

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

PRINTED: 09/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/08/2020
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB & WE	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 LYNN WAY LOUISVILLE, KY 40222
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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  A COVID-19 Focused Infection Control Survey was initiated and concluded on 09/08/2020 with a deficiency cited at a Scope and severity of a "D". The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000	Preparation and execution of this allegation of compliance does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in alleged deficiencies. This allegation of compliance is prepared and/or executed solely because it is required by the provisions of Federal and State law.	
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-	F 842	How corrective action will be accomplished for those residents found to have been affected by the deficient practice; Physician orders for Resident #1, #2 and # 3 were updated to include documentation in the medical record of oxygen saturation (BID) twice on a day on 9/8/20 by the Director of Nursing.  How the facility will identify other residents having the potential to be affected by the same deficient practice; Director of Nursing completed 100% audit of all residents to verify order for oxygen saturation that included documentation of those results in the medical record on 9/23/20.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator DATE 9-26-20

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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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB & WE			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 LYNN WAY LOUISVILLE, KY 40222		
(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 842	Continued From page 1 (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.  §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic	F 842	What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur;  Director of Nursing and/or Unit Managers will audit all new admissions for oxygen saturation orders to include documentation of the resident's oxygen saturation in the medical record five days a week during clinical meeting.  Education started on 9/8 with licensed Staff and was completed on 9/28, 9/29 and 9/30 by the Staff Development Coordinator regarding the oxygen saturation orders have been updated to include documentation of the resident's oxygen saturation in the medical record which occurs (BID) twice a day.  How the facility will monitor its Corrective actions to ensure that the Deficient practice is being corrected and will not recur; and		

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OFFICE OF INSPECTOR GENERAL  
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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F 842	<p>Continued From page 2 services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of policy, it was determined the facility failed to have an effective system to ensure clinical records were accurately documented to reflect the resident's assessment for three (3) of three (3) sampled residents (Resident #1, #2 and #3). Review of documentation of the residents' respiratory assessment for COVID-19 did not include the residents' oxygen saturation parameters. Interviews with staff revealed assessments for COVID-19 included to monitor residents' oxygen saturation levels for respiratory status. However, the staff stated they did not document it on the resident's medical record under vital signs nor did the facility include specific respiratory indicators on the resident's medical order for COVID-19 monitoring twice a day.</p> <p>The findings include:</p> <p>Review of the facility's policy, Novel Coronavirus (COVID-19), revised 08/31/2020, revealed the facility made routine observations for respiratory symptoms of COVID-19. The facility reviewed respiratory symptoms of all residents in the morning and afternoon clinical meetings. In addition, the facility would review the symptoms to ensure to monitor for respiratory illness.</p> <p>1. Review of Resident #1 clinical record revealed the facility admitted the resident on 07/24/2020, with the diagnoses of Parkinson's Disease,</p>	F 842	<p>Director of Nursing and/or Unit Mangers will audit all new admissions for oxygen saturation orders to include documentation of the resident oxygen saturation in the medical record. These audits began on 9/28/20 and will continue for 3 months and then re-evaluated by the QAPI committee. Any issued identified will be corrected immediately. Reeducation and/or counseling will be initiated as necessary for noncompliance. Results from audit will be reviewed by the QAPI committee monthly for further review and recommendations.</p> <p>Compliance Date – 10/1/2020</p>	



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F 842	<p>Continued From page 3</p> <p>Respiratory Infection, and Dysphagia. Review of the resident's Physician's Orders revealed orders that included to monitor for change of condition, which included new/worse cough, fever, Shortness of Breath (SOB), sore throat, and difficulty breathing. Review of the resident's Treatment Administration Record (TAR) for August and September 2020 revealed the order included documentation of cough. However, review of the SOB record and the vital sign record revealed staff did not document the resident's oxygen saturation twice a day.</p> <p>Interview with Resident #1, on 09/08/2020 at 6:00 PM, revealed staff obtained oxygen saturation levels twice a day. The resident stated staff monitored the levels for COVID-19.</p> <p>2. Review of Resident #2 clinical record revealed the facility admitted the resident on 06/04/2020, with the diagnoses of Pneumonia, Cognitive Communication Deficit, Dysphagia. Review of the resident's Physician's Orders included to monitor for change of condition, which included new/worse cough, fever, Shortness of Breath (SOB), sore throat, and difficulty breathing. Review of the resident's Treatment Administration Record (TAR) for August and September 2020 revealed the order included documentation of cough. However, record review revealed the TAR, vital sign records and the SOB record did not include documentation of oxygen saturation, twice a day, related to COVID-19 monitoring.</p> <p>Interview with Resident #2, on 09/08/2020 at 5:00 PM, revealed the staff obtained oxygen saturations levels twice a day.</p> <p>3. Review of Resident #3's clinical record</p>	F 842			

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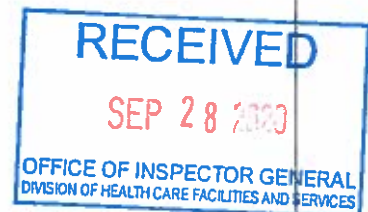
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F 842	<p>Continued From page 4</p> <p>revealed the facility admitted the resident on 05/07/18, with the diagnoses of Parkinson's disease, Sepsis Shock, and Dysphagia. Review of the resident's Physician's Orders included to monitor for change of condition, which included new/worse cough, fever, Shortness of Breath (SOB), sore throat, and difficulty breathing. Review of the resident's Treatment Administration Record (TAR) for August and September 2020 revealed the order included documentation of cough. However, the SOB record, revealed staff did not document oxygen saturation twice a day. Review of the resident's vital sign record revealed the facility staff did not document oxygen saturations twice a day daily.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 09/08/2020 at 4:15 PM, revealed staff assessed a resident's status twice a day for respiratory symptoms related to COVID-19. She stated this included oxygen saturation levels. She stated the TAR did not have an area to document respiratory vital signs, including oxygen and respiratory rate. LPN #1 stated she did not put vital signs for the assessment in the resident's clinical record. She stated the facility would not be able to monitor for respiratory changes, and this piece of clinical information needed to be included for the clinical staff to review.</p> <p>Interview with Licensed Practical Nurse #2, on 09/08/2020 at 5:22 PM, revealed staff assessed a resident's status twice a day for respiratory symptoms related to COVID-19 as ordered by the physician. She stated an assessment included oxygen saturation levels. She stated resident the TAR's did not have an area to document respiratory vital signs, which included oxygen and respiratory rate. LPN #2 stated the facility staff</p>	F 842			



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F 842	<p>Continued From page 5</p> <p>monitored for respiratory changes twice a day and staff should document all respiratory related assessments.</p> <p>Interview with the Director of Nursing (DON), on 09/08/2020 at 6:30 PM, revealed her responsibilities included Infection Preventionist. She stated resident respiratory assessments included to monitor oxygen levels. She stated staff assessed residents twice a day for COVID-19 which included a full respiratory assessment. The DON stated staff were to document vital signs, which included oxygen saturation levels. She stated if the resident's oxygen saturations levels were not documented, as they were part of the respiratory assessment, then the facility could not review for abnormal levels. Further interview revealed if the resident's oxygen level trended lower without other symptoms the resident's and staff could be exposed to the virus.</p> <p>The Administrator was not available for interview. However, the DON stated she assumed the administrator's duties when he/she was not in the building.</p>	F 842		





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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB & WE	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 LYNN WAY LOUISVILLE, KY 40222
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{F 000}	INITIAL COMMENTS  Based upon implementation of the acceptable Plan of Correction, the facility was deemed to be in compliance, 10/01/2020 as alleged.	{F 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		09/26/2020

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT JEFFERSON MANOR REHAB &amp; WE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 LYNN WAY</b> <b>LOUISVILLE, KY 40222</b>
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TITLE

(X6) DATE

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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  100533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 10/01/2020
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE AT JEFFERSON M/	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 LYNN WAY LOUISVILLE, KY 40222
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