request for repairs in the maintenance log book. She stated the maintenance log book was kept at the nurse's station and was to be checked every day by the maintenance staff. Interview with the Maintenance Supervisor, on 02/05/15 at 3:15 PM, revealed the individual slats could not be replaced because the slats holder was broken. The Maintenance Supervisor stated the vertical blinds were to be replaced with mini blinds as needed throughout the facility. He stated a maintenance log book was kept at the nurse's station for staff to enter repair requests. The Maintenance Supervisor stated maintenance staff checked the log book every day. He further stated the missing slats prevented privacy for the resident whose bed was next to the window. | F 252 | An audit of all resident rooms was conducted on 2/5/15 by the Maintenance Director to check for other vertical blinds that were in ill repair. No other blinds were found to need replacing. c.)What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; Audit rounds will be conducted on all resident rooms using the "Environmental Rounds" form and will include checking all vertical blinds for any needed repair. These audit rounds will be conducted by the Maintenance Director, Housekeeping Director, Quality of Life Director and the Administrator. Any issues observed will be corrected immediately. The audits will be reviewed weekly by the Administrator. These audits will be conducted weekly for 12 weeks, then monthly thereafter. | |
| F 274 SS=D | 483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve | F 274 | | 3-13-15 |



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| F 274 | <p>Continued From page 2</p> <p>itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure one (1) of eighteen (18) sampled residents, Resident #8, received a comprehensive assessment after a significant change. The facility assessed Resident #8 with a decline in communication, activities of daily living and a significant weight loss through the Minimum Data Set (MDS) process and did not complete a significant change assessment to determine the causes, possible interventions and/or any referrals to assist with maintenance of the resident's status.</p> <p>The findings include:</p> <p>Review of the Resident Assessment Instrument User's Manual, Version 3.0, dated May 2013, Chapter 2, Section 04, page 2-20, revealed the facility must have completed a comprehensive significant change MDS by the fourteenth (14th) calendar day after the facility determined that a significant change in the resident's status occurred. It further stated a significant change was a decline or improvement in a resident's status that would not have normally resolved itself without intervention by the staff or by implementing interventions, impacted more than one area of the resident's health status, and</p> | F 274 | <p>d.)How will the facility monitor its performance to ensure that solutions are sustained;</p> <p>The Administrator will forward the results of the audit rounds to the monthly Quality Assurance Committee for further review and recommendations. These audits will be conducted weekly for 12 weeks, then monthly thereafter.</p> <p>F274</p> <p>a.)What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident #8 had a Significant Change assessment completed on 2/25/15.</p> | | |



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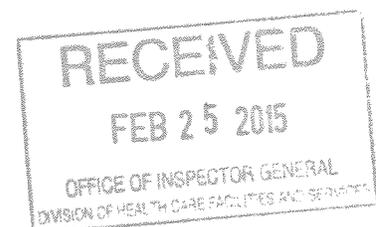
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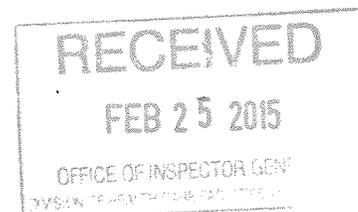
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| F 274 | <p>Continued From page 3</p> <p>required interdisciplinary review or revision of the care plan. The RAI manual stated the facility would have determined there was a significant change in a resident's condition by having compared the resident's status at that time to the most recent comprehensive assessment and any subsequent quarterly assessment.</p> <p>Observation of Resident #8, on 02/03/15 at 10:35 AM, revealed the resident was sitting up in the bed. When Resident #8 spoke, his/her voice was very quiet and speech was not clear. The resident was very difficult to understand. Resident #8 stated that he/she was thirsty and was unaware of where his/her call light was or how to use it to ask for water.</p> <p>Observation of Resident #8, on 02/04/15 at 9:30 AM, revealed the resident required extensive assistance from staff to dress and transfer from the bed to the wheelchair. The resident's wheelchair had an alarm in place.</p> <p>Review of the clinical record for Resident #8 revealed the facility admitted the resident on 08/19/14 with diagnoses of Dementia, Rhabdomyolysis, Hypertension, and Toxic Encephalopathy. Resident #8 had a history of falls in the home, and had no falls in the facility. Review of the initial MDS assessment for Resident #8, dated 08/26/14, revealed in Section B of the MDS, titled Hearing, Speech, and Vision, the facility assessed Resident #8 as having had no difficulty making himself/herself understood and had no difficulty understanding others. In Section G of the MDS, titled Functional Status, the facility addressed the resident as needing extensive assist with transferring from one surface to another, such as from the bed to a</p> | F 274 | <p>b.)How will the facility identify other residents having the potential to be affected by the same deficient practice.</p> <p>An audit of all residents last 2 MDS assessments was completed on 2/24/15 to compare levels of function for any significant changes. The audit revealed that all residents had the appropriate MDS assessments, based on the compared levels of function.</p> <p>c.)What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>An in-service was completed on 2/24/15 by the Director of Nursing (DON), with the MDS team regarding what constitutes a significant change assessment. All residents in their observation window for MDS will be audited by the</p> | |



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| F 274 | Continued From page 4 chair. The facility assessed the resident's level of assistance with eating as needing supervision with eating. The facility further assessed the resident required extensive assistance to toilet. Section K of this MDS, titled Swallowing/Nutritional Status, revealed the resident weighed two hundred sixty-six (266) pounds at the time of the initial assessment. Review of the quarterly MDS assessment for Resident #8, dated 10/03/14, revealed the resident had no change in his/her level of functioning in Section B of the MDS, titled Hearing, Speech, and Vision. The quarterly review assessed the resident as having some changes to functional states in Section G of the MDS. The resident had an improvement in the area of locomotion on and off the unit. The facility assessed the resident's level of assistance with eating as changing from needing supervision with eating to limited assistance with eating. Section K of the MDS, titled Swallowing/Nutritional Status, revealed the resident weighted two hundred forty-eight (248) pounds and had a significant weight loss of more than five percent (5%) in the last month or ten percent (10%) in the last six (6) months. Review of Resident #8's quarterly MDS assessment, completed on 01/03/15, revealed a Brief Interview for Mental Status (BIMS) exam was conducted during the assessment and the facility assessed the resident with a score of a zero (0) out of fifteen (15), meaning severely cognitively impaired. In Section B of the MDS, titled Hearing, Speech, and Vision, the facility assessed Resident #8 as having had a decrease in ability to make himself/herself understood from a score of zero (0) for understood to a score of three (3) for rarely or never understood. Resident | F 274 | Minimum Data Set Director (MDS) MDS coordinator and the DON to compare levels of function with the most recent completed MDS assessment. Significant change assessments will be completed if indicated, based on the comparison of levels of function. These audits will be reviewed weekly by the Administrator and will be conducted weekly x12 weeks. d.)How will the facility monitor its performance to ensure that solutions are sustained; The Administrator will forward the results of the audits to the monthly Quality Assurance Committee for further review and recommendations. These audits will be conducted weekly for 12 weeks to ensure continued compliance | |



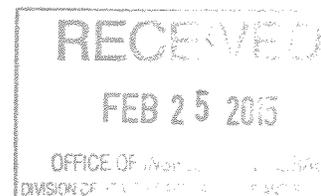
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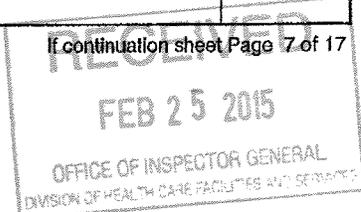
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| F 274 | <p>Continued From page 5</p> <p>#8 also had a decrease in his/her ability to understand others. The score in this section changed from a zero (0) for understands to a two (2) for sometimes understands and is able to respond adequately to simple and direct communication. In Section G of the MDS, titled Functional Status, the facility assessed the resident as having an increased need from extensive assist to total dependence with transferring from one surface to another, such as from the bed to a chair. The facility assessed the resident's level of assistance with eating as having increased from needing limited assistance with eating to needing extensive assistance with eating. The facility further assessed that the resident had an increase in required assistance to toilet from extensive assistance to total dependence. Section K of this MDS, titled Swallowing/Nutritional Status, revealed the resident weighed two hundred,thirty-four (234) pounds at the time of this quarterly assessment.</p> <p>Interview with Registered Nurse (RN) #2, on 02/05/15 at 11:15 AM, revealed this RN also worked in the MDS office. RN #2 stated that he completed quarterly MDS assessments and that he would compare information he received about a resident through the assessment and contact any other department to get involved as needed. RN #2 stated that for Resident #8, he would have informed dietary of the resident's weight loss and then dietary would put in a dietary care plan. RN #2 stated he or the other MDS employee would have completed a comprehensive MDS if a resident had a significant change in status. A significant change included a new pressure wound, a decrease in daily living skills, a decline in overall health, or a significant weight loss. RN #2 stated If an MDS Coordinator did not complete</p> | F 274 | | |



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| F 274 | Continued From page 6 a significant change MDS assessment when a resident had significant changes to health, nursing staff may not have the most up to date information on what care to provide the resident. The staff could have potentially not provided the best possible care to the resident. Interview with the MDS Coordinator, on 02/05/15 at 3:40 PM, revealed the MDS staff would have completed a significant change MDS based on the resident's weight loss or the decrease in functioning indicated on the quarterly MDS assessment. The MDS Coordinator stated Resident #8 had a significant change in section B of the MDS, communication, in section G, daily living skills, and in section K, significant weight loss. The MDS Coordinator further explained she had not looked at Resident #8's MDS due to she had been employed for only a couple of weeks. The MDS Coordinator stated she had not yet reviewed all of the residents' MDSs to know what needed to be completed. Interview with the Director of Nursing (DON), on 03/05/15 at 3:50 PM, revealed the facility staff completed a significant change Minimum Data Set (MDS) assessment when there was a significant change to a resident's functioning. The DON revealed Resident #8 had a significant change in functional abilities. The DON stated that if the MDS staff did not complete a significant change assessment, a resident would have an increased risk of an overall decline due to the facility might not have referred the resident to appropriate therapies or stimulating activities to prevent a decline in function. | F 274 | | | |
| F 280 SS=E | 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP | F 280 | | 3-13-15 | |



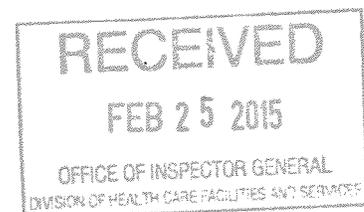
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| F 280 | Continued From page 7 The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on observation, interview, facility policy review, and record review, it was determined the facility failed to revise the care plan to reflect interventions put in place for three (3) of eighteen (18) sampled residents (#5, #8, and #15). The facility initiated a change for Resident #5 in diet consistency, snacks, weekly weights and placement on the Nutritionally At Risk (NAR) program. The facility determined Resident #8 required an increase in supplements and fluids with meals, placement on the NAR program, and initiated the use of a sensor alarm. The facility initiated an antibiotic for a surgical wound | F 280 | F280 a.)What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #5's care plan was updated to reflect current diet consistency, snacks, weekly weights and placement on Nutritional At Risk monitoring on 2/23/15 by the DON. Resident #8's care plan was updated to reflect the current supplement orders and fluids with meals and placement on the Nutritional At Risk monitoring on 2/4/15 by the Unit Manager. Resident #15's care plan was updated by the Unit Manager on 2/4/15 to reflect the antibiotic for the surgical wound infection. b.)How will the facility identify other residents having the potential to be affected by the same deficient practice; | |



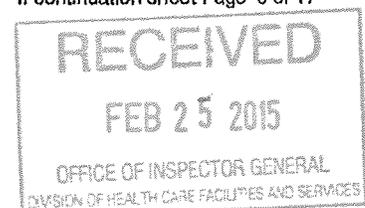
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| F 280 | <p>Continued From page 8 infection for Resident #15.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Care Plans-Comprehensive, dated October 2010, revealed the Care Planning/Interdisciplinary Team developed and maintained comprehensive care plans for each resident. The comprehensive care plans identified the professional services responsible for each element of care. The care plan aided in preventing or reducing declines in the resident's functional level. The policy further revealed the Interdisciplinary Team designed care plan interventions to address the underlying sources of problem areas. The Interdisciplinary Team revised care plans as information about the resident and the resident's condition changed. The Interdisciplinary Team was responsible for reviewing and updating care plans when there had been a significant change in the resident's condition or when the interventions did not meet the desired outcome.</p> <p>Review of the facility's policy regarding the At Risk Meeting, dated December 2010, revealed the Interdisciplinary Team would bring a resident's medical record and care plan to the At Risk Meeting in order to update the care plan at the meeting.</p> <p>1. Observation of Resident #5, on 02/03/15 at 10:30 AM, revealed the resident was receiving Oxygen using a nasal cannula. He/She reported having chronic upset stomach. At 11:30 AM, Resident #5 was sitting up in a wheelchair and ambulating himself/herself in the wheelchair around room. The resident stated he/she was feeling better. The resident appeared clean.</p> | F 280 | <p>All residents care plans, including the Certified Nursing Assistant (CNA) care plans were audited by the DON, ADON, Unit managers, and MDS for accuracy. Any care plans that required updating were done so at the time of the audit.</p> <p>c.)What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>An in-service was completed on 2/24/15 by the DON with all licensed staff and CNA's regarding care plan revision. Care plans will be reviewed by the Inter Disciplinary Team (IDT) in the morning clinical meetings to ensure they are updated with any new Physician orders. The DON, ADON, Unit Managers and MDS will audit 10 residents care plans each week for 4 weeks, then 10 resident care</p> | |



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| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT GLENVIEW | STREET ADDRESS, CITY, STATE, ZIP CODE 6000 HUNTING RD. LOUISVILLE, KY 40222 |
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| F 280 | <p>Continued From page 9</p> <p>Review of the clinical record for Resident #5 revealed the facility admitted the resident on 03/07/13 and readmitted the resident on 08/26/13 with diagnoses of Atrial Fibrillation, Lack of Coordination, Difficulty Walking, Chronic Airway Obstruction, Hypertension, Dysthymic Disorder, Pulmonary Congestion, Bipolar, Tachycardia, Hyperlipidemia, Dementia NOS with Behaviors, Anxiety, Chronic Pain, Insomnia, Suicidal Ideations, Urine Retention, Chest Pain, and Nausea with Vomiting. He/she was receiving psychotropic medications to treat symptoms of Bipolar Disorder and Anxiety.</p> <p>Review of quarterly Nutritional Review for Resident #5, dated 09/02/14, revealed the Dietitian noted a downward weight trend. The Dietitian consulted with the resident who stated he/she was having difficulty chewing and swallowing and wanted a mechanical soft diet, which the resident was receiving.</p> <p>Review of Resident #5's quarterly Minimum Data Set (MDS) assessment, completed on 12/04/14, revealed the facility assessed the resident as needing limited one (1) person assistance from staff to complete many activities of daily living. The MDS also revealed the resident was able to move about the facility independently in a wheelchair, but was unable to walk. The facility conducted a Brief Interview for Mental Status (BIMS) exam during the assessment and scored the resident at a thirteen (13) out of fifteen (15) indicating the resident was cognitively intact. This MDS further revealed the resident had a significant weight loss of five percent (5%) or more in the last month or ten percent (10%) or more in the last six (6) months.</p> | F 280 | <p>plans monthly x3 months to ensure they are current and accurate. These audits will be reviewed weekly by the DON and Administrator.</p> <p>d.)How will the facility monitor its performance to ensure that solutions are sustained;</p> <p>The Administrator will forward the results of the audits to the monthly Quality Assurance Committee for further review and recommendations. These audits will be conducted weekly for 4 weeks then monthly for 3 months to ensure continued compliance.</p> | |

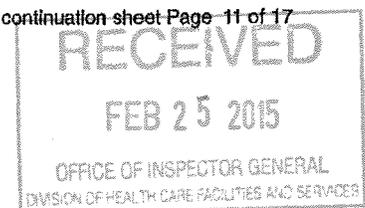
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| F 280 | <p>Continued From page 10</p> <p>Review of the quarterly Nutritional Review for Resident #5, dated 12/04/14, revealed the Dietitian noted a significant weight loss. The Dietitian recommended to increase snacks and reviewed the resident's medications.</p> <p>Review of the Interdisciplinary Team Notes, dated 12/04/14, revealed the interdisciplinary Team placed Resident #5 on the NAR program to stabilize the resident's weight.</p> <p>Review of the facility's Weight History for Resident #5, date range of 08/01/14 to 01/31/15, revealed the facility conducted weekly weights of Resident #5 after they identified the resident had significant weight loss. The weekly weight checks would continue until the resident maintained a stable weight.</p> <p>Review of the Comprehensive Care Plan for Resident #5, dated 03/07/13, revealed the care plan interventions included weights monthly; however, the facility had not added weekly weights or the addition of the NAR program, to the resident's Care Plan. The Nursing staff had not added any new interventions to the care plan to reduce risk of another significant weight loss since 07/22/13.</p> <p>Interview with the Director of Nursing (DON), on 02/05/15 at 3:50 PM, revealed nursing staff had not updated the care plans for Resident #5 to reflect interventions the nursing leadership team had put into place.</p> <p>2. Observation of Resident #8, on 02/03/15 at 10:35 AM, revealed the resident was in bed in</p> | F 280 | | |



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| F 280 | <p>Continued From page 11</p> <p>his/her room. The resident had some confusion and difficulty communicating. Resident #8 had a sensor alarm to his/her bed.</p> <p>Review of the clinical record for Resident #8 revealed the facility admitted the resident on 08/19/14 with diagnoses of Dementia, Rhabdomyolysis, Hypertension, and Toxic Encephalopathy. Resident #8 had a history of falls in the home, but had no falls in the facility. Review of the quarterly Minimum Data Set (MDS) assessment, completed on 01/03/15, revealed the facility assessed the resident as not steady on his/her feet and needed extensive to total assistance from staff to toilet, walk, ambulate in his/her wheelchair, and bathe. A Brief Interview Mental Status (BIMS) exam was conducted during the assessment and the facility scored the resident at a zero (0) out of fifteen (15) indicating severe cognitive impairment.</p> <p>Review of the Nutritional Progress Notes for Resident #8, dated 09/02/14, revealed the Dietitian noted a downward weight trend. The Dietitian recommended increased supplements and fluids with meals. The Nutritional Progress Notes, dated 09/30/14, revealed the Dietitian noted a significant weight loss of five percent (5%) in thirty (30) days. Continued review of the Interdisciplinary Team Notes, dated 10/07/14, revealed the Interdisciplinary Team placed Resident #8 on Nutritionally At Risk (NAR) program to stabilize the resident's weight.</p> <p>Review of the facility's Weight History for Resident #8, date range of 08/01/14 to 01/31/15, revealed the facility conducted weekly weights of Resident #8 after they identified the resident had a significant weight loss in September 2014. The</p> | F 280 | | |

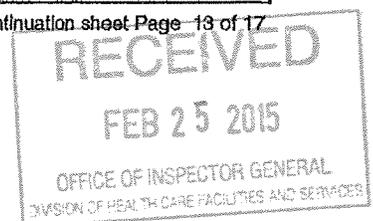
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| F 280 | <p>Continued From page 12</p> <p>weekly weight checks were to continue until the resident maintained stable weights.</p> <p>Review of Resident #8's Comprehensive Care Plan for Nutritional at risk, dated 09/01/14 revealed the facility had not added the NAR program, or weekly weights to the resident's Care Plan. The Nursing staff had not added any new interventions to the care plan to reduce the risk of additional weight loss since 09/01/14 when the care plan was developed.</p> <p>Review of the Physician's Orders for Resident #8, dated 08/21/14, revealed the physician ordered a sensor alarm to the resident's bed.</p> <p>Review of Resident #8's Comprehensive Care Plan for at risk for falls, dated 09/01/14 revealed the facility had not added the placement of the sensor alarm to the resident's bed. There had been no changes/additions made to the care plan since 09/01/14 when it was developed.</p> <p>Interview with Certified Nursing Assistant (CNA) #2, on 01/05/15 at 10:55 AM, revealed the CNA's used a CNA care plan, also known as the Activities of Daily Living (ADL) sheet, to provide care for each resident. The Unit Manager updated the ADL sheet daily. The CNA stated Resident #8 used a bed alarm, but did not use an alarm to his/her wheelchair per the ADL sheet.</p> <p>Continued interview with the Director of Nursing (DON), on 02/05/15 at 3:50 PM, revealed nursing staff had not updated the care plans for Resident #8 to reflect interventions the nursing leadership team had put into place.</p> | F 280 | | |



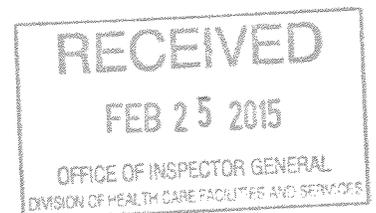
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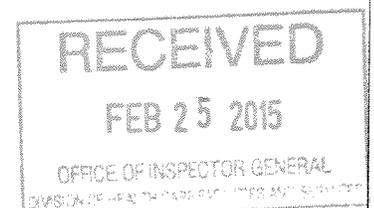
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| F 280 | <p>Continued From page 13</p> <p>3. Observation of Resident #15, on 02/05/15 at 9:00 AM, revealed the resident was in his/her bed awake. The resident stated he/she was having increased pain today in his/her hip.</p> <p>Review of the clinical record revealed the facility admitted Resident #15 on 01/15/15 with diagnoses of Sicca Syndrome, Rheumatic Fever without Heart Involvement, Hypertension, Hyperlipidemia, Chronic Airway Obstruction, Obesity, Anxiety, Bipolar, Post Traumatic Stress Syndrome (PTSD), Myalgia and Myositis, and Restless Leg Syndrome. The facility admitted Resident #15 for rehabilitation after receiving hip surgery. He/she was receiving anti-depressant medications to treat symptoms of Depression.</p> <p>Review of Resident #15's initial Minimum Data Set (MDS) assessment, completed on 01/29/15, revealed the facility assessed the resident as needing extensive assistance from staff to toilet, dress, and transfer. Review of the Physician's Notes, dated 02/02/15, revealed the physician prescribed Keflex to treat an infection in the resident's surgical site.</p> <p>Review of Resident #15's Comprehensive Care Plan for Surgical Wound Right Hip, dated 01/30/15, revealed the goal was for the resident to not develop infection. The care plan interventions addressed monitoring for signs and symptoms of a decline in the skin integrity. However, it did not address interventions to prevent infection of the wound. The resident developed an infection and was treated with an antibiotic. The facility had not updated the care plan with any interventions addressing the treatment of the actual infection or how to prevent further infection from occurring in the wound.</p> | F 280 | | |



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| F 280 | Continued From page 14 Interview with the Director of Nursing (DON), on 02/05/15 at 3:50 PM, revealed nursing staff had not updated the care plans for Resident #15 to reflect interventions the nursing leadership team had put into place. Interview with LPN #5, on 02/05/15 at 10:30 AM, revealed the LPN looked at care plans to know what care to provide to the residents. The LPN stated she also looked at care plans when she received new physician orders or after any incident such as a fall. LPN #5 revealed the nurses updated the care plans. She stated when a nurse received a physician order or a nurse implemented a new intervention, the nurse would write the date and the intervention by hand onto the care plan. Members of the Interdisciplinary Team and the Unit Manager also updated care plans. After staff updated a care plan, the Unit Manager updated the CNA care plan. Interview with the Unit Manager, on 02/05/15 at 2:45 PM, revealed nursing had not added the interventions for weight loss, including weekly weights for Resident #5 and Resident #8, the intervention for an alarm for Resident #8, and the interventions regarding infection for Resident #15 to the care plans. The Unit Manager stated that when an event takes place that would have required staff to add new interventions to the care plan, she would take the resident's care plan and chart to the interdisciplinary Team meeting the next morning. The team would decide if the interventions were appropriate and the Unit Manager would add the interventions to the care plan. The Unit Manager further stated she was | F 280 | | | |



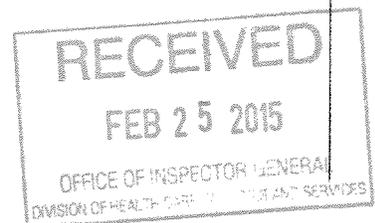
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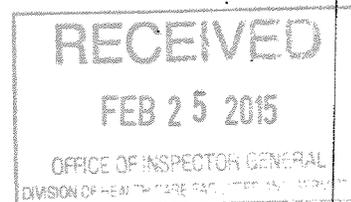
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| F 280 | <p>Continued From page 15</p> <p>responsible for ensuring the nursing staff updated the care plans. The Unit Manager also stated the Interdisciplinary Team reviewed and updated each of the care plans at least once every three (3) months. The Unit Manager stated if Nursing did not update the care plans, the care becomes confusing for the nursing staff, and a resident runs the risk of not receiving the care they need.</p> <p>Interview with the MDS Coordinator, on 02/05/15 at 11:15 AM, revealed she updates the care plans with the interdisciplinary Team quarterly, annually, and when there was a significant change.</p> <p>Additional interview with the DON, on 02/05/15 at 3:50 PM, revealed the DON described the process the Interdisciplinary team used to update care plans. The DON stated she had a clinical Interdisciplinary Team meeting each morning that included herself, the Assistant Director of Nursing (ADON), Unit Managers, Social Services, Respiratory Therapist, Minimum Data Set (MDS) Nurse, and Restorative Nurse. The leadership staff would take the charts to the meeting for any resident on the twenty-four (24) hour report, who had a fall, who was on antibiotics, or who had any changes. There were no minutes or record of which residents' information was brought to the meeting each day. The purpose of this meeting was to ensure the nurses completed a nursing note, the nurse informed the family, and to update the care plan. The DON stated nursing staff not updating the care plans was a problem because the care plans do not reflect the care that the staff was giving to the residents. The DON stated that she audited the care plans monthly to ensure they were correct, and stated this process of auditing the care plans monthly was not effective. The DON further stated nursing staff not updating the</p> | F 280 | | |



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| F 280 | Continued From page 16 care plans was a problem because the facility ran the risk of a resident not having the proper devices in place, which could have resulted in a fall or injury. | F 280 | | | |



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| K 000 | <p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1986</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One Story, Type III (000)</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system, two (2) risers.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 02/03/15. 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 | | | 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.