

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

PRINTED: 01/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/09/2014
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NAME OF PROVIDER OR SUPPLIER  VILLASPRING OF ERLANGER	STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018
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F 000

INITIAL COMMENTS

F 000

An Abbreviated Survey investigating KY#00021124 was initiated on 01/07/14 and concluded on 01/09/14. KY#00021124 was unsubstantiated with related deficiencies.

F 280

483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

F 280

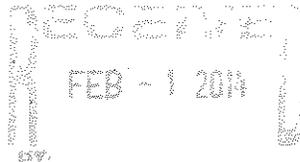
The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

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.

Without admitting or denying the validity or existence of the alleged deficiencies, Villaspring provides the following plan of correction:

This plan of correction is not meant to establish any standard of care, contract, obligation or position and Villaspring reserves all right to raise all possible contention and defenses in any civil or criminal action or proceeding.

THIS PLAN OF CORRECTION SERVES AS VILLASPRING OF ERLANGER'S CREDIBLE ALLEGATION OF SUBSTANTIAL COMPLIANCE AS OF FEBRUARY 11, 2014.



This REQUIREMENT is not met as evidenced by:

Based on observation, interview, record review and review of the facility's Care Plan policy, it was determined the facility failed to revise the Comprehensive Plan of Care (CPC) for two (2) of four (4) sampled residents (Resident #2 and Resident #3). Review of Resident #2's quarterly

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Laura J. Hubbard, LHA</i>	TITLE <i>Administrator</i>	(X6) DATE <i>1/31/14</i>
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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 280	<p>Continued From page 1</p> <p>Minimum Data Set (MDS) revealed Resident #2 was assessed as having Oxygen (O2) therapy and review of Resident #2's December 2013 physician's orders revealed orders for Resident #2 to have O2 at (2) liters per minute (LPM) via nasal cannula (NC) continuous. Review of Resident #2's CPC revealed no documented evidence the CPC was revised to include this intervention.</p> <p>Review of the physician's order dated 12/11/13 revealed an order for Resident #3 to have (O2) PRN to keep Oxygen saturation (O2 SATS) above ninety (90) percent (%); however, review of Resident #3's CPC revealed no documented evidence the CPC was revised to include this intervention.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Minimum Data Set (MDS) 3.0, Resident Assessment Instrument (RAI)", dated 03/2013, revealed the RAI included the MDS, Care Assessment Areas (CAAs) and guides the development and revision of the Care Plan. Review of the facility's policy titled "Short Term Care Plans (STCP)", revised 11/2012, revealed the facility utilized this specific form to document immediate needs for a specific acute condition. The policy further stated any nurse could initiate the STCP.</p> <p>Interview with MDS Nurse #1, on 01/09/14 at 2:10 PM, revealed the STCP was also used as an interim care plan until the quarterly assessment was completed. Further interview revealed the STCP information was used to revise the CPC when applicable.</p>			F 280	<p>F280: RIGHT TO PARTICIPATE IN PLANNING CARE- REVISE CP</p> <p>Villaspring develops care plans for residents within 7 days of the completion of the comprehensive assessment and reviews and revises the care plan after each assessment by the Interdisciplinary Team. Residents are encouraged to participate in planning the care and treatment or changes in their care and treatment.</p> <p>Villaspring assesses residents upon admission, quarterly, annually and upon change in condition. In addition, the facility has an ongoing assessment process to assure that each resident's individualized needs are identified. Based upon the assessment, a care plan is developed to address the identified needs.</p> <p>The facility periodically reviews and revises each resident's individualized comprehensive care plan after each assessment. Short Term Care Plan is implemented to document immediate needs and acute issues and revised with change in MO orders.</p>		2/11/14

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F 280	<p>Continued From page 2</p> <p>Interview with the Assistant Director of Nursing (ADON), on 01/09/14 at 4:10 PM, revealed the nurse who takes a physician's order was responsible for initiating or updating the care plan.</p> <p>1. Review of Resident #2's clinical record revealed the facility admitted him/her on 09/24/04 with diagnoses which included Alzheimer's Disease and Chronic Obstructive Pulmonary Disease (COPD). Review of the December 2013 physician's orders revealed an order written on 11/08/13 for Resident #2 to have O2 at 2 LPM/NC continuous and could titrate (process of adjusting a dose of medication until the optimal results were achieved) O2 to 3 LPM/NC to keep O2 SATS greater than 90%. Review of Resident #2's current CPC dated 09/25/04 did not reveal documented evidence of this intervention. Continued review did not reveal a STCP for this intervention in Resident #2's clinical record.</p> <p>Interview with the Director of Nursing, on 01/09/14 at 4:27 PM, revealed Resident #2's CPC should have been updated to reflect the current O2 intervention.</p> <p>2. Review of Resident #3's clinical record revealed the facility admitted him/her on 11/26/13 with diagnoses which included Atrial Fibrillation (A Fib) and Heart Failure. Review of Resident #3's physician's orders revealed an order written on 12/11/13 for Resident #3 to have PRN O2 to keep O2 SATS above 90%. Review of Resident #3's CPC revealed there was no documented evidence of this intervention nor was there documented evidence of a STCP for this intervention.</p>	F 280	<p>Resident #2 no longer in facility.</p> <p>Resident #3's Comprehensive Care plan was revised on 1/7/14 by MDS nurse to include her oxygen therapy. Additionally, she has Acute Plan of Care in place regarding Potential for CHF.</p> <p>IDT staff including RN staff will review each residents comprehensive plan of care by February 11, 2014 to assure the Care plans are updated and/or a Short Term Care Plan is in place to address residents needs/interventions.</p>	2/11/14	

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F 280	Continued From page 3 Interview with the Director of Nursing, on 01/09/14 at 4:27 PM, revealed Resident #3's CPC should have been updated to reflect the current O2 intervention.  Interview with MDS Nurse #2, on 01/08/14 at 2:00 PM, revealed Nursing should have initiated a STCP for Resident #2 and Resident #3 when the O2 orders were received.  Interview with the Administrator, on 01/09/14 at 4:35 PM, revealed it was her expectation that Resident #2 and Resident #3's CPCs should have been updated to include the current O2 intervention.	F 280	Licensed nursing staff will receive additional education and reinforcement by February 11, 2014 regarding the Care Plan policy and process including but not limited to revising residents Comprehensive Plan of Care; Implementing STCP's and revising with changes including MD orders by the Director of Nursing or RN designee. Additionally, the Interdisciplinary Team attended an inservice on January 15, 2014 given by the DON and ADON on the Care Planning policy and process.  A PI worksheet is being completed to monitor that care plans are in place and revised as needed. A copy of the worksheet is attached as EXHIBIT A. This PI worksheet is being completed by the DON or designee weekly X 4 then monthly thereafter. If issues are noted the DON or designee takes appropriate action at the time the concern is noted. Results of the PI worksheet will be reported to the PI committee for a determination of the need for further ongoing formal monitoring.	2/11/14	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure physicians' orders were followed related to Oxygen (O2) administration flow rate for one (1) of four (4) sampled residents (Resident #4). Review of Resident #4's quarterly Minimum Data Set (MDS) dated 12/16/13 revealed the facility assessed him/her as having O2 therapy. Review of the December 2013 physician's orders revealed an order for Resident #4 to receive O2 at a flow rate of 2.5 liters per nasal cannula (NC) at all times. Observation of Resident #4's O2 flow rate on 01/07/14 at 11:55 AM and 4:00 PM revealed a flow rate of 1.5 liters.	F 281	The DON will monitor compliance Compliance Date : February 11, 2014  F281: SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  Villa spring will continue to provide and arrange for services to meet professional standards of quality. Villaspring maintains a trained, professional staff that is made up of Registered Nurses, Licensed Practical Nurses and Therapists.  The facility nursing staff follows physician orders and documents in the Electronic record including observations of residents respiratory therapy. Physicians are notified of any concerns.		

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F 281	Continued From page 4  The findings include:  Review of the facility's policy titled "Oxygen Administration", dated 06/13, revealed nursing was able to evaluate and document needs of residents and safely administer Oxygen to a resident to prevent or reverse hypoxia and/or to improve tissue oxygenation. Further review of this policy revealed the procedure was to obtain the Oxygen order from the physician that would include the following components: flow rate and routine monitoring of O2 saluration levels.  Review of Resident #4's clinical record revealed the facility re-admitted him/her on 12/10/13 with diagnoses which included Chronic Obstructive Disease (COPD), Heart Failure and Pneumonia.  Review of the December 2013 physician's orders revealed an order for Resident #4 to receive O2 at a flow rate of 2.5 liters per nasal cannula (NC) at all times. Observation of Resident #4's O2 flow rate, on 01/07/14 at 11:55 AM, revealed a flow rate of 1.5 liters. Continued observation, on 01/07/14 at 11:55 AM, revealed the tank meter indicated the tank was empty. Observation at this time revealed Licensed Practical Nurse (LPN) #2 (nurse assigned to Resident #4 on 01/07/14) to change the tank at this time; however LPN #2 did not adjust the flow rate at that time. Observation, on 01/07/14 at 4:00 PM, revealed Resident #4's O2 flow rate was set at 1.5 liters per minute.  Interview with LPN #2, on 01/07/14 at 4:20 PM, revealed she was not sure what the O2 flow rate for Resident #4 should have been, but she thought it was 2 liters per minute/NC. Continued interview with LPN #2 revealed she was unaware.	F 281	The nursing supervisors and nursing management team perform periodic informal rounds, as a component of their daily duties, observing the direct care staff in rendering care for the residents including oxygen therapy. If concerns are noted, the nursing supervisor or manager takes appropriate interventions at that time, including additional one-on-one re-education of the employee. The Villaspring policy for Physician Order Transcribing/Posting states Orders are posted to the resident's record by licensed nursing personnel. All orders are dated, timed and signed by the nurse receiving the order. The order is then transcribed and posted to the medication /treatment record.  Each O2 order indicates the amount of O2, flow rate and O2 saturation monitoring.  Resident #4's oxygen flow rate was corrected to the MD order on 1/7/14. Her O2 sat was 92%, within her prescribed parameters. Resident #4's oxygen flow rate continues at the MD ordered rate.  Each resident who required oxygen was audited on 1/7/14 by the RN staff to assure MD orders implemented. Additionally, each resident's orders will be reviewed by 2/1/14 to assure proper communication of orders to the MAH/TAR.  Licensed nursing staff will receive by February 11, 2014 additional education by the DON or designee regarding Physician Order Transcribing/Posting; Oxygen Monitoring and Oxygen Administration. LPN #2 received counseling and teaching regarding proper O2 monitoring on January 13, 2014 by the DON and Administrator.	2/11/14

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F 281	Continued From page 5 the flow rate was set at 1.5 liters per minute/NC or how long it had been set at 1.5 liters per minute, "it had been a hectic day" and she had not checked to verify the flow rate was set correctly.  Interviews with the Director of Nursing, the Unit Manager for Unit 1, and the Administrator, on 01/09/14 at 4:35 PM, revealed LPN #2 should have already assessed Resident #4's O2 flow rate by the time she had to change the empty tank at 11:55 AM to ensure the flow rate was set per the physician's order.	F 281	SRNA's will receive additional training and continued reinforcement by the Nursing Management staff by February 11, 2014, regarding their role in Oxygen monitoring, certification of licensed nursing personnel and use of Resident Information sheets for O2 use.  A PI worksheet is being completed to monitor that MI orders for oxygen are correctly implemented. A copy of the worksheet is attached as EXHIBIT A. This PI worksheet is being completed by the DON or designee weekly X 4 then monthly thereafter. If issues are noted the DON or designee takes appropriate action at the time the concern is noted. Results of the PI worksheet will be reported to the PI committee for a determination of the need for further ongoing formal monitoring.  The DON will monitor compliance.  Compliance date: February 11, 2014	2/11/14	