

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

PRINTED: 06/17/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/03/2020
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NAME OF PROVIDER OR SUPPLIER  STANFORD CARE AND REHAB, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 106 HARMON HEIGHTS STANFORD, KY 40484
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F 000	INITIAL COMMENTS  An abbreviated standard survey (KY31780) and a COVID-19 focused infection control survey was initiated on 06/01/2020 and concluded on 06/03/2020. The complaint was substantiated and deficient practice was identified with the highest scope and severity at "D" level. The facility was found to be in compliance with 42 CFR 483.80 Infection Control 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. The total census was 94.	F 000		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)  §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;  §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;  §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.	F 692		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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 692	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility policy it was determined the facility failed to have a system in place to ensure fluid intake for one (1) of three (3) sampled residents was being monitored to ensure the resident's hydration needs were being met. Review of Resident #1's medical record and interview with facility staff revealed Resident #1 did not receive monitoring for adequate fluid intake from 05/14/2020 through 05/20/2020.</p> <p>The findings include:</p> <p>Review of the facility policy, "Hydration-Clinical Protocol, MedPass, Inc.," dated September 2017, revealed the physician and staff will monitor for the subsequent development, progression, or resolution of fluid and electrolyte imbalance in at-risk individuals.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 02/20/2020 with diagnoses of Alzheimer's Disease, Dementia, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Congestive Heart Failure, Chronic Kidney Disease Stage 3, and History of Falling.</p> <p>Review of Resident #1's Minimum Data Set (MDS) assessment, dated 05/19/2020, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of six (6), which indicated the resident had severe cognitive impairment.</p>	F 692			

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F 692	Continued From page 2  Review of Resident #1's comprehensive care plan, dated 02/27/2020, revealed the facility assessed the resident to be at risk for altered nutritional status, with a goal to remain free from dehydration.  Review of a Nutritional Risk Assessment for Resident #1, dated 05/19/2020, revealed the resident had an estimated fluid need of between 1,477 milliliters (ml) and 1,773 ml of fluid intake per day.  Review of Resident #1's medical record revealed on 05/21/2020, the facility transferred Resident #1 to the hospital for further evaluation and treatment, due to a change in condition. Subsequently, Resident #1 was admitted to the hospital with diagnoses including Pneumonia and Dehydration. Further review of the hospital record revealed the resident's Blood Urea Nitrogen (BUN) level (which measures renal function) was elevated at 82 (normal 7-25), Creatinine level (indicator of renal function) was 3.8 (normal 0.50-1.20), Sodium level was 142 (normal 137-145), and the resident's BUN/Creatinine Ratio (determines renal injury or dehydration) was 22 (normal 10-20).  Review of Resident #1's fluid intake record dated 05/14/2020 through 05/20/2020 revealed the resident failed to meet his/her estimated fluid needs from 05/14/2020 through 05/20/2020. Further review of the records revealed the maximum documented intake for one day during 05/14/2020 through 05/20/2020 was 360 milliliters, with an average daily intake of 205 milliliters. However, further review of the documentation revealed the staff failed to	F 692			

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F 692	<p>Continued From page 3</p> <p>document the resident's intake for the evening meals on 05/15/2020, 05/16/2020, 05/17/2020, or on 05/20/2020.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 06/01/2020 at 1:45 PM, revealed she had cared for Resident #1 several times from 05/14/2020 through 05/20/2020. The LPN stated staff documented food/fluid intake in each resident's Electronic Medical Record, but she was not aware of who reviewed the documentation to ensure residents were meeting their established fluid needs. LPN #2 stated that although she was not responsible for reviewing fluid documentation to ensure Resident #1 had met his/her estimated fluid needs, the nursing assistants had informed her that Resident #1 was not eating or drinking well during the period from 05/14/2020 through 05/20/2020. The LPN stated she notified the resident's physician on 05/19/2020 and 05/20/2020 that the resident was refusing food and fluid, and that the resident's family was requesting that laboratory tests be conducted.</p> <p>Interview with Resident #1's Physician on 06/03/2020 at 10:35 AM, revealed she had been to the facility and evaluated Resident #1 on 05/15/2020, after the resident returned to the facility from an admission to a behavioral unit on 05/15/2020. The Physician stated Resident #1 had been "deteriorating for a while," and the resident had become increasingly confused. The Physician stated she was notified on 05/19/2020 and 05/20/2020 regarding the resident refusing food and fluids, and the resident's family requesting that laboratory tests be conducted. The Physician stated she decided she would evaluate the resident at the facility on 05/21/2020, and upon that evaluation, decided to send the</p>	F 692			

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F 692	<p>Continued From page 4</p> <p>resident to the hospital as the resident looked "septic."</p> <p>Interview with State Registered Nurse Assistant (SRNA) #1 on 06/01/2020 at 10:40 AM, and SRNA #2 on 06/02/2020 at 11:26 AM, revealed the assistants were both familiar with and had cared for Resident #1. Both staff members stated Resident #1 refused food and fluid at times, and if the resident did not eat or drink the foods/fluids at meal times, they reported that information to the nurse. The assistants also stated that they were to document each resident's food/fluid intake in the resident's Electronic Medical Record (EMR), including fluids consumed by the resident between meals but that on occasion, if it was busy, the information might not get entered into the record.</p> <p>Interview with the Kentucky Medication Aide (KMA) on 06/03/2020 at 4:30 PM, revealed she was familiar with Resident #1. She stated it was difficult to get the resident to eat or drink. The KMA stated the resident would consume "free fluids" for staff better than fluids that accompany meals. The KMA stated she always gave the resident extra fluids with medications and she often observed the resident consuming fluids in-between meals. The KMA stated the dietitian determined each resident's fluid needs, and staff were responsible to document any fluids provided to a resident. Further, the KMA stated that the EMR would calculate the daily amount of fluids consumed by the resident and "flag" any day the resident did not meet his/her assessed fluid needs. However, the KMA stated at times the EMR "had not worked well," and staff had not been alerted when a resident was not meeting his/her fluid needs. The KMA stated she was not</p>	F 692			

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F 692	<p>Continued From page 5</p> <p>responsible for reviewing any fluid documentation for residents to ensure needs were being met, and had not been aware of how much fluid Resident #1 had consumed from 05/14/2020 through 05/20/2020.</p> <p>Interview with LPN #3 on 06/02/2020 at 3:09 PM, revealed she was not responsible for conducting any review or monitoring of fluid intake, and was not aware of any facility monitoring protocol to initiate when a resident did not meet their estimated fluid needs. The LPN also stated she knew staff, including nursing assistants, were required to document each resident's food/fluid intake in the resident's record, but she was not responsible for ensuring this was being completed.</p> <p>Interview with Assistant Director of Nursing (ADON) #1 on 06/02/2020 at 3:57 PM, revealed the facility's EMR was set up to monitor fluid and meal intake. The ADON stated that if a resident had a decreased intake the EMR would generate an alert that would "pop up" on the EMR dashboard to notify staff of the decreased intake. However, the ADON stated the EMR system had not been working correctly, so staff had been documenting food/fluid intakes on paper records. However, she was not aware of any system or guidelines put in place by the facility for staff to monitor resident food/fluid intake since the EMR was not generating an alert.</p> <p>Interview with Assistant Director of Nursing (ADON) #2 on 06/03/2020 at 9:24 AM, revealed staff were documenting resident food/fluid intake and free fluids in the EMR and on paper, because the EMR was not working correctly. The ADON stated nurses should be reviewing the amount of</p>	F 692			

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F 692	<p>Continued From page 6</p> <p>food/fluids consumed by residents daily to ensure each resident was meeting their assessed needs, but she was not sure if this was being completed. ADON #2 stated she was not aware of any system or protocol in place at the facility to ensure the nurses reviewed the information and stated she was not aware that facility nurses would know where to find a resident's estimated fluid needs.</p> <p>Interview with the Director of Nursing (DON) on 06/01/2020 at 2:00 PM, revealed the nursing assistants documented fluid intake for residents when meal intakes were recorded. The DON stated the Registered Dietitian was responsible for reviewing food/fluid intakes anytime they made a nutritional assessment of the resident. She stated the facility had no continuous or daily monitoring of the fluid intakes in place, and stated nursing staff should be monitoring the fluid intakes on each shift. In addition, the DON stated there were no established parameters or guidelines in place at the facility for physician notification related to a resident's food/fluid intake.</p>	F 692			

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E 000	Initial Comments  A COVID-19 focused Emergency Preparedness survey was initiated on 06/01/2020 and concluded on 06/03/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.	E 000			

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Office of Inspector General

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N 000	Initial Comments  A complaint investigation (KY31780) and a COVID-19 focused infection control survey was initiated on 06/01/2020 and concluded on 06/03/2020. The complaint was substantiated and deficient practice was identified pursuant to 42 CFR 483.10-483.95. No deficient practice was identified related to the infection control survey.	N 000		

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