

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

RECEIVED

JUN 13 2014

PRINTED: 06/05/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/30/2014
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NAME OF PROVIDER OR SUPPLIER  KINDRED HOSPITAL - LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205
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F 000 INITIAL COMMENTS

An Abbreviated Survey was initiated on 05/28/14 and concluded on 05/30/14 to investigate KY21743. The Division of Health Care unsubstantiated the allegation with unrelated deficiencies cited.

F 241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  
SS=D

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:  
Based on observation, interview, record review and review of the facility's Resident Rights Policy, it was determined the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced their dignity for two (2) of three (3) sampled residents, Resident #1 and #3 as it related to their shower preferences and honoring their preferences.

The findings include:

Review of the facility's policy regarding Resident Rights, revised 04/28/09, revealed residents with barriers, such as communication problems, hearing problems, or cognition limits were assisted with the exercise of their rights based on their degree of capability. Residents have the autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care.

F 000

*This Plan of Correction is the center's credible allegation of compliance.*

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F 241

F241

7/1/2014

**Immediate Actions:**

Residents #1 & #3 resumed regular showers according to their individual preferences by 6/2/2014.

**How the facility will identify other residents having potential to be affected:**

The Shower Certified Nurse Assistant conducted a bathing preference audit for current residents which was completed on 6/5/14. No other issues were identified during the audit.

**How corrective action will be accomplished for those residents having the potential to be affected:**

The shower/bathing routines were updated by the shower C NA and resident care plans were updated by Minimum Data Set Coordinator to reflect residents' preference(s) identified during the audit.

**What measures will be put in place or systemic changes made to ensure deficient practice will not occur:**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

X Executive Director X 6/13/14

(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 241 Continued From page 1

1. Review of Resident #1's clinical record, revealed the facility admitted the resident on 07/26/12, with diagnoses of Respirator Dependence, Tracheostomy, Chronic Respiratory Failure, Muscular Dystrophy, Depressive Disorder, Morbid Obesity, Menstruation and Abnormal Bleeding and Long Term Anticoagulant Therapy.

Review of Resident #1's Minimum Data Set (MDS) Quarterly assessment, dated 03/18/14, revealed the facility assessed Resident #1 with a Brief Interview for Mental Status (BIMS) score of fifteen (15) which meant the resident was interviewable. The facility assessed Resident #1 as totally dependent of hygiene, with a one (1) to two (2) person assist.

Observation of Resident #1, on 05/29/14 at 12:32 PM, revealed Resident #1's hair looked oily and matted to the back of his/her head.

Review of the shower log revealed Resident #1 received showers on Wednesdays and Fridays.

Interview with Resident #1, on 05/29/14 at 1:10 PM, revealed when Certified Nursing Assistant (CNA) #2 was on light duty he/she could not receive showers. Resident #1 stated he/she did not receive his/her shower on the day before because there was no shower aid. Resident #1 stated he/she liked his/her showers and preferred to have their hair washed while in the shower.

Review of Resident #1's Treatment Record for the month of April 2014, revealed out of the thirty (30) days in April, no showers were documented as given. Review of Resident #1's Treatment Record for the month of May 2014, revealed out

F 241

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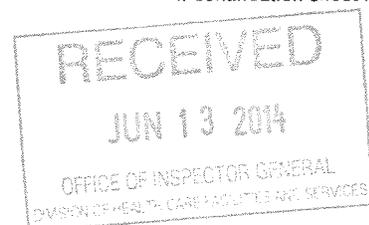
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Staff Development Coordinator and Respiratory Therapy Manager will train additional staff to provide showers in order to provide substantial coverage for any resident bathing preference by 6/27/14 Staff Development Coordinator (SDC) will educate staff on honoring resident bathing preference and completing resident hygiene needs by 6/18/14. This education will include utilization of the grievance process to report issues or concerns regarding resident needs. The SDC will update new hire orientation education regarding maintaining and/or enhancing resident dignity.

A resident bathing preference audit will be conducted once per quarter by the shower certified nurse assistant. Resident's shower / bathing schedules will be adjusted to meet their preference.

CNA #2 was educated in the proper grievance process if resident's bathing preference request(s) were not being followed.

**How the facility plans to monitor its performance to make sure that solutions are sustained:**



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F 241 Continued From page 2  
of twenty-nine (29) days, only one (1) day, 05/23/14, was documented that Resident #1 had received a shower.

2. Review of Resident #3's clinical record, revealed the facility admitted the resident on 05/29/13, with diagnoses of Respirator Dependence, Tracheostomy, Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disease, Chronic Pain and Transient Cerebral Ischemia.

Review of Resident #3's BIMS scores revealed the facility assessed Resident #3 with a BIMS of fourteen (14) which meant the resident was interviewable.

Review of Resident #3's shower schedule, revealed Resident #3 received a shower on Mondays and Fridays.

Observation and interview with Resident #3, on 05/28/14 at 3:20 PM, revealed Resident #3 was laying down in bed and was observed to have red pea size patches on the forehead and scalp with white flakes. The resident stated that his/her hair was dry and that he/she was supposed to receive a shower twice a week. Resident #3 stated there were only two shower aids and when one shower aid was gone, he/she would not receive a shower. Resident #3 stated his/her scalp itched really bad because he/she was not receiving showers as he/she should. Resident #3 stated he/she did not like to smell and it was hard for him/her to reach private parts on his/her own body.

Review of Resident #3's Treatment Record, for the month of April 2014, revealed out of thirty (30) days, Resident #3 was not given any showers. Review of Resident #3's Treatment

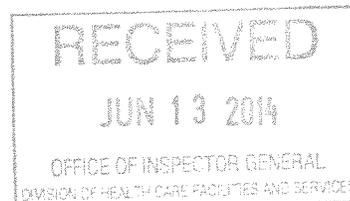
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Resident shower practices and documentation will be reviewed for accuracy and adherence to each resident's dignity and personal preference two(2) times a week for one(1) month, then once a week for three(3) months by Director of Nursing or Nurse Manager. Results will be presented to the Quality Assurance Committee by the Director of Nursing Services or Nurse Manager for review and approval. Audits will continue until 100% compliance is achieved for 3 months. The Quality Assurance Committee consists of Executive Director, Medical Director, Director of Nursing, RN Nurse Manager, RT Manager, Social Worker, MDS Coordinator, Registered Dietician, Staff Development Coordinator, Activity Director, Admission Coordinator, RN Wound Care Nurse and the Medical Records Clerk.

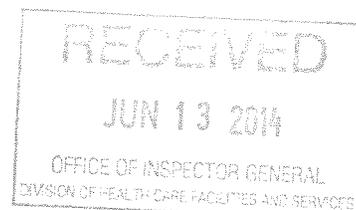
To ensure continued compliance, quarterly audits for adherence to resident bathing preferences and dignity will be conducted. Any deviation found in on-going audits will be dealt with through education and the facility's disciplinary policy.



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F 241	<p>Continued From page 3</p> <p>Record for the month of May 2014, revealed out of twenty-nine (29) days, Resident #3 was not given any showers.</p> <p>Interview with CNA #4, on 05/29/14 at 2:25 PM, revealed there had been a problem with residents receiving their showers. CNA #4 stated while CNA #2 was out on medical leave she was informed to make sure residents received complete bed baths.</p> <p>Interview with CNA #2, on 05/29/14 at 10:11 AM, revealed she was the shower aid 5 days a week. CNA #2 stated showers were given between the hours of 8:00 AM to 4:30 PM and everyday there was a different shower schedule. CNA #2 stated she had only given showers on Tuesday and Wednesday of the week because she was pulled to complete other tasks. CNA #2 stated when she worked on the floor the CNA's were responsible to complete bed baths for the residents who were to have showers. CNA #2 stated that not all residents received showers twice a week. Residents were given showers per their preference. CNA #2 stated she informed the residents that if they ever requested two (2) showers in the week that they may not receive the second shower because she was the only one giving the showers and she worked only 8 hours a day. CNA #2 stated Resident #3 had complained to her about not receiving a shower. Resident #3 says that he/she would like a shower so that his/her hair can be washed. CNA #2 stated Resident #3 had not been receiving two (2) showers per week. CNA #2 stated she did not document showers on the Treatment Record, but the Aids were responsible to document the information.</p>	F 241		



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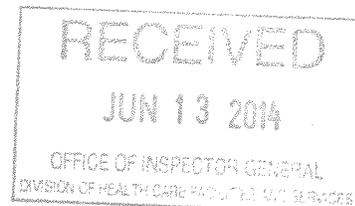
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Further interview with CNA #2, on 05/30/14 at 8:57 AM, revealed on March 21st, 2014, CNA #2 had sustained an injury to her head in which she had to be placed on light duty until the first week of May 2014. While on light duty, the Director of Nursing (DON) had instructed the staff to complete full bed baths on residents during their shower days. CNA #2 stated when she came off of light duty, she had completed showers twice a week for three weeks. CNA #2 stated there were some residents who were not receiving their baths and that she was not following the schedule.

Interview with the Respiratory Therapist (RT), on 05/29/14 at 11:05 AM, revealed she normally went into the shower rooms with residents to bag them (breath for them using an Ambu bag). The RT stated there was only one shower aid and as far as she was aware, all showers were given during first shift. The RT stated she tried to give every one a shower. The RT stated she knew that they had missed residents, but she had tried to bath those residents who really wanted a shower. The RT stated generally she could bathe six (6) to eight (8) residents a day. The RT stated that it was a staffing issue as to why the residents were not receiving showers and not a respiratory concern.

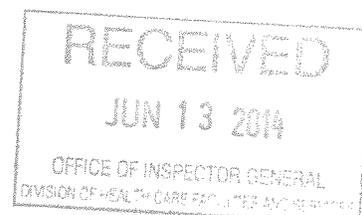
Interview with the Unit Manager, on 05/30/14 at 9:49 AM, revealed with CNA #2 being on light duty, management had recognized the difficulties of residents obtaining showers and that was why staff was instructed to give bed baths. The Unit Manager stated CNA #2 had not informed her how many days she would be providing showers to the residents. The Unit Manager stated she was not sure how many showers CNA #2 had



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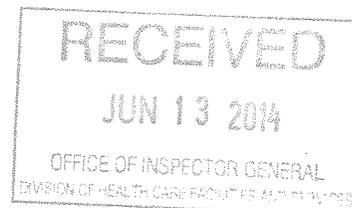
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F 241	<p>Continued From page 5</p> <p>given in the last three (3) weeks. The Unit Manager stated that she had utilized CNA #2 in another capacity because she had some staffing challenges. The Unit Manager stated CNA #2 had been completing some Aid work. The Unit Manager stated normally she tried not to pull the shower aid and that the shower aid was used as the last resort. The Unit Manager stated that there had been no residents complaining about not receiving a shower. The Unit Manager stated if the residents did not receive one shower a week, she would take it to the management team and collectively try to fix the matter. The Unit Manager stated she was not aware some of the residents had not received their one shower as written on the shower log for the last three (3) weeks.</p> <p>Interview with the DON, on 05/30/14 at 10:58 AM, revealed CNA #2 and the RT did as many of the showers as they could. The DON stated in the last three weeks CNA#2 had been on the schedule to give showers, but did not complete showers everyday. When CNA #2 would not be in the building to give showers, the DON informed the staff, by writing it down on the board. It was the responsibility of the staff to review the board. The DON stated CNA #2 injured her head on 03/24/14 and was released to full duty on 05/05/14. The DON stated she only had the same two people to give the showers because of the safety piece. Some residents do not feel safe with other staff members giving showers because of the fear of not breathing, their anxiety level could go up. The residents had to have extra oxygenation to tolerate the showers. CNA #2 would go around and ask resident's if they wanted showers and if the resident did not want the shower then the resident would receive a bed</p>	F 241	



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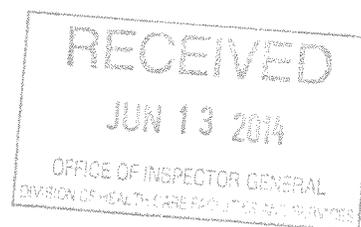
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F 241	<p>Continued From page 6</p> <p>bath. The DON stated she could provide a basin or something to wash the resident's hair, but it was dependant on the resident's preference. The DON stated that since Resident #3 liked to take showers to wash his/her hair, Resident #3 had to understand that they would have to provide a basin because of the lack of a shower aid. The DON stated she had not trained another staff member to give showers to the residents. The DON further stated that CNA #2 had taken on other assignments and was trying to fill holes because in the last few months she had some staffing problems. CNA #2 had been pulled and assigned a group of residents to care for.</p> <p>Further interview with CNA #2, on 05/30/14 at 3:13 PM, revealed it was true that she asked the residents what their preferences were on when and how they wanted their showers. CNA #2 stated if she asked the resident their shower preference and did not honor the resident's preference then maybe the resident's feeling could be hurt. CNA #2 stated if the resident was not happy then she was not happy because she did not want the resident to feel as if she had lied to them. CNA #2 stated if the resident had a visitor and their hair was oily or flaky, the resident could feel embarrassed. CNA #2 stated she felt the problem had been on going since April 2014 when she was on light duty and had been working on the floor and not giving showers.</p> <p>Further interview with the Unit Manager, on 05/30/14 at 3:19 PM, revealed if she asked the resident their shower preference and then did not honor the preference, she though the residents may feel like the staff were not taking their preferences into consideration. The Unit Manager stated the residents would feel bad if they had</p>	F 241	



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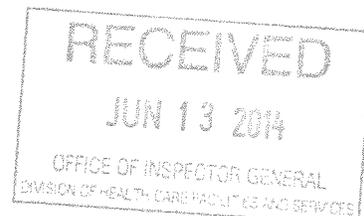
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F 241	<p>Continued From page 7</p> <p>visitors and the residents were observed to have greasy and flaky hair.</p> <p>Further interview with the DON, on 05/30/14 at 4:06 PM, revealed she felt that each resident's feelings and thoughts were different and very individualized and could not answer for the resident.</p> <p>Interview with the Administrator, on 05/30/14 at 4:20 PM, revealed the staff should try to honor the shower preferences of residents. The Administrator stated they had a full time shower aid and RT to complete showers. The Administrator stated their had been some staffing concerns at times, and he was aware that at times, the shower aid was being pulled to be an aid. The Administrator stated he was not aware that CNA #2 was showering residents twice a week since she had been back from light duty. The Administrator stated he knew of one complaint about showers and he had resolved the concern on a personal level. The Administrator stated during his monthly Quality Improvement meetings they had not identified showers as being a concern.</p> <p>F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review</p>	F 241	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F282</p> <p><b>Immediate Actions:</b> Residents #1 &amp; #3 resumed receiving scheduled showers and appropriate hygiene care according to their care plans on 6/2/2014. Their care plan goals were updated to reflect each resident's individual and attainable goals on 6/5/14 by the Minimum Data Set Coordinator.</p> <p><b>How the facility will identify other residents having potential to be affected</b> An audit of bathing and hygiene care plans was conducted on 6/5/2014 by MDS and</p> <p><i>7-1-14 Rm MR</i></p> <p><i>Ry PB 6-16-14</i></p>



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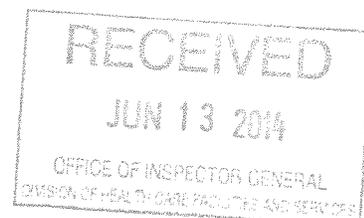
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F 282	<p>Continued From page 8</p> <p>and review of the facility's Care Plan Policy, it was determined the facility failed to follow the comprehensive care plan for two (2) of three (3) sampled residents, Resident #1 and #3, as it related to their hygiene.</p> <p>The findings include:</p> <p>Review of the Care Plan Policy, released 01/07/12, revealed a comprehensive care plan was developed consistent with the resident's specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to meet the resident's needs as identified in the resident's assessment or as identified in relation to the resident's response to the interventions or changes in the resident's condition.</p> <p>Review of the shower schedule revealed both residents, Residents #1 and #3 would receive showers twice a week.</p> <p>1. Review of Resident #1's clinical record, revealed the facility admitted the resident on 07/26/12, with diagnoses of Respirator Dependence, Tracheostomy, Chronic Respiratory Failure, Muscular Dystrophy, Depressive Disorder, Morbid Obesity, Menstruation and Abnormal Bleeding and Long Term Anticoagulant Therapy.</p> <p>Review of Resident #1's Minimum Data Set (MDS) Quarterly assessment, dated 03/18/14, revealed the facility assessed Resident #1 with a Brief Interview for Mental Status (BIMS) score of fifteen (15) which meant the resident was interviewable.</p>	F 282	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>no other issues were identified.</p> <p><b>How corrective action will be accomplished for those residents having the potential to be affected:</b> No other residents were identified as being affected.</p> <p><b>What measures will be put in place or systemic changes made to ensure deficient practice will not occur:</b></p> <p>Staff Development Coordinator , &amp; RN Nurse Manager will provide education to staff regarding following resident care plan and bathing preference by 6/18/2014.</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained:</b></p> <p>Resident shower practices and documentation will be reviewed two(2) times a week for one(1) month, then once a week for three(3) months. Results will be presented to the Quality Assurance Committee by the Director of Nursing Services or RN Nurse Manager. Audits will</p>



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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/30/2014
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F 282	Continued From page 9  Observation of Resident #1, on 05/29/14 at 12:32 PM, revealed Resident #1's hair looked oily and matted to the back of his/her head.  Interview with Resident #1, on 05/29/14 at 1:10 PM, revealed when the Certified Nursing Assistant (CNA) #2 was on light duty he/she could not receive showers. Resident #1 stated he/she did not receive his/her shower on the day before because there was no shower aid. Resident #1 stated he/she liked his/her showers and preferred to have their hair washed while in the shower.  Review of Resident #1's ADL Self Care Performance Deficit care plan, revealed the goal for Resident #1 was to remain clean, dry, odor free and with a neat well groomed appearance on an on-going basis.  Review of the Treatment Record for the months of April and May 2014, revealed one documented shower was given on 05/23/14.  Review of the Progress Notes revealed Resident #1 had refused a shower on 05/28/14, no other refusals were documented for the month of May 2014.  2. Review of Resident #3's record, revealed the facility admitted the resident on 05/29/13, with diagnoses of Respirator Dependence, Tracheostomy, Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disease, Chronic Pain and Transient Cerebral Ischemia.  Review of Resident #3's BIMS scores revealed the facility assessed Resident #3 with a BIMS of	F 282	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  continue until 100% compliance is achieved for three (3) consecutive months months. The Quality Assurance Committee consists of Executive Director, Medical Director, Director of Nursing, RN Nurse Manager, RT Manager, Social Worker, MDS Coordinator, Registered Dietician, Staff Development Coordinator, Activity Director, Admission Coordinator, RN Wound Care Nurse and Medical Records Clerk.  To ensure continued compliance, quarterly audits of adherence to, and accuracy of resident care plans related to hygiene will be conducted. Any issues identified by these audits will be addressed through education and the facility's disciplinary policy.



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F 282 Continued From page 10 F 282

fourteen (14) which meant the resident was interviewable.

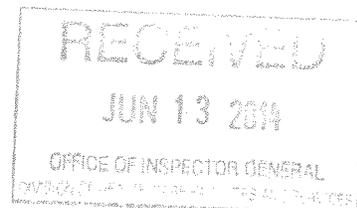
Observation and interview with Resident #3, on 05/28/14 at 3:20 PM, revealed Resident #3 was laying down in bed and was observed to have red pea size patches on the forehead and scalp with white flakes. The resident stated that his/her hair was dry and that he/she was supposed to receive a shower twice a week. Resident #3 stated there were only two shower aids and when one shower aid was gone, he/she would not receive a shower. Resident #3 stated his/her scalp itched really bad because he/she was not receiving showers as he/she should. Resident #3 stated he/she did not like to smell and it was hard for him/her to reach private parts on his/her own body.

Review of Resident #3's ADL Self Care Performance Deficit Care Plan, revealed Resident #3's goal was to remain clean, dry, odor free, and with a neat, well groomed appearance on an ongoing basis. Review of the interventions for bathing, revealed resident required assistance with transfer/transport to shower per shower schedule.

Review of the Treatment Records for the months of April and May 2014 revealed no documented showers were given.

Review of the Progress Notes revealed Resident #3 had not refused any showers for the month of May 2014.

Interview with Certified Nursing Assistant (CNA) #4, on 05/29/14 at 2:25 PM, revealed she was expected to follow the care plan and if the residents hair looked oily, matted or flaky, she



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F 282 Continued From page 11

F 282

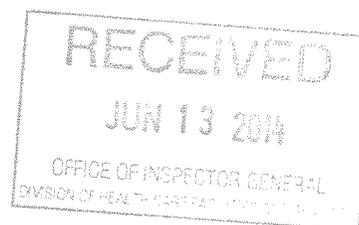
would have to say that the resident was not well groomed.

Interview with CNA #2, on 05/30/14 at 8:57 AM, revealed there were some residents who were not obtaining showers for the week, because she had been doing showers twice a week (which meant on average 12 out of 47 residents were receiving showers for the week). CNA #2 stated if the plan was to give showers twice a week for Residents #1 and #3 than she was not following the plan of care for both residents and if the residents appeared not well groomed then she was not following the plan of care for each resident.

Interview with the Minimum Data Set (MDS) Coordinator, on 05/30/14 at 9:33 AM, revealed when she completes the care plans the nursing staff was responsible to follow the plan of care. The MDS Coordinator stated if the hair was observed to be greasy, flaky and matted, then the care plan was not being followed. Both Residents #1 and #3 should have been kept well groomed as outlined by their care plans.

Interview with the Unit Manager, on 05/30/14 at 9:49 AM, revealed she believed, because of the lack of documentation, there was no evidence they were following the care plans. The Unit Manager stated she expected the staff to follow the care plan and there could be some improvement in their system.

Interview with the Director of Nursing (DON), on 05/30/14 at 10:58 AM, revealed it had always been the goal for residents to remain clean, dry and odor free on an ongoing basis. But regardless of a shower or not, some residents



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F 282 Continued From page 12  
can be a challenge to keep clean. Residents were not only going to keep clean through a shower, but through a bed bath as well. The DON stated she had always tried to honor the residents request. The DON stated the residents preferences for showers was not honored, but that's also taking into consideration that some times the residents refuse.

F 282

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F 353 483.30(a) SUFFICIENT 24-HR NURSING STAFF  
SS=E PER CARE PLANS

F 353

F 353

The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.

The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.

Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

This REQUIREMENT is not met as evidenced by:

**Immediate Actions:**

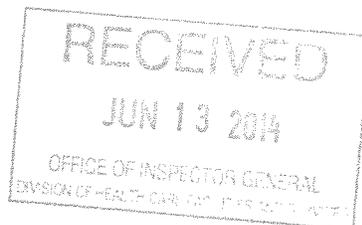
The facility resumed providing appropriate staffing levels to accommodate resident shower preferences and residents 1, 2 & 3 resumed their preferred bathing / shower schedule by 6/2/2014.

7/1/2014

**How corrective action will be accomplished for those residents having the potential to be affected:**

An audit of the facility's staffing level effect on residents' shower preference was conducted by Director of Nursing Services on 6/5/14. No other resident issues were identified during the audit. During the audit, it was noted the staffing levels stated in the statement of deficiencies did not account for all the staff on the unit. In addition to the staff mentioned in the SOD, on 4/3, 4/6, 4/8, 4/12, 4/13, 4/14 & 4/18 there were two (2) Registered Nurses providing care and on 4/4 & 5/9 there were three (3) Registered Nurses providing care.

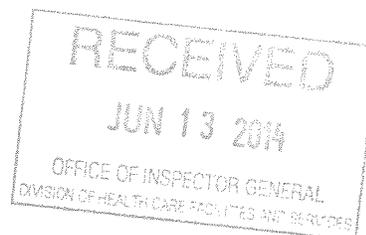
**What measures will be put in place or**



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F 353	<p>Continued From page 13</p> <p>Based on observation, interview, and record review, it was determined the facility failed to have sufficient nursing staff to provide showers for three (3) of three (3) sampled residents, Resident #1, #2 and #3.</p> <p>The findings include:</p> <p>No policy was provided by the facility regarding staffing.</p> <p>Review of the Nursing Schedule for the Month of April 2014, revealed on 04/03/14, there were two (2) Licensed Practical Nurses (LPN) on duty of the three (3) LPNs scheduled and four (4) Certified Nursing Assistants (CNA) of the five (5) CNA scheduled.</p> <p>On 04/04/14 there were 2.67 LPNs of the three (3) LPNs scheduled and three (3) of the five (5) CNAs scheduled. On 04/06/14 there were two (2) LPNs of the three (3) LPNs scheduled and four (4) of the five (5) CNAs scheduled.</p> <p>On 04/08/14 there were two (2) LPNs of the three (3) LPNs scheduled and four (4) CNAs of the five (5) CNAs scheduled that were on duty. On 04/12/14, there were two (2) LPNs of the three (3) LPNs scheduled and four (4) CNAs of the five (5) CNAs scheduled on duty.</p> <p>On 04/13/14 and 04/14/14, there were two (2) LPNs of the three (3) LPNs scheduled and four (4) CNAs of the five (5) CNAs scheduled on duty. On 04/18/14 there were two (2) LPNs of the three (3) LPNs scheduled and 3.83 CNAs of the five (5) CNAs scheduled on duty.</p> <p>On 04/22/14 there were three (3) CNAs of the five</p>	F 353	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><b>systemic changes made to ensure deficient practice will not occur:</b></p> <p>Additional staff will be trained by 6/27/14 to give showers, increasing the number of staff available to provide showers in order to meet resident shower preferences. Education on proper levels for the Staffing Coordinator was conducted by the Director of Nursing Services on 6/2/2014. The staffing grid was updated by Director of Nursing Services to reflect actual staffing assignments on 6/5/2014.</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained:</b></p> <p>The Staffing Coordinator, RN Nurse Manager and Respiratory Therapy Manager will monitor staffing and scheduling of personnel on a daily basis to ensure staffing levels are sufficient to meet resident needs. Beginning 6/2/2014, staff assignments are reviewed daily during the facility morning meetings. These meetings include the Staffing Coordinator, RN Nurse Manager, Director of Nursing Services, and Executive Director.</p>



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F 353 Continued From page 14  
(5) CNAs scheduled on duty. On 04/25/14 there was 3.67 CNAs of the five (5) CNAs scheduled. On 05/01/14 there were 3.83 CNAs of the five (5) CNAs scheduled that were on duty.

Record review of the Nursing Schedule for the month of May, revealed on 05/03/14, 05/04/14, 05/06/14 and 05/08/14 there were four (4) CNAs of the five (5) CNAs scheduled. On 05/09/14 there were two (2) LPNs of the three (3) LPNs scheduled and four (4) CNAs of the five (5) CNAs present. On 05/11/14, 05/12/14 05/15/14 and 05/16/14 there were four (4) CNAs of the five (5) CNAs scheduled.

1. Review of Resident #1's clinical record revealed the facility admitted the resident on 07/26/12, with diagnoses of Respirator Dependence, Tracheostomy, Chronic Respiratory Failure, Muscular Dystrophy, Depressive Disorder, Morbid Obesity, Menstruation and Abnormal Bleeding and Long Term Anticoagulant Therapy. Review of Resident #1's Minimum Data Set (MDS) Quarterly assessment, dated 03/18/14, revealed the facility assessed Resident #1 with a Brief Interview for Mental Status (BIMS) score of fifteen (15) which meant the resident was interviewable.

Review of Resident #1's Treatment Record for the month of April 2014, revealed out of the thirty (30) days in April, no showers were documented as given. Review of Resident #1's Treatment Record for the month of May 2014, revealed out of twenty-nine (29) days, only one (1) day, 05/23/14, was documented that Resident #1 had received a shower.

Observation of Resident #1, on 05/29/14 at 12:32

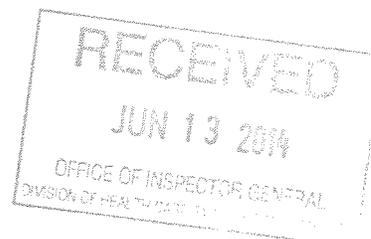
F 353

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Audits of proper staffing level in regards to completing resident showers will be completed by RT Manager two (2) times a month for one (1) month, then once a week for three (3) months. Results of the audits will be presented to the Quality Assurance Committee by the Director of Nursing Services or RN Nurse Manager for review. Audits will continue until 100% compliance is achieved for three (3) consecutive months. The Quality Assurance Committee consists of Executive Director, Medical Director, Director of Nursing, RN Nurse Manager, RT Manager, Social Worker, MDS Coordinator, Registered Dietician, Staff Development Coordinator, Activity Director, Admission Coordinator, RN Wound Care Nurse and the Medical Records Clerk.

To ensure continued compliance, staffing levels will be reviewed during the facility's daily meeting and audits will be continued at least quarterly. Any issues identified will be addressed through education and the facility's progressive disciplinary policy.



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PM, revealed Resident #1's hair looked oily and matted to the back of his/her head.

2. Review of Resident #2's record, revealed Resident #2 was admitted on 01/10/12, with diagnoses of Respirator Dependence, Respiratory Failure, Tracheostomy, Chronic Obstructive Pulmonary Disease, Sleep Apnea, Atrial Fibrillation and Morbid Obesity. Review of Resident #2's MDS Quarterly assessment dated 04/25/14, revealed the facility assessed Resident #2 with a BIMS score of thirteen (13) which meant the resident was interviewable.

Review of Resident #2's Treatment Record for the month of April 2014, revealed no documentation that a shower was given. Review of Resident #2's Treatment Record for the month of May 2014, revealed no documentation that a shower was given.

3. Review of Resident #3's clinical record revealed the facility admitted the resident on 05/29/13, with diagnoses of Respirator Dependence, Tracheostomy, Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disease, Chronic Pain and Transient Cerebral Ischemia. Review of Resident #3's BIMS scores revealed the facility assessed Resident #3 with a BIMS of fourteen (14) which meant the resident was interviewable.

Review of Resident #3's Treatment Record, for the month of April 2014, revealed out of thirty (30) days, Resident #3 was not given any showers. Review of Resident #3's Treatment Record for the month of May 2014, revealed out of twenty-nine (29) days, Resident #3 was not given any showers.



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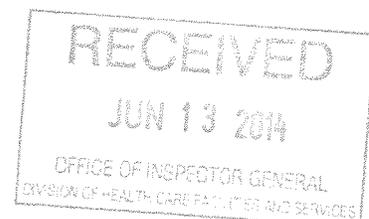
F 353

Observations made of Resident #1, on 05/29/14 at 12:32 PM and Resident #3, 05/28/14 at 3:20 PM revealed both Residents #1 and #3 had oily hair. Resident #3 also was observed to have red pea sized patches on the scalp with white flakes.

Interview with CNA #2, on 05/30/14 at 8:57 AM, revealed on March 21 st, 2014, CNA #2 had sustained an injury to her head in which she had to be placed on light duty until the first week of May 2014. While on light duty, the Director of Nursing (DON) had instructed the staff to complete full bed baths on residents during their shower days. CNA #2 stated when she came off of light duty, she had completed showers twice a week for three weeks. CNA #2 stated there were some residents who were not receiving their baths and that she was not following the schedule.

Interview with the Respiratory Therapist (RT), on 05/29/14 at 11:05 AM, revealed she tried to give every one a shower. The RT stated she knew that they had missed residents, but she had tried to bath those residents who really wanted a shower. The RT stated generally she could bath six (6) to eight (8) patients a day. The RT stated that it was a staffing issue as to why the residents were not receiving showers and not a respiratory concern.

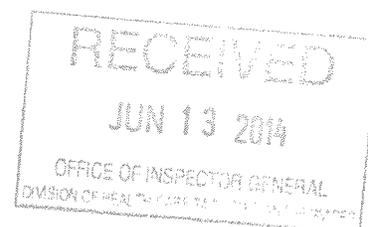
Interview with the Unit Manager, on 05/30/14 at 9:49 AM, revealed when CNA #2 was on light duty, management had recognized the difficulties of residents obtaining showers and that was why staff were instructed to give bed baths. The Unit Manager stated that she had utilized CNA #2 in another capacity because she had some staffing challenges. The Unit Manager stated that CNA #2



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NAME OF PROVIDER OR SUPPLIER  <b>KINDRED HOSPITAL - LOUISVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205</b>		
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F 353	<p>Continued From page 17</p> <p>had been completing some Aid work. The Unit Manager stated normally she tried not to pull the shower aid and that the shower aid was the last resort. The Unit Manager stated if the residents did not receive one shower a week, she would take it to the management team and collectivity try to fix the matter. The Unit Manager stated she was not aware that some of the residents did not receive their one shower as written on the shower log for the last three (3) weeks.</p> <p>Further interview with the Unit Manager, on 05/30/14 at 3:19 PM, revealed the staffing problems were occurring with the aids. The Unit Manager stated it was hard to staff Aids back in April. The Unit Manager stated that when you see four (4) of five (5) staff members on the hall, she would try to give less to the aid that had the split hall or the aid that had the back of the center hall, but the staff would take on ultimately more residents. If you look at the staffing sheet and see three (3) of five (5) aids, then she would have to have one (1) aid take the whole hall and two (2) aids would split center hall. The Unit Manager stated that if the nursing staff were full she would pull a nurse to work as an aid to lighten the load. The Unit Manager stated she was having some nursing concerns as well and if she was short a nurse she could not pull the nursing staff and then they would have to utilize the shower aid to work the floor. The Unit Manager stated that there was high turn over in the month of April. She would hire aids and then when they would do orientation on the unit, they would quit. The Unit Manager stated that she was working on trying to find a way to retain new employee's.</p> <p>Interview with the Director of Nursing (DON), on 05/30/14 at 10:58 AM, revealed CNA #2 was on</p>	F 353		



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F 353 Continued From page 18  
the schedule to give showers, but did not complete showers everyday. CNA #2 would go around and ask resident's if they wanted showers and if the resident did not want the shower then the resident would receive a bed bath. The DON stated she has not trained another staff member to give showers to the residents. The DON stated that CNA #2 has taken on other assignments and was trying to fill holes because in the last few months she has had some staffing problems. CNA #2 had been pulled and assigned residents.

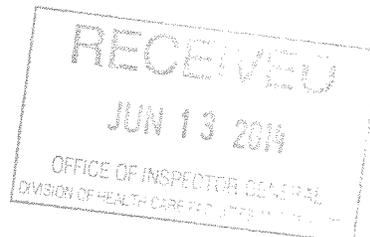
F 353

Further interview with the DON, on 05/30/14 at 4:06 PM, revealed she had noticed some staffing changes in the months of March and April. The DON stated she had been hiring to replace and fill the positions. The staff would say that they could handle the residents on the ventilators and as soon as the staff come out of orientation they just stated that they can not handle the job. The new staff can not adjust to the high acuity. The DON stated she tried to describe it for what it was and did not think the staff could grasp it. The DON stated she had tried to come up with ways to retain new employees, like placing there names on the welcome board and having management follow new employees and have frequent meetings.

Interview with the Administrator, on 05/30/14 at 4:20 PM, revealed at times he knew they were not able to have a shower aid on the floor and was aware the shower aid was being pulled to the unit. The Administrator felt the unit was never understaffed.

F 514 483.75(l)(1) RES  
SS=E RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

F 514



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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.

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.

This REQUIREMENT is not met as evidenced by:

Based on interview, record review and review of the policy titled Documenting in the Patient's [Resident's] Medical Record, it was determined the facility failed to maintain accurate and complete clinical records for three (3) of three (3) sampled residents, Resident #1, #2 and #3 as it related to the documentation of showers being performed.

The findings include:

Review of the facility's policy regarding Documenting in the Patient's [Resident's] Medical Record, revised on 04/01/11, revealed medical records were maintained on each patient that were complete, accurately and completely documented with the residents status, the care and services provided. The Medical Record would be clear, concise and complete reflecting the patient responses to treatment, change in

F 514

*This Plan of Correction is the center's credible allegation of compliance.*

*Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*

F 514

**Immediate Actions:**

Accurate and complete charting of residents' #1, #2, and #3 showers was resumed by 6/2/2014.

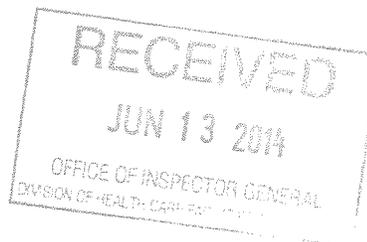
**How corrective action will be accomplished for those residents having the potential to be affected:**

An audit of other resident shower documentation by the RT Manager was completed on 6/9/14. Other issues were corrected by 6/13/14

**What measures will be put in place or systemic changes made to ensure deficient practice will not occur:**

The Staff Development Coordinator or RN Nurse Manager will educate staff on the proper documentation as related to resident showers by 6/18/14. Education will include but not limited to bathing specifics: resident preference, frequency, refusals, alternative (s) offered and documentation of discussion regarding any changes to resident preferred bathing preference. The Staff Development Coordinator will include information regarding proper documentation of resident showers in the orientation of new personnel.

7-1-14  
per MR  
by PB  
6-16-14



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F 514 Continued From page 20  
condition and changes in treatment and outcomes related to care received.

1. Record review of the shower log revealed Resident #1 was to receive showers on Wednesdays and Fridays.

Review of the Treatment Record for the month of April 2014, revealed Resident #1 received partial baths (PB), on 04/01, 04/03, 04/09, 04/22, 04/23 and 04/24. Resident #1 received bed baths (BB), on 04/02, 04/18, 04/21, 04/25 and 04/28. There was evidence Resident #1 received services on 04/04, 04/05, 04/06, 04/07, 04/08, 04/10, 04/11, 04/12, 04/14, 04/15, 04/16, 04/17, 04/19, 04/20, 04/26, 04/27, 04/29 and 04/30 during morning shift. No showers were documented for the month of April 2014.

Review of the Treatment Record for the month of May 2014, revealed Resident #1 received PB, on 05/08, 05/13, 05/21, 05/25, 05/26, 05/27 and 05/29. Resident #1 received BB, on 05/09, 05/12, 05/16, 05/17, 05/18, 05/20, 05/22, 05/24, 05/28. Resident #1 received a shower (S), on 05/23. There was no evidence Resident #1 received services on 05/01, 05/02, 05/03, 05/04, 05/05, 05/06, 05/07, 05/10, 05/11, 05/14, 05/15 and 05/19 during morning shift.

2. Review of the shower log revealed Resident #2 was to receive showers on Wednesdays.

Review of the Treatment Record for the month of April 2014, revealed Resident #2 received PB on 04/01, 04/02, 04/09 and 04/24. Resident #2 received a BB on 05/21. There was no evidence Resident #2 received showers for the month or services on 04/03, 04/04, 04/05, 04/06, 04/07,

F 514

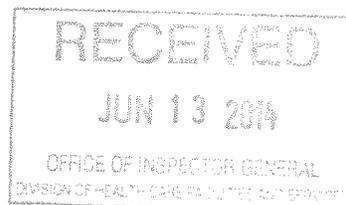
*This Plan of Correction is the center's credible allegation of compliance.*

*Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*

**How the facility plans to monitor its performance to make sure that solutions are sustained:**

Audits of resident shower documentation for completeness and accuracy will be done two(2) times a week for one(1) month, then once a week for three(3) months by the Director of Nursing Services or the RN Nurse Manager. Results of the audits will be presented to the Quality Assurance Committee for review and approval at least quarterly. Audits will continue until 100% compliance is achieved for three(3) consecutive months. The Quality Assurance Committee consists of Executive Director, Medical Director, Director of Nursing Services, RN Nurse Manager, RT Manager, Social Worker, MDS Coordinator, Registered Dietician, Staff Development Coordinator, Activity Director, Admission Coordinator, RN Wound Care Nurse and the Medical Records Clerk.

To ensure continued compliance, audits of resident shower documentation will be completed at least quarterly. Any deviations found will be addressed through education and the facility's progressive disciplinary policy.



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04/08, 04/10, 04/11, 04/12, 04/13, 04/14, 04/15, 04/16, 04/17, 04/18, 04/19, 04/20, 04/22, 04/23, 04/25, 04/26, 04/27, 04/28, 04/29 and 04/30 during morning shift.

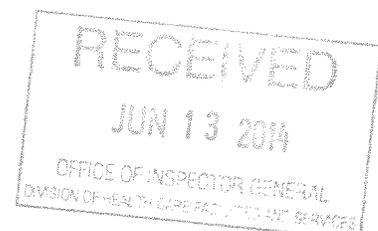
Review of the Treatment Record for the month of May 2014, revealed Resident #2 received a PB on 05/01, 05/02, 05/03, 05/07 and 05/17. Resident #2 received a BB on 05/18. There was evidence Resident #2 received any showers for the month nor any services on 05/05, 05/06, 05/08, 05/09, 05/10, 05/11, 05/12, 05/13, 05/14, 05/15, 05/16, 05/18, 05/19, 05/20, 05/21, 05/22, 05/23, 05/24, 05/25, 05/26, 05/27, 05/28 and 05/29 during morning shift.

3. Review of the shower log revealed Resident #3 was to receive showers on Mondays and Fridays.

Review of the Treatment Record for the month of April 2014, revealed Resident #3 received a PB on 04/27 and 04/28. Resident #3 received a BB on 04/09 and 04/15. There was no evidence Resident #3 received any showers for the month of April 2014 nor services on 04/01, 04/02, 04/03, 04/05, 04/06, 04/07, 04/08, 04/10, 04/11, 04/12, 04/13, 04/14, 04/16, 04/17, 04/18, 04/19, 04/20, 04/21, 04/22, 04/23, 04/24, 04/25, 04/26, 04/29 and 04/30 during morning shift.

Review of the Treatment Record for the month of May 2014, revealed Resident #3 received a PB on 05/02, 05/03, 05/04, 05/17 and 05/18. Resident #3 did not receive any BB or showers in the month of May. There was no evidence Resident #3 received services on 05/01, 05/05, 05/06, 05/08, 05/09, 05/10, 05/11, 05/12, 05/13, 05/14, 05/15, 05/16, 05/19, 05/20, 05/21, 05/22, 05/23, 05/24, 05/25, 05/26, 05/27, 05/28, 05/29

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F 514 Continued From page 22  
during morning shift.

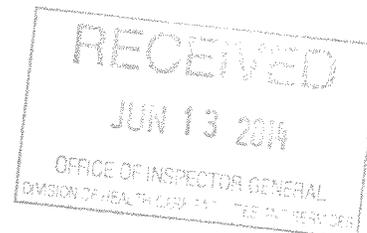
F 514

Interview with CNA #2, on 05/29/14 at 10:11 AM, revealed when she worked on the floor the CNA's were responsible to complete bed baths for the residents who were to have showers. Further interview with CNA #2, on 05/30/14 at 8:57 AM, revealed BB =Bed Bath, PB=partial bath and S=shower. CNA #2 stated the documentation was lacking and the staff needed to document better. CNA #2 stated that she thought the staff were documenting. CNA #2 stated she informed the aids when she had given a resident a shower and thought the aids were documenting the information.

Interview with the Unit Manager, on 05/30/14 at 9:49 AM, revealed when she looked at the Treatment Record she seen a lot of signatures, but no documentation of showers being given. The Unit Manager stated she was not aware that CNA #2 was not documenting her showers. CNA #2 should be documenting when she had given her showers. The Unit Manager stated she had not completed any audits of the showers logs since her employment. The Unit Manager stated with nursing the rule was if it was not documented then it did not happen.

Interview with the Director of Nursing (DON), on 05/30/14 at 10:58 AM, revealed she was not aware that CNA #2 was not documenting her showers that were given. The DON stated the documentation could be better and that CNA #2 needed to be documenting.

Interview with the Administrator, on 05/30/14 at 4:20 PM, revealed he expected the staff to make sure the records were complete and accurate to



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F 514 Continued From page 23  
what had actually taken place with the residents' showers.

F 514

