

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

PRINTED: 07/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/14/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  WURLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 WURLAND AVENUE WURLAND, KY 41144
---	--

(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)	(X6) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000	INITIAL COMMENTS  An Abbreviated Survey investigating ARO#KY00016704 was initiated on 07/13/11 and concluded on 07/14/11. ARO#KY00016704 was substantiated with deficiencies cited at F-280 and F-514. The highest Scope and Severity was a "D".	F 000	The statements made in this plan of correction are not an admission to and do not constitute agreement with the alleged deficiencies herein.	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to revise the Comprehensive Care Plan for one (1) of three (3) sampled residents, (Resident #1).	F 280	To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.  F280 It is the policy of Wurland Nursing and Rehabilitation Center to develop a plan of care within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, and to the extent possible, the participation of the resident and/or the responsible party. On 7/14/11, the MDS Coordinator obtained the order to discontinue	8/27/11

RECEIVED  
AUG 24 2011

LABORATORY, DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE ADMINISTRATOR	(X8) DATE 8/23/11
--	------------------------	----------------------

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.

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

PRINTED: 07/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/14/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  WURLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 WURLAND AVENUE WURLAND, KY 41144
---	--

(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 280	<p>Continued From page 1</p> <p>The facility failed to revise Resident #1's Comprehensive Care Plan to reflect the removal of the wander guard/code alert bracelet when removed on 06/10/11.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #1 was admitted to the facility on 06/30/09 with diagnoses which included Bi-Polar Disorder, Schizophrenia, Osteomyelitis, and Diabetes. Review of the quarterly Minimum Data Set (MDS) Assessment, dated 06/16/11, revealed the the facility assessed the resident to be oriented with no cognitive impairment.</p> <p>Review of Resident #1's Comprehensive Care Plan revealed the facility noted a behavior of attempting to leave the facility on 04/18/11, and as the intervention, added a code alert bracelet.</p> <p>Observation of Resident #1, on 07/13/11 at 2:30, PM revealed no evidence of a code alert bracelet.</p> <p>Interview with the MDS Nurse on 07/14/11 at 10:30 AM revealed Resident #1, who was alert and oriented, expressed that he/she no longer wanted to wear the code alert bracelet on 06/20/11. Interview further revealed an assessment was completed at that time and because there were no episodes of confusion or exit seeking behavior, the facility decided to remove the code alert bracelet.</p> <p>Interview with the Administrator, on 07/13/11 at 2:30 PM, revealed Resident #1 exited the facility on 07/10/11 at 4:30 PM and was seen walking one block from the facility. The Administrator</p>	F 280	<p>the use of the code alert bracelet for Resident # 1. On 7/14/11, the MDS Coordinator reviewed and revised Resident #1's Comprehensive Care Plan. The revisions included the discontinuation of the code alert bracelet and updated psychosocial interventions.</p> <p>The MDSC will review and revise all active resident care plans to ensure that they accurately reflect the individualized needs of each resident by 8/26/11.</p> <p>The DON provided additional education to the IDCPT on 8/4/11 regarding the importance of revising the plan of care for each resident as changes occur so that the care plan addresses the current individual needs of each resident. The IDCPT is composed of the MDSC, Social Services, Dietary Manager, Activities Director and a Nursing Designee.</p> <p>The SDC educated nursing staff regarding the importance of obtaining an order and reviewing and revising the care plans for residents who have had a change</p>	
-------	--	-------	--	--

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

PRINTED: 07/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED.  C 07/14/2011
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WURLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 WURLAND AVENUE WURLAND, KY 41144
---	--

(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)	(X6) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 280	<p>Continued From page 2</p> <p>revealed the resident was last seen by staff in the facility at 4:20 PM. Further interview revealed it was the facility's policy for alert residents to sign out at the nurse's station prior to leaving the facility grounds. Per interview, Resident #1 was brought back into the facility by staff and re-educated on their requirement of having alert and oriented residents sign out before leaving the facility grounds, which the resident indicated he/she understood and agreed to do in the future.</p> <p>Review of the Comprehensive Care Plan revealed no evidence the facility revised the plan of care for Resident #1, on 06/20/11 when the code alert bracelet was removed.</p> <p>Interview with the Director of Nursing (DON) on 07/14/11 at 10:00 AM revealed the Care Plan was not updated to show the code alert bracelet was removed on 06/20/11 (due to resident choice) but should have been revised at that time.</p>	F 280	<p>in their individualized needs on 8/4/11.</p> <p>The DON/Administrator will audit 5 resident care plans per week for 4 weeks to ensure that the correct individualized needs are on record. Any revisions or re-education will be made at that time.</p> <p>The results and revisions made related to the audits will be discussed during the monthly CQI (Continuous Quality Improvement) meetings. The CQI Committee is composed of the Administrator, DON, ADON, RN Supervisor, Social Services, MDS Coordinators, Medical Records, Activity Director, Rehab Manager, Dietary Manager, SDC, Housekeeping/Laundry Director, Accounts Payable/Payroll Manager, AR Manager, Maintenance Director and HR Manager.</p> <p>Date of Compliance 8/27/11</p>	
F 514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p>	F 514		

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

PRINTED: 07/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/14/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  WURLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 WURLAND AVENUE WURLAND, KY 41144
---	--

(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)	(X6) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 514	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that are complete, accurate, and organized for one (1) of three (3) sampled residents, (Resident #1). The facility failed to ensure the Care Plan and Physician's Orders were accurated related to a code alert bracelet for Resident #1.</p> <p>The finding include:</p> <p>Review of the medical record revealed Resident #1 was admitted to the facility on 06/30/09 with diagnoses which included Bi- Polar Disorder, Schizophrenia, Osteomyllitis and Diabetes.</p> <p>Review of the quarterly Minimum Data Set (MDS) Assessment, dated 06/16/11, revealed the resident to be orlented with no cognitive impairment.</p> <p>Review of Resident #1's Care Plan revealed the resident had been wearing a code alert bracelet since 04/18/11 when he/she got on a church bus in the parking lot to go to church, without signing out. The resident, who is responsible for himself/herself, made the choice to remove the code alert bracelet on 06/20/11.</p> <p>Review of the Physicians Orders for July 2011 revealed the code alert bracelet was still ordered to be on the resident and checked regularly when, in fact, it had been removed since 06/20/11.</p>	F 514	<p>F514 It is the policy of Wurland Nursing and Rehabilitation Center to maintain clinical records on each resident in accordance with accepted professional standards and practice that are complete; accurately documented; readily accessible; and systematically organized. On 7/14/11, the MDS Coordinator obtained the order to discontinue the use of the code alert bracelet for Resident # 1. On 7/14/11, the MDS Coordinator reviewed and revised Resident #1's Comprehensive Care Plan including the discontinuation of the code alert bracelet and updated psychosocial interventions. The MDSC reviewed the record of Resident #1 on 7/14/11 to ensure the record is maintained in accordance with accepted professional standards and practice that are complete; accurately documented; readily accessible; and systematically organized. The Medical Records Coordinator, IDCPT and all</p>	8/27/11
-------	---	-------	---	---------

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

PRINTED: 07/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/14/2011
NAME OF PROVIDER OR SUPPLIER  WURLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 WURLAND AVENUE WURLAND, KY 41144		
(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)	(X6) COMPLETION DATE	
F 514	<p>Continued From page 4</p> <p>Review of Resident #1's most recent Care Plan revealed the care plan was not updated to show Resident #1's code alert bracelet was removed on 06/20/11. Also, interventions to check the code alert bracelet for placement and functioning were not discontinued on the careplan.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 07/14/11 at 9:15 AM revealed there was no nurse's note or physician's order in Resident #1's medical record revealing the date the code alert bracelet was removed from the resident. She also revealed the care plan was not updated to reveal the code alert bracelet was removed on 06/20/11. She could not explain why the records were not updated.</p> <p>Interview with RN #1, the Director of Nursing (DON), on 07/14/11 at 10:00 AM revealed the facility had no written evidence the physician had been made aware the code alert bracelet had been removed on 06/20/11. There was no Physician's Order to discontinue use of the code alert bracelet in Resident #1's medical records. RN #1 stated in an interview on 07/14/11 at 4:00 PM that the physician should have been notified of the resident's choice to remove the code alert bracelet and a Physician's Order for the removal should have been obtained. Further interview revealed the residents Care Plan should accurately reflect the resident's status.</p>	F 514	<p>nursing staff received education on 8/26/11 by the SDC regarding the importance of maintaining clinical records in accordance with accepted professional standards and practice; that they are complete, accurately documented, readily accessible and systematically organized. The Medical Records Coordinator will review the clinical record for each active resident for the last 60 days by 8/26/11 to ensure that records are maintained in accordance with accepted professional standards and practices. Any area identified as a concern will be corrected if appropriate. The DON/Administrator will audit 5 resident charts per week for 4 weeks ensure that records are maintained in accordance with accepted professional standards and practice. The results and revisions made related to the audits will be discussed during the monthly CQI (Continuous Quality Improvement) meetings. The CQI Committee is composed of the</p>		

Administrator, DON, ADON, RN  
Supervisor, Social Services, MDS  
Coordinators, Medical Records,  
Activity Director, Rehab  
Manager, Dietary Manager, SDC,  
Housekeeping/Laundry Director,  
Accounts Payable/Payroll  
Manager, AR Manager,  
Maintenance Director and HR  
Manager.

Date of Compliance 8/27/11