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OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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

PRINTED: 06/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185289		C 06/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURSTBOURNE CARE CENTRE AT STONY BROOK	2200 STONY BROOK DR LOUISVILLE, KY 40220

(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 000	INITIAL COMMENTS An abbreviated survey was initiated for KY18438 and KY18447 on Saturday 06/02/12. The survey was concluded on 06/04/12 and found KY18447 to be Substantiated without regulatory violations. KY18438 was found to be Substantiated and deficiencies were cited.	F 000	**This plan of correction constitutes a written allegation of compliance for deficiencies cited on June 4, 2012. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by federal and state law.**	
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, record review and review of the facility's policy, it was determined the facility failed to ensure one (1) of five (5) sampled residents (Resident #1) had their	F 280	**F280** **1):** The care plan for Resident # 1 was reviewed by the Interdisciplinary team. Interventions were discussed with the Resident's husband and the resident and they agree on the current plan of care. **2):** The care plans of Residents that have fallen within the last 30 days have been reviewed and revised by the Interdisciplinary team. The resident and if appropriate responsible party agree on the current plan of care.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
X [signature]	X Executive Dir.	X 6/22/12

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	Continued From page 1 comprehensive care plan reviewed and revised after a fall. Resident #1 fell on 05/19/12 at 1:30 PM and had another fall on 05/19/12 at 6:45 PM. The findings include: Review of the facility's Fall Prevention Program, undated, revealed a reminder that alarms were not to be depended on to prevent a resident from falling. In most cases by the time someone hears the alarm, the resident is already on the floor. Staff should be held accountable to develop care plans that will ensure resident safety. A new care plan with new interventions must be developed after every fall. Review of the facility's Incident/Accident Reporting At-A-Glance policy, undated, revealed interventions will be implemented to meet the needs of the resident and the overall plan of care will be reviewed and revised to accurately reflect those changes. Review of the clinical record for Resident #1, revealed the facility admitted the resident with diagnoses of Unhealed Radical Mastectomy Wound and Diabetes. The facility completed an admission Minimum Data Set (MDS) assessment on 03/23/12 which revealed the resident was severely cognitively impaired and required extensive assistance of one (1) to walk. The resident's gait was unsteady. The resident had a Brief Mental Interview Score (BIMS) of zero. The facility completed a falls risk assessment on admission which indicated the resident was at	F 280	**3):** Licensed staff including Nursing house supervisors and Unit Managers and the Interdisciplinary team have been re-educated by July 1, 2012 by the Director of Nursing or the Assistant Director of Nursing on the Policy and Procedure related to updating Resident's care plan when an incident or change occurs to reflect a new care plan intervention. **4):** The Director of Nursing and/or the Assistant Director of Nursing along with the Interdisciplinary team and Unit managers will QI Monitor residents who have had a change identified by an incident or change in condition and will have the resident record along with the comprehensive care plan reviewed Monday-Friday to ensure that the care plan has been revised to meet the residents care needs. AQI monitoring tools along with care plan revisions will be reviewed in the Monthly QI meeting for 12 months to monitor corrective actions and to ensure the comprehensive care plans are reviewed and revised as indicated.	7-2-12 ~~7/1/2012~~ per Robert Jackson by PO 6-29-12

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F 280	Continued From page 2 high risk for a fall. Review of the comprehensive care plan revealed sensor alarms were used on the bed and the chair to prevent falls. Review of the nursing notes, dated 05/19/12 at 1:30 PM, revealed Resident #1's alarms were sounding and the resident was found on the floor in the bathroom attempting to change soiled clothing. The resident had an abrasion to the shin. Interview with Registered Nurse (RN) #2, on 06/04/12 at 3:30 PM, revealed she heard Resident #1's alarm sounding and discovered the resident sitting on the floor in the bathroom attempting to change clothing. She stated the resident had an abrasion on the shin. Review of the clinical record for Resident #1, revealed the comprehensive care plan indicated the resident had an intervention for sensor pad alarms in the chair and the bed to prevent falls. There were no interventions related to specifics for supervision of the resident located. The facility did not provide documentation that the care plan was reviewed and/or revised on 05/19/12. Further interview with RN #2, on 06/04/12 at 3:30 PM, revealed she did not consider that Resident #1 had a fall. She stated the resident could have just sit down and the event was unwitnessed. She was not able to provide a definition of a fall. She revealed she had been in-serviced on the	F 280		

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F 280	Continued From page 3 falls prevention program. Review of the clinical record for Resident #1, revealed the resident continued to use the chair sensor pad on 05/19/12 during the evening shift. Nursing notes indicated the resident was discovered walking unassisted in the hall twice. Each time the resident was returned to the room and left sitting on the sensor pad. Interview with RN #1, on 06/04/12 at 3:00 PM, revealed she was aware that Resident #1 had fallen earlier in the day on 05/19/12. She stated the resident kept turning the sensor chair alarm off and walking unassisted out into the hallway. She revealed she did not assess the resident and revise the care plan to prevent the resident from falling during the times the resident was walking unassisted in the hall. Further review of the clinical record revealed on 05/19/12 at 6:45 PM the resident walked out into the hall a third time and neared the nursing station, the resident fell to the floor. The resident sustained three (3) small skin tears on the left cheek. At 11:00 PM, the resident was noted to have the beginning of bruising and swelling to the left cheek. The facility sent the resident to the hospital emergency room around 3:30 AM on 05/20/12. The resident was returned to the facility within a few hours and orders were received to apply cold compresses. Observation of Resident #1, on 06/02/12 at 12:20	F 280		

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F 280	Continued From page 4 PM, revealed the resident sitting in a chair in the room with a sensor pad in place. Interview with Resident #1, on 06/02/12 at 12:20 PM, revealed the resident did not remember falling or sustaining any injury. Further interview with RN #1, on 06/04/12 at 3:00 PM, revealed she could not think of anything to do to protect the resident from falling until after the fall when she had staff checking the resident every fifteen (15) minutes. She stated by then, the resident was already injured. Interview with the Director of Nursing, on 06/04/12 at 3:30 PM, revealed staff had been in-serviced on the falls prevention program. She stated Resident #1's care plan had not been revised when the falls occurred.	F 280		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review	F 323	**F323** **1):** The care plan of Resident #1 has been updated to reflect the resident's current needs. Resident #1 has been provided assistance devices.	

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F 323	Continued From page 5 and review of the facility's policy, it was determined the facility failed to ensure the residents' received adequate supervision and assistive devices to prevent falls for one (1) of five (5) sampled residents (Resident #1). The facility failed to assess Resident #1's safety needs after a fall and the resident had a repeat fall requiring an emergency room visit. The findings include: Review of the facility's Fall Prevention Program, undated, revealed a reminder that alarms were not to be depended on to prevent a resident from falling. In most cases by the time someone hears the alarm, the resident is already on the floor. Review of the facility's Incident/Accident Reporting At-A-Glance policy, undated, revealed, interventions will be implemented to meet the needs of the resident and the overall plan of care will be reviewed and revised to accurately reflect those changes. Review of the clinical record for Resident #1, revealed the facility admitted the resident with diagnoses of Unhealed Radical Mastectomy Wound and Diabetes. The facility completed an admission Minimum Data Set (MDS) assessment on 03/23/12 which revealed the resident was severely cognitively impaired and required extensive assistance of one (1) to walk. The resident had a Brief Mental Interview Score (BIMS) of zero. The facility completed a falls risk assessment on admission which indicated the	F 323	**2):** All residents that have had a fall or an accident incident in the past 30 days have had their medical record reviewed by the Director of Nursing or Assistant Director of Nursing along with the Unit Manager and the Interdisciplinary team. Those residents identified as needing an assistance device were provided one. The comprehensive care plan was revised to reflect the assistance device. **3):** The Director of Nursing or Assistant Director of Nursing re-educated Licensed staff and Certified Nursing Assistants by July 1, 2012 on the Incident/Accident Policy and Procedure and the use of assistance devices. The Therapy Department will assist in the determination of assistance devices.	

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F 323	Continued From page 6 resident was at high risk for a fall. Review of the care plan revealed sensor alarms were used on the bed and the chair to prevent falls. Review of the Nursing Notes, dated 05/19/12 at 1:30 PM, revealed Resident #1 was discovered on the floor in the bathroom. The alarm in the wheelchair was sounding. The resident had an abrasion on the shin. Interview with Registered Nurse (RN) #2, on 06/04/12 at 3:30 PM, revealed on 05/19/12 at 1:30 PM she heard Resident #1's alarm sounding and discovered the resident sitting on the floor in the bathroom attempting to change clothing. She stated the resident had an abrasion on the shin. She revealed she did not consider that Resident #1 had a fall and therefore she checked the alarms to ensure they functioned then placed the resident back in the wheel chair. She stated the resident could have just sat down and the event was unwitnessed. She stated she did not assess the resident's safety needs after the fall. She was not able to provide a definition of a fall. She revealed she had been in-serviced on the falls prevention program. Review of the clinical record for Resident #1, revealed the facility continued to depend on the sensor alarms for the resident's safety on 05/19/12 during the evening shift. Nursing notes indicated the resident was discovered walking unassisted in the hall twice. Each time the resident was returned to the room and left sitting in the chair on the sensor pad.	F 323	The interdisciplinary team will meet daily Monday through Friday to indentify a resident's change in condition that would place the resident at a high risk for the potential for accidents and incidents. Following the IDT meeting, the therapy department will be notified to conduct a screen to be completed by the end of the business day of notification. Safety checks will be implemented immediately following an accident or incident until the IDT determines a more specific intervention to promote resident safety. The Unit managers will QI monitor any resident with a fall 24 hours post fall to ensure the comprehensive care plan has been reviewed and revised as indicated.	

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F 323	Continued From page 7 Interview with RN #1, on 06/04/12 at 3:00 PM, revealed she was aware that Resident #1 had fallen earlier in the day on 05/19/12. She stated the resident kept turning the sensor chair alarm off and walking unassisted out into the hallway. She revealed she did not assess the resident's safety needs or provide direct supervision to the resident. Further review of the clinical record revealed, on 05/19/12 at 6:45 PM, the resident walked out into the hall a third time and neared the nursing station, the resident fell to the floor. The resident sustained three (3) small skin tears on the left cheek. At 11:00 PM, the resident was noted to have the beginning of bruising and swelling to the left cheek. The facility sent the resident to the hospital emergency room around 3:30 AM on 05/20/12. The resident was returned to the facility within a few hours and orders were received to apply cold compresses. Further interview with RN #1, on 06/04/12 at 3:00 PM, revealed she could not think of anything to do to protect the resident from falling, until after the fall when she had staff checking the resident every fifteen (15) minutes. She stated by then, the resident was already injured. Observation of Resident #1, on 06/02/12 at 12:20 PM, revealed the resident continued to use a sensor pad to alert staff to when leaving the chair unassisted.	F 323	4): Any residents with an incident/accident will be QI monitored in the morning meeting with the Interdisciplinary team and the Director of Rehab Monday-Friday. The results of the QI monitoring will be presented to the Quality Assurance meeting monthly by the Director of Nursing for review for twelve months to ensure comprehensive care plans are reviewed and revised following a fall. 7-2-12 ~~7/1/2012~~ Robert Dunham by PB 6-28-12	

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F 323	Continued From page 8 Interview with the Director of Nursing, on 06/04/12 at 3:30 PM, revealed staff had been in-serviced on the falls prevention program. She stated Resident #1's safety needs were not reassessed on 05/19/12.	F 323		

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