

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

PRINTED: 08/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2011
NAME OF PROVIDER OR SUPPLIER REDBANKS		STREET ADDRESS, CITY, STATE, ZIP CODE 861 KIMSEY LANE HENDERSON, KY 42420	



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F 000	INITIAL COMMENTS An abbreviated survey (KY #16823) was conducted on 08/02/11 through 08/03/11 to determine the facility's compliance with Federal requirements. The facility was not in compliance with Federal regulations with deficiencies cited at the highest S/S of "D." KY #16823 was substantiated with deficiencies cited related to the allegation.	F 000	Redbanks Plan of Correction Abbreviated Survey 8/3/11 Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157	F 157 Notification of Changes A facility must immediately inform the resident, consult with the resident's physician, and if known, notify the resident's legal representative or an interested family member when there is a need to alter treatment significantly. Criteria 1: Resident #1 has expired. Criteria 2: -An audit was completed by the program managers for all residents with current wounds to determine that they have the following in place: documented MD treatment orders, documentation	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Page TITLE: Administrator (X6) DATE: 8/25/11

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 157	<p>Continued From page 1</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on closed record review, review of the facility's policy/procedure and interviews, it was determined the facility failed to consult with the physician for one resident (#1), in the selected sample of three, in regard to an open area on the resident's left lower leg. Staff identified the open area as a blister on 07/23/11 and the physician was not notified until four days later, on 07/27/11.</p> <p>The findings include:</p> <p>A review of the facility's policy/procedure, "Physician/Legal Representative Notification," dated 06/2011, revealed "to immediately notify the physician; consult with the resident's physician when there was a need to alter the resident's treatment significantly (to commence a new form of treatment)."</p> <p>A record review revealed Resident #1 was admitted to the facility on 08/25/10 with diagnoses to include Dementia, Diabetes Mellitus Type II, Kidney/Bladder Disease and Renal Insufficiency.</p> <p>Interviews with Certified Medication Aide (CMA) #1 and the Minimum Data Set (MDS) nurse, on 08/03/11 at 8:25 AM and 8:50 AM, respectively, revealed CMA #1 identified a blistered area on Resident #1's left lower leg as she assisted the resident back into his/her wheelchair on</p>	F 157	<p>demonstrating that the treatments are being implemented as ordered, and documentation reflecting the current wound assessment findings.</p> <p>-The attending physicians and responsible parties/family members for residents with wounds were updated on each resident's current wound status.</p> <p>Criteria 3: Licensed nursing staff have received inservice education on wound care issues, including but not limited to: MD and RP notification upon identification of wounds; and documentation of the following: wound treatment orders; wound assessment findings, and documentation which demonstrates that the treatments are being implemented as ordered, as provided by the Nurse Consultant on 8/10/11, 8/11/11, 8/12/11, 8/13/11, 8/14/11, 8/15/11.</p> <p>Criteria 4: The CQI indicator for the monitoring of MD notification will be utilized monthly X 2 months and then quarterly as per the established CQI calendar under the supervision of the DON.</p> <p>Criteria 5: August 26, 2011</p>	8/26/11	

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F 157	<p>Continued From page 2</p> <p>07/23/11. She stated, as the MDS nurse walked through the unit, she asked the nurse to look at the resident's left leg. The MDS nurse stated she examined the resident's left lower leg and identified a blister, which measured approximately 6 centimeters (cm) x 4 cm. The MDS nurse revealed she reported the blister to Licensed Practical Nurse (LPN) #1, who came on duty after she already assessed the resident's leg. CMA #1 stated she also made LPN #1 aware of the blister. The MDS nurse and CMA #1 both revealed LPN #1 told them she would take care of it. The MDS nurse revealed she did not notify the physician because she was just walking through and reported the blister to the dayshift nurse at that time.</p> <p>An interview with LPN #1, on 08/03/11 at 10:05 AM, revealed she was not made aware of the blister on Resident #1's leg, so she did not notify the physician. She stated she observed Resident #1's left pant leg to be wet and the resident's left leg was weeping, so she placed an abdominal pad around the left leg to soak up the moisture. The LPN revealed she did not observe a blister or any skin breakdown at that time.</p> <p>A review of the nurses' notes, dated 07/27/11 at 10:30 AM, revealed the Unit Manager removed a dressing from Resident #1's left leg and identified a 7 cm x 10.5 cm blister with redness around the wound.</p> <p>An interview with the Unit Manager, on 08/03/11 at 9:20 AM, revealed a Certified Nurse Aide (CNA) came to her, on 07/27/11, and voiced concerns about a wound on Resident #1's left leg, which did not have a dressing on it. The Unit</p>	F 157			

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F 157	Continued From page 3 Manager stated she examined the resident at that time and the resident had dressings on both legs. She revealed she removed the dressing from the left lower leg and identified a busted blister, with the skin from the outer layer of the blister toward the top of the wound. She stated she immediately called the physician and a treatment order was received. A review of a physician's order, dated 07/27/11 (no time listed), revealed "to cleanse the left lower leg with normal saline, apply Silvadene and Cuticerin, and cover with Kerlix every day and as needed (PRN) until healed." An interview with the Director of Nursing (DON), on 08/03/11 at 2:05 PM, revealed the nurse, who was made aware of the wound on 07/23/11, should have notified the physician immediately to determine if he wanted to order a treatment for the resident's wound.	F 157			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on closed record review, review of the facility's policy/procedure and interviews, it was determined the facility failed to provide the	F 309	F 309 Quality of Care Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and care plan. Criteria 1: Resident #1 has expired.		

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F 309	<p>Continued From page 4</p> <p>necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care for one resident (#1), in the selected sample of three. The facility identified a stage II wound on Resident #1's left lower leg on 07/23/11. The facility failed to immediately notify the physician to obtain treatment, revise the care plan to include interventions to address the wound or assess and monitor the wound for four days (07/27/11).</p> <p>The findings include:</p> <p>A review of the facility's policy/procedure, "Skin Care Management," revealed "an assessment of the wound should be conducted by the licensed nurse when an area was initially identified and at least weekly until healed. Assessment of Pressure Ulcer (Briggs form 6-SHH) should be used for this documentation. Progress should be monitored daily, and if at any time, deterioration was noted, reevaluation should occur. A physician's order should be obtained for the dressing and the frequency of changing."</p> <p>A record review revealed Resident #1 was admitted to the facility on 08/25/10 with diagnoses to include Dementia, Diabetes Mellitus Type II, Kidney/Bladder Disease and Renal Insufficiency.</p> <p>A review of the Comprehensive Care Plan titled "Risk for skin breakdown/pressure and/or stasis ulcer development," dated 09/11/10, revealed "staff were to conduct weekly skin assessments and notify the physician of any significant abnormal findings with the potential to receive new orders."</p>	F 309	<p>Criteria 2: . -An audit was completed by the program managers for all residents with current wounds to determine that they have the following in place: documented MD treatment orders, documentation demonstrating that the treatments are being implemented as ordered, and documentation reflecting the current wound assessment findings.</p> <p>-The attending physicians and responsible parties/family members for residents with wounds were updated on each resident's current wound status.</p> <p>Criteria 3: Licensed nursing staff have received inservice education on wound care issues, including but not limited to: MD and RP notification upon identification of wounds; and documentation of the following: wound treatment orders; wound assessment findings, and documentation which demonstrates that the treatments are being implemented as ordered on the following dates: 8/10/11, 8/11/11, 8/12/11, 8/13/11, 8/14/11, 8/15/11.</p>		

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F 309	Continued From page 5 A review of the Minimum Data Set (MDS) assessment, dated 07/15/11, revealed the facility assessed Resident #1's cognition to be severely impaired, at high risk for pressure sores and identified the resident with one venous ulcer. Interviews with Certified Medication Aide (CMA) #1 and the MDS nurse, on 08/03/11 at 8:25 AM and 8:50 AM, respectively, revealed CMA #1 identified a blistered area on Resident #1's left lower leg as she assisted the resident back into his/her wheelchair on 07/23/11. She stated, as the MDS nurse walked through the unit, she asked the nurse to look at the area on the resident's left lower leg. The MDS nurse stated she examined the resident's left lower leg and identified a blister, which measured approximately 6 centimeters (cm) x 4 cm. The MDS nurse revealed she reported the blister to Licensed Practical Nurse (LPN) #1, who came on duty after she assessed the resident's leg. CMA #1 stated she also made LPN #1 aware of the blister. The MDS nurse and CMA #1 both revealed LPN #1 told them she would take care of it. An interview with LPN #1, on 08/03/11 at 10:05 AM, revealed she worked with Resident #1 on 07/23/11 and 07/24/11 and was not made aware of the blister on Resident #1's left lower leg. She stated Resident #1's left pant leg was wet and the resident's left leg was weeping, so she placed an abdominal pad around the leg to soak up the moisture. The LPN revealed she did not see a blister and/or any skin breakdown and she did not notify the physician to obtain a treatment for the wound area on the resident's left lower leg.	F 309	Criteria 4: -The CQI indicator for the monitoring of MD notification will be utilized monthly X 2 months and then quarterly as per the established CQI calendar under the supervision of the DON. -The CQI indicator for the monitoring of wound care issues and documentation will be utilized monthly X 2 months and then quarterly in accordance with the established CQI calendar under the supervision of the DON. Criteria 5: August 26, 2011	8/26/11	

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F 309	Continued From page 6 A review of the Physician's Orders, the Treatment Administration Record (TAR), dated July 2011, and the Wound Flow Sheets, dated July 2011, revealed there was no treatment ordered for the blistered area on Resident #1's left leg and there was no evidence the area was monitored on a daily basis. A review of the nurses' notes, dated 07/25/11 at 5:00 AM, and an interview with LPN #2, on 08/03/11 at 7:00 AM, revealed staff reported to her about the resident's left leg dressing being saturated. LPN #2 stated she provided a treatment to the left leg, but later identified the treatment which she conducted was supposed to be on the resident's right leg. She stated she did not notify the physician or obtain a treatment for Resident #1's blister on the left leg. An interview with LPN #3, on 08/03/11 at 11:20 AM, revealed she worked dayshift on 07/25/11 and 07/26/11. LPN #3 revealed the dressing on the resident's left lower leg was dry and intact on both of those days, so she did not remove the dressing to observe the area. She stated she was unaware the physician was not notified, and unaware no treatment was ordered for the blister on the resident's left leg. An interview with Registered Nurse (RN) #1, on 08/03/11 at 10:45 AM, revealed she worked nightshift on 07/25-26/11. She revealed staff reported to her that Resident #1's dressing was wet, so she provided wound care and changed the dressing. She stated there was a treatment for the left leg, so she did not notify the physician.	F 309			

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F 309	<p>Continued From page 7</p> <p>A review of the nurses' notes, dated 07/27/11 at 10:30 AM, revealed the Unit Manager removed a dressing from Resident #1's left leg and identified a 7 cm x 10.5 cm blister with redness around the wound area.</p> <p>An interview with the Unit Manager, on 08/03/11 at 9:20 AM, revealed a Certified Nurse Aide (CNA) came to her, on 07/27/11, and voiced concerns about a wound on Resident #1's left leg, which did not have a dressing on it. The Unit Manager stated she examined the resident at that time and the resident had dressings on both legs. She revealed she removed the dressing from the left lower leg and identified a busted blister, with the skin from the outer layer of the blister toward the top of the wound. She stated she immediately called the physician and a treatment order was received. Additionally, she stated she started the Briggs sheet for weekly monitoring and the wound flow sheet for daily monitoring.</p> <p>Further review of a physician's order, dated 07/27/11 (no time listed), revealed "to cleanse the left lower leg with normal saline, apply Silvadene and Cuticerin, and cover with Kerlix every day and as needed (PRN) until healed."</p> <p>Further review revealed the care plan was not updated until 07/29/11 to include the stage II wound area on the resident's left lower leg.</p> <p>An interview with the Director of Nursing (DON), on 08/03/11 at 2:05 PM, revealed the nurse, who was made aware of the wound on 07/23/11, should have notified the physician immediately to determine if he wanted to order a treatment for the resident's wound and initiated the Briggs</p>	F 309			

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F 309	Continued From page 8 sheet for weekly monitoring and wound flow sheet for daily monitoring. She stated the care plan should have also been updated to include the interventions for care of the left leg.	F 309			