

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

PRINTED: 03/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2015
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NAME OF PROVIDER OR SUPPLIER FOUNTAIN CIRCLE CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWAY ROAD WINCHESTER, KY 40391
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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 AMENDED An Abbreviated Survey Investigating KY00022797 was initiated on 02/09/15 and concluded on 02/12/15. KY00022797 was unsubstantiated with an unrelated deficiencies cited.	F 000		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policies, it was determined the facility failed to provide services in accordance with each resident's written plan of care for one (1) of four (4) sampled residents (Resident #2). Resident #2 was care planned for his/her head of bed to be at a 90 degree angle for all meals. However, observation made on 02/10/15 during the evening meal revealed Resident #2's head of bed was positioned at a 45 to 60 degree angle, rather than the 90 degree angle outlined in the resident's care plan. The findings include: Review of the facility's policy titled, "Using the Care Plan", revised August 2006, revealed the care plan should be used in developing the resident's daily care routines and was to be available to staff who have responsibility for	F 282	<p style="text-align: right;">2 4 2015</p> <p>F282</p> <p>1. Resident # 2 was assessed by the Director of Nursing on 2/10/15, to ensure no adverse effects from the head of the bed not being at a 90 degree angle. No negative findings noted. Resident #2's care plan was reviewed by the Director of Nursing to ensure that the plan of care followed physician order and resident needs. Resident #2 was placed on restorative dining on 2/11/15. On 2/11/15 education was provided to all staff on the rehab unit on aspiration precautions and following the plan of care.</p> <p>2. All other residents were assessed by Unit Managers, Director of Nursing, Assistant Director of Nursing and Nursing Supervisors to ensure the care is being delivered per each individual resident's care plan and care delivery meets residents care needs. No other issues were identified.</p> <p>3. All nursing staff was in-serviced on following the plan of care that outlines each individual resident's needs. The education was initiated on 2/11/15 and will be completed by 3/11/15. Education is being provided by Nursing Supervisors.</p> <p>4. The Unit Managers will perform 5 observations of care being provided by the care plan daily for three weeks, then 5 observations three times a week for three</p>	3/12/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stena Hudson</i>	TITLE <i>Administrator</i>	(X6) DATE 03/17/2015
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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 282	Continued From page 1 providing care or services to the resident. Review of the facility's policy titled, "Assisting the Resident with In-Room Meals", revised April 2011, revealed the resident should be positioned so his/her head and upper body were as upright as possible and with the head tipped slightly forward. If the resident was served his/her meal in bed, staff were to use wedges and pillows to achieve a nearly upright position. Review of Resident #2's medical record revealed the facility admitted the resident on 01/20/15, with diagnoses which included Pneumonia, Fall with Left Femoral Condyle Fracture, Diabetes and Decubitus Ulcers of Both Legs. Review of the Physician/Prescriber Orders, dated 01/20/15, revealed Resident #2 was to be assisted with meals and, due to aspiration precautions, the resident was to be upright at 90 degrees for all meals. Review of Resident #2's Comprehensive Care Plan revealed a care plan dated 02/02/15, developed for the resident being at risk for aspiration related to needing assistance with meals. Continued review of the care plan revealed an approach/intervention for the resident's head of bed (HOB) to be at 90 degrees for all meals. However, observation on 02/10/15 at 5:20 PM, of Resident #2 eating his/her evening meal, revealed the resident lying on the bed with the HOB raised to approximately 45 degrees, with no staff observed to be present during this time. Further observation revealed signage over Resident #2's bed with instructions to assist the resident with all meals and he/she was to be upright at 90 degrees for meals.	F 282	weeks, then 5 observations once a week for two weeks. The monitoring tool of the care delivery will be discussed in our monthly Quality Assurance meeting to discuss any issues. The ongoing process will be discussed in the Quality Assurance committee meeting monthly for two months, for recommendations and for further follow up as indicated. The members of the Quality Assurance committee include, but not limited to the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, SDC, Social Services Director, Dietician, Quality of Life Director, and Unit Managers.	
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F 282	<p>Continued From page 2</p> <p>Interview with Resident #2, on 02/10/15 at 5:21 PM, revealed staff didn't assist him/her with meals. Resident #2 stated the staff did not adjust his/her bed when they brought in meals. Per interview, the bed had been in the same position all day that day.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #1, on 02/10/15 at 6:00 PM, revealed she was not aware of Resident #2's care plan needs regarding meals. SRNA #1 stated she had not positioned Resident #2's HOB to a 90 degree and had not assisted the resident with the current or previous meals during her shift, as per the care plan.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 02/10/15 at 5:45 PM, revealed she was not aware of Resident #2's care needs in regards to meals. After reviewing Resident #2's Comprehensive Care Plan and upon entering Resident #2's room, LPN #1 stated Resident #2's bed appeared to be raised to approximately 60 degrees, but the Comprehensive Care Plan stated the HOB should be raised to approximately 90 degrees during meals.</p> <p>Interview with the Unit Manager, on 02/10/15 at 5:50 PM, revealed staff should have been assisting Resident #2 with the evening meal and stated his/her HOB should have been raised to 90 degrees, as per the care plan, to prevent possible swallowing problems such as a blocked airway.</p> <p>Interview with the Director of Nursing (DON), on 02/10/15 at 6:05 PM, revealed all nursing staff should be aware of the care needs of the residents and should be following the</p>	F 282		
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F 282 Continued From page 3
Comprehensive Care Plans interventions as indicated. The DON stated Resident #2's bed should have been raised to a 90 degree and nursing staff should have been in the room assisting the resident with the meal, as per the care plan.

F 282