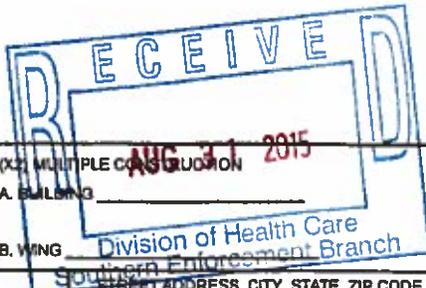


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2015  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185462	(X2) MULTIPLE CORRECTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/09/2015
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NAME OF PROVIDER OR SUPPLIER  PARK TERRACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9700 STONESTREET ROAD LOUISVILLE, KY 40272
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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
F 000	INITIAL COMMENTS	F 000		
F 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 278	<p>The facility will ensure the resident Minimum Data Set (MDS) accurately reflects the residents status. The facility modified assessments on residents #5 and #8 to reflect diagnosis of Urinary Tract Infections. The Director of Nursing and/or Assistant Director of Nursing will audit assessments completed within the last sixty days for residents who received antibiotic therapy or other treatment for Urinary Tract Infections ordered by a physician, clinical nurse specialist or other authorized licensed staff as permitted by law to determine if MDS assessment accurately reflects the residents status and will modify MDS if deficient practice is identified if all the following criteria is met: diagnosis of UTI by a physician, clinical nurse specialist or other authorized licensed staff as permitted by state law; exhibition of signs and symptoms attributed to UIT, pain or tenderness in flank, confusion or change in mental status, change in character of urine; "Significant Laboratory finding";</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Education Director* (X6) DATE: *8/31/15*

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 278	<p>Continued From page 1</p> <p>Based on interview, record review, and review of the Resident Assessment Instrument (RAI) User Manual Version 3.0 it was determined the facility failed to ensure two (2) of ten (10) sampled residents (Residents #5 and #8) were accurately assessed to reflect a diagnosis of Urinary Tract Infection (UTI).</p> <p>The findings include:</p> <p>Review of the RAI manual, last updated 2015, revealed item I2300 Urinary tract infection (UTI) had a look-back period of 30 days for active disease instead of 7 days. This area of the assessment was to be coded only if all of the following were met: diagnosis of a UTI in the last 30 days by a physician, nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by state law; exhibition of sign or symptom attributed to UTI, which may or may not include but not be limited to fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g., pyuria); "Significant laboratory findings" (the attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained); and current medication or treatment for a UTI in the last 30 days.</p> <p>1. Review of Resident #8's medical record revealed the facility readmitted the resident on 05/29/15 with diagnoses that included Malignant Neoplasm of the Vulvar, Malignant Neoplasm of the Kidney, Infection of the Urinary Tract, Fistula, and Digestive/Genital Infection. Review of the 30-day Medicare Required Prospective Payment</p>	F 278	<p>and current medication or treatment for a UTI in the last 30 days by 8/15/15. Home Office Clinical Support completed education with facility nurses completing MDS assessments related to the criteria and RAI Manual requirements for accurately coding a diagnosis of UTI on 7/29/15.</p> <p>Home Office Clinical Support will audit MDS Assessments completed over the next sixty days for residents who are or have received medication or treatment for a Urinary Tract Infection to ensure an accurate MDS was completed and will modify MDS assessment if deficient practice is identified.</p> <p>Home Office Support will submit audits to the Quality Assurance Committee for review and recommendations for additional corrective action if deficient practice is identified. The facility will monitor on-going compliance through semi-annual Peer Reviews and Clinical Assessment Tools.</p>	8/21/15

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F 278	<p>Continued From page 2</p> <p>System (PPS) Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 06/26/15 revealed item 12300 UTI was not checked that Resident #8 had a UTI in the past 30 days.</p> <p>Continued review of the medical record revealed a Physician's telephone order dated 06/02/15 for a urinalysis and culture and sensitivity (C&amp;S) due to symptoms of burning and cloudy urine. Review of an order dated 06/05/15 revealed an order for Levaquin (an antibiotic) 250 milligrams (mg) by mouth four times a day for five days for Urinary Tract Infection. Continued review of the physician's orders revealed an order for Macrobid (an antibiotic) 100 mg two times a day for ten days and to stop the Levaquin. Review of the C&amp;S reported on 06/05/15 revealed Escherichia Coll greater than 100,000 colony forming units (CFU)/milliliter (ml).</p> <p>Interview with the RN MDS Coordinator on 07/08/15 at 10:45 AM revealed after reviewing the medical record, that Resident #8 had the symptoms, significant laboratory results, the treatment, and Physician diagnosis. She stated UTI should have been coded on the MDS.</p> <p>Interview with the Campus Support Resident Assessment Coordinator on 07/09/15 at 2:30 PM revealed she had reeducated the MDS Coordinators to only code UTI per the RAI manual, when all four criteria of a UTI were met. She stated they were previously "over-coding" UTIs.</p> <p>2. Review of the medical record revealed the facility admitted Resident #5 on 01/25/14 with diagnoses that included Congestive Heart</p>	F 278			

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F 278	<p>Continued From page 3</p> <p>Failure, Hyperlipidemia, Dementia, Anxiety, Depression, and Atrial Fibrillation. A review of the Quarterly Minimum Data Set (MDS) with an ARD of 05/27/15, revealed in section C0500 a Brief Interview for Mental Status (BIMS) score of 03, revealing the resident was severely cognitively impaired and not interviewable.</p> <p>Review of the Infection Assessment and Review sheet dated 05/21/15 revealed Resident #5 had a mental status change which included extreme confusion and hallucinations. Review of the urine analysis (UA) and culture and sensitivity (C&amp;S) lab report dated 05/21/15 revealed a UA and C&amp;S was ordered and collected per physician's order. Continued review of the UA and C&amp;S lab report dated 05/24/15 revealed the resident's culture to be Escherichia Coli greater than 100,000 CFU/ml and was sensitive to Tetracycline. Review of a Physician Telephone Order sheet dated 05/24/15 revealed an order for Tetracycline 500 mg orally two times daily for seven days for Urinary Tract Infection (UTI).</p> <p>Review of the Quarterly MDS dated 05/27/15, section I2300, revealed no documented evidence that Resident #5 had a UTI in the last 30 days.</p> <p>Interview on 07/09/15 at 4:51 PM with the MDS Coordinator revealed the resident met the four criteria for having a UTI, which included symptoms, documented lab report, treatment, and diagnoses, and should have been coded on the MDS as having a UTI within the past 30 days.</p> <p>Interview on 07/09/15 at 5:18 PM, with the Campus Support Resident Assessment Coordinator revealed it was her expectation for the MDS nurses to follow the Resident</p>	F 278			