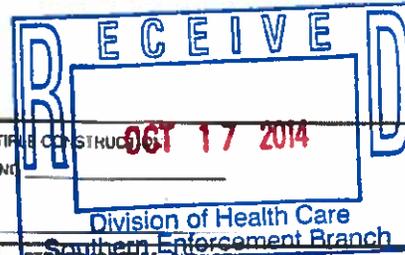


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/09/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION: A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 WEST HIGHWAY 80 BYPASS MONTICELLO, KY 42633	

(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 000	INITIAL COMMENTS	F 000		
F 280 SS=D	<p>A standard health survey was conducted on 09/23-25/14. Deficient practice was identified with the highest scope and severity at "D" level. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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.</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 revise the comprehensive plan of care for one (1) of fourteen (14) sampled residents (Resident #4) related to physician's orders for oxygen therapy. Resident #4 had a</p>	F 280	Please See Attachment	

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

DATE

DATE

10/16/2014

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 280	<p>Continued From page 1</p> <p>physician's order dated 08/18/14, for oxygen to be delivered at 2 liters per nasal cannula continuously. However, review of Resident #4's comprehensive plan of care revealed oxygen therapy was not addressed as a care need for the resident, nor was Resident #4's noncompliance with wearing his/her oxygen as ordered by the physician addressed in the care plan.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Comprehensive Care Plans," with a revision date of 06/03/13, revealed the facility would develop comprehensive care plans for each resident that included measurable objectives and timetables that would assist with the resident attaining or maintaining the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>Review of the medical record for Resident #4 revealed the facility admitted the resident on 05/12/14, with diagnoses that included Dementia, Congestive Heart Failure, and Hypertension.</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) assessment dated 08/12/14 revealed the resident had been assessed by the facility to have severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of 6, and to receive oxygen therapy.</p> <p>Observations on 09/23/14 at 2:55 PM, 3:55 PM, 4:30 PM, and 5:30 PM, and on 09/24/14 at 8:45 AM, 9:15 AM, 10:15 AM, 11:00 AM, 11:30 AM, 1:00 PM, 2:00 PM, and 3:00 PM, revealed the oxygen was turned on, the nasal cannula lying on the bed, and not observed to be on the resident.</p>	F 280			

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F 280	<p>Continued From page 2</p> <p>Review of the physician's orders for Resident #4 dated 08/18/14 revealed an order for oxygen to be delivered at 2 liters per nasal cannula continuously.</p> <p>Review of the plan of care for Resident #4 dated 08/15/14 revealed no care plan interventions had been developed by the facility to address the administration of oxygen for Resident #4. The facility also had not addressed that the resident removed the oxygen frequently and did not wear continuously as ordered.</p> <p>Interview conducted with Registered Nurse (RN) #1 on 09/25/14, at 10:05 AM, revealed she was responsible for monitoring and ensuring all residents in the facility who were receiving oxygen were receiving oxygen as ordered by the physician. The RN stated Resident #4 takes off his/her oxygen and only wears/uses oxygen occasionally. The RN stated she had not notified the MDS Coordinator that Resident #4 did not have a care plan to address oxygen therapy and noncompliance with wearing his/her oxygen as ordered by the physician.</p> <p>Interview with the MDS Coordinator on 09/25/14, at 10:30 AM, revealed she was responsible for developing and revising the care plan for Resident #4. The MDS Coordinator stated a care plan should have been developed that addressed the resident's oxygen usage. The MDS Coordinator revealed she was not aware Resident #4 was not wearing his/her oxygen continuously. She stated a care plan should have also been developed related to the resident's noncompliance with wearing oxygen.</p> <p>Interview conducted with the DON on 09/25/14, at</p>	F 280			

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F 280	Continued From page 3 1:45 PM, revealed she made rounds several times daily to ensure residents were being provided the care they required. The DON stated the physician should have been notified if Resident #4 was not using/wearing oxygen as ordered. According to the DON, she attends morning meetings in which resident care plans were reviewed with any new orders. The DON stated she also attended resident care plan meetings. The DON stated a care plan should have been developed to address Resident #4's oxygen therapy and for the resident's noncompliance with wearing oxygen.	F 280			
F 328 SS-D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. 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 fourteen (14) sampled residents (Resident #4) received proper care and treatment related to oxygen administration. Resident #4 had a physician's order dated 08/18/14, for oxygen to be delivered	F 328	Please See Attachment		

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F 328	<p>Continued From page 4</p> <p>at 2 liters per nasal cannula continuously. However, observations on 09/23/14 and 09/24/14 revealed the resident was not wearing the oxygen and the oxygen tubing was lying on the resident's bed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Oxygen," with a revision date of 10/20/13, revealed it was the policy of the facility to provide oxygen to residents as ordered by the physician.</p> <p>Review of the medical record for Resident #4 revealed the facility admitted the resident on 05/12/14, with diagnoses that included Dementia, Hypertension, and Congestive Heart Failure.</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) assessment dated 08/12/14, revealed the resident had been assessed by the facility to have received oxygen therapy and to have severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of 6.</p> <p>Review of the plan of care for Resident #4 dated 08/15/14 revealed no care plan interventions had been developed by the facility to address the administration of oxygen for Resident #4.</p> <p>Review of the physician's orders for Resident #4 dated 08/18/14 revealed an order for oxygen to be delivered at 2 liters per nasal cannula continuously.</p> <p>Observations on 09/23/14 at 2:55 PM, 3:55 PM, 4:30 PM, and 5:30 PM, and on 09/24/14 at 8:45 AM, 9:15 AM, 10:15 AM, 11:00 AM, 11:30 AM, 1:00 PM, 2:00 PM, and 3:00 PM, revealed the</p>	F 328			

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F 328	<p>Continued From page 5</p> <p>oxygen was turned on, the nasal cannula lying on the bed, and not observed to be on the resident.</p> <p>Interview conducted with Registered Nurse (RN) #1 on 09/25/14 at 10:05 AM revealed she was responsible for monitoring and ensuring residents receiving oxygen were receiving oxygen as ordered by the physician. The RN stated Resident #4 takes off his/her oxygen and only wears oxygen occasionally. The RN stated she had not notified the physician and stated she should have.</p> <p>Interview conducted with Licensed Practical Nurse (LPN) #1 on 09/25/14, at 10:20 AM, revealed she was responsible for making rounds on all residents in the facility every hour to ensure they were being provided the care they required. The LPN stated she had not identified a problem or concern with Resident #4's oxygen or that the oxygen was not being provided as ordered.</p> <p>Interview conducted with the DON on 09/25/14 at 1:45 PM revealed she made rounds several times daily to ensure residents were being provided the care they required. The DON stated the physician should have been notified if Resident #4 was only keeping his/her oxygen on occasionally. The DON stated she was not aware that Resident #4 was not receiving oxygen as ordered by the physician.</p>	F 328			