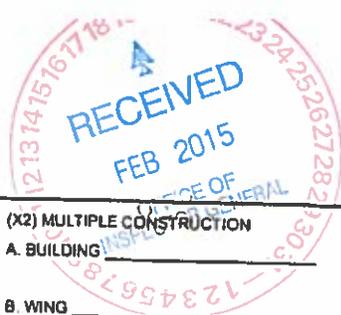


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2015
NAME OF PROVIDER OR SUPPLIER BRADFORD HEIGHTS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 950 HIGHPOINT DR. HOPKINSVILLE, KY 42240		
(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 An Abbreviated Survey investigating #KY22693 and #KY22715 was conducted on 01/27/15 through 02/02/15. #KY22693 was unsubstantiated with no deficiencies and #KY22715 was substantiated with a deficiency at a Scope and Severity of a "D".	F 000	Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of federal and state law.	2/6/2015	
F 512 SS=D	483.75(k)(2)(iii) ASSIST W/TRANSPORT ARRANGEMENTS TO RADIOLOGY The facility must assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure the needs of one (1) of three (3) sampled residents (Resident #2) were met when making transportation arrangements to and from a medical appointment. The facility failed to arrange for transportation of Resident #2 to a medically related consultation. The findings include: Interview with the Director of Nursing (DON), on 02/02/15 at 10:09 AM, revealed there was no facility written policy to address transportation arrangements. Record review revealed the facility admitted Resident #2 on 02/08/11 with diagnoses which included Coronary Artery Disease, Peripheral Vascular Disease, Gastroesophageal Reflux	F 512	F 512 483.75(k)(2)(iii) ASSIST with TRANSPORT ARRANGEMENTS TO RADIOLOGY It is the practice of this facility to provide each resident with transportation to appointments if indicated. <u>Corrective measures for resident identified in the deficiency:</u> On the date of 12/31/14, resident #2 was noted to have an appointment for GI consult which was missed due to transportation not being arranged per facility. Appointment was rescheduled for date of 1/9/15, however, resident #2 admitted to hospital on 1/8/15, and the resident's clinical decision maker declined placement of the tube during his/her hospital stay. <u>How other residents who may have been affected by this service were identified:</u> On the date of 1/30/15, a 100% audit of all appointments scheduled for all residents in facility was completed per Resident Care Coordinator to ensure all had proper transportation scheduled. Transportation was confirmed for all appointments.		

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

Andrew Hinson, NHA

TITLE

(X6) DATE

2/19/15

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 512	Continued From page 1 Disease, Hypertension, Arthritis, and failure to thrive. Review of the Significant Change Minimum Data Set (MDS) Assessment, dated 11/22/14, revealed the facility assessed Resident #2's cognition as severely impaired with a Brief Interview of Mental Status (BIMS) score of four (4), indicating the resident was not interviewable. Review of a Physician's Order, dated 12/15/14, revealed an order for Resident #2 to have a Gastrointestinal (GI) consult for difficulty swallowing and increased weight loss. Review of the Nursing Notes revealed no documented evidence Resident #2 was transported to the appointment scheduled 12/31/14. Interview with Licensed Practical Nurse (LPN) #1, on 02/02/15 at 7:57 AM, revealed she got the order for the GI consult, on 12/15/14 and faxed the request to the consulting physician's office. After she reviewed the notes, from 12/16/14, she stated she had confirmed the appointment for 12/31/14. LPN #1 revealed she normally would have made arrangements for transport at the time she confirmed the appointment but could not find no evidence of arrangements for transportation to the appointment. Interview with Assistant Director of Nursing (ADON), on 02/02/15 at 9:15 AM, revealed it was the facility's practice that whoever makes the appointment for the resident should also make arrangements for transportation. Interview with the Director of Nursing (DON), on 02/02/15 at 10:09 AM, revealed she expected the nurses who made the appointments to make transportation arrangements at the same time.	F 512	<u>Measures implemented or systems altered to prevent re-occurrence:</u> On 1/22/15, facility began use of a new Abbreviated Quality Assurance (AQA) tool that addresses appointments and transportation to review appointments and transports in the day's Abbreviated Quality Assurance meeting. Education with Unit Manager (UM) and Assistant Director of Nursing (ADON) was completed on 1/30/15 to implement the process of checking the desk calendar and transportation book daily to verify that transportation has been arranged/scheduled for each appointment. If resident is to be transported by an outside vendor they will check for confirmation that Emergency Medical Service (EMS) or PACS (public transportation system) will be transporting. Education was completed by DON with Resident Care Coordinator (RCC), UM, and ADON on 1/30/15 to ensure all appointments and transports are communicated in daily AQA meeting. Education with ADON, UM, and RCC was completed by DON on 1/30/15 regarding the need to communicate with ordering/ physician and family in the event an appointment is not readily available for an ordered consult or procedure, to determine if another resource should be utilized for the service. 100% education was completed with all licensed nurses on the date of 2/6/15 by ADON regarding ensuring transportation is set up for appointment when appointment is made.		

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F 512	Continued From page 2 Interview with the Regional Director, on 02/02/15 at 10:20 AM, revealed she expected the nurse who made the appointment to make arrangements for transportation. She stated the administrative staff should have caught the failure to make transportation arrangements during one of their morning meetings when discussing which residents would be out of the facility for appointments and who would be responsible for the transportation.	F 512	<u>Monitoring for ongoing compliance:</u> Upcoming appointments and transports will be discussed daily in AQA meeting. The previous days appointments will be reviewed to verify that the residents were transported as scheduled. Any identified issues will immediately be investigated to determine root cause of issue and corrective measure implemented as indicated. Compliance with appointment scheduling and transport will be reported by ADON and reviewed in the monthly Quality Assurance committee meetings.	