

Acceptable 04/11/14 completion date

PRINTED: 03/14/2014
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2014
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NAME OF PROVIDER OR SUPPLIER BOYD NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12800 PRINCELAND DRIVE ASHLAND, KY 41102
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating KY#00021370 was initiated on 02/25/14 and concluded on 02/28/14. KY#00021370 was unsubstantiated with unrelated deficiencies cited with the highest Scope and Severity of a "D".	F 000	To the best of my knowledge and belief, as an agent of Boyd Nursing & Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid Requirements.	
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 revise the care plan for one (1) of four (4) residents (Resident #1). The facility failed to revise the care plan for	F 280	Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. F280 It is the policy of Boyd Nursing and Rehabilitation Center to ensure residents have a 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. Resident #1 was discharged from the facility on 02/19/14 and returned on 03/10/14. The care plan for resident #1 was updated by the IDCPT upon her return on 03/10/14 to reflect the current needs of the resident.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X8) DATE <i>4-2-14</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 program participation.

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F 280	<p>Continued From page 1</p> <p>Resident #1 after the resident exhibited increased behavioral symptoms.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Comprehensive Plan of Care" dated 08/01/12, revealed it was the responsibility of each interdisciplinary team (IDT) member involved in the resident's care to provide input into the development, implementation, maintenance and evaluation of the resident's plan of care. Further review revealed the Comprehensive Care Plan was to be updated to reflect the resident's current condition at least every thirty (30) days, or whenever significant changes occurred.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 11/21/12, with diagnoses which included Alzheimer's Dementia, Depression, Anxiety and Chronic Obstructive Pulmonary Disorder. Review of the Admission Minimum Data Set (MDS) Assessment dated 01/08/14, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score of five (5) which indicated the resident was severely impaired in cognition. Further review of the MDS revealed the facility assessed Resident #1 to have had behavioral symptoms directed toward others.</p> <p>Review of Resident #1's Comprehensive Care Plan, undated, revealed the resident had a care plan for the potential for increased agitation with potential for verbal and physical aggression directed to staff. Continued review of the Comprehensive Care Plan revealed Resident #1 had a care plan for his/her Alzheimer's Dementia, Anxiety and Depression, with an onset date of</p>	F 280	<p>All care plans will be reviewed by the IDCPT by 04/11/14 to determine that each care plan is updated, accurate and reflecting the current needs of the residents. The IDCPT was re-educated by the DON on 03/18/14 regarding the importance of reviewing and revising resident status on a daily basis to ensure that resident needs are recorded accurately and completely on the current resident Plan of Care. The DON will review 25% of current care plans weekly for four weeks, and thereafter two care plans for four weeks to determine that care plans are accurate and reflective of current resident needs. The results will be recorded utilizing a care plan auditing tool (copy attached). The results of this audit will be forwarded to the monthly QAPI (Quality Assurance and Performance Improvement) Committee meeting for further monitoring and continued compliance.</p>	04/11/14
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F 280	<p>Continued From page 2</p> <p>07/09/10, which indicated he/she took different medications for those "problems". Further review of the Comprehensive Care Plan revealed another care plan related to the resident's diagnosis of Alzheimer's Dementia, difficulty remembering events accurately, sometimes had delusions and paranoia, poor safety awareness and impulsive behaviors with a problem onset date of 07/09/10.</p> <p>Review of the Nurse's Note dated 02/06/14 timed 4:50 AM, revealed the Note was a "late entry" for 02/05/14 at 11:30 PM. Continued review of the Note revealed Resident #1 had been "increasingly agitated", cursed at staff and called them names. The Note indicated Resident #1 had become physically combative; grabbed items from the nurse's station and hit and kicked staff. Further review revealed the nurse administered Ativan (an antianxiety medication) intramuscularly (IM). Review of the Nurse's Note dated 02/06/14 at 10:16 PM, revealed the Physician had been notified of Resident #1's behaviors and ordered a Urinalysis (UA) with Culture and Sensitivity (C&S) and a chest x-ray. However, review of the Comprehensive Care Plan revealed no documented evidence it had been revised to include this information.</p> <p>Review of a Nurse's Note dated 02/07/14 at 3:03 AM, revealed the Note was a "late entry" for 02/06/14 at 11:00 PM. Review of the Note revealed Resident #1 had been at the nurse's station with "increased agitation" noted. The Note indicated when staff attempted to redirect Resident #1 he/she through a "wet floor" sign and hit a State Registered Nursing Assistant (SRNA) with it; pulled a SRNA's hair and it took four (4) staff to "pry" Resident #1's hands from the</p>	F 280			

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F 280 Continued From page 3
SRNA's hair. Continued review of the Note revealed staff were able to calm the resident; however approximately thirty (30) minutes later Resident #1 shook his/her fist at the nurse and verbally threatened the nurse. Further review revealed the nurse administered Ativan IM with the assistance of three (3) staff. Review of the Nurse's Note dated 02/07/14 at 10:04 AM revealed the Physician had been "in" and reviewed Resident #1's medical record and made "changes" in the Buspar (an antianxiety medication) dose and added Trazadone (a Depression medication also used to treat Anxiety and aggressive behaviors). However, review of the Comprehensive Care Plan revealed no documented evidence it had been revised to include this information.

F 280

Review of the Nurse's Note dated 02/17/14 at 2:53 AM revealed Resident #1 had "increased agitation" noted; was yelling and cursing at staff. Continued review revealed the resident had been going in other residents' rooms and disturbing those residents; the nurse noted Ativan was administered IM. Review of the Nurse's Note dated 02/17/14 at 3:39 AM revealed it was a "late entry" which noted Resident #1 had become agitated, yelled at and slapped the nurse in the face and the nurse held the resident's hand to keep him/her from hitting her again causing a skin tear on the top of the right hand. Review of the Nurse's Note dated 02/17/14 at 10:12 AM revealed the Physician had been notified of Resident #1's "recent behaviors". Review of the Physician Order dated 2/17/14 at 2:00 PM revealed the Physician had ordered laboratory (lab) work which included: a Complete Blood Count (CBC) and Basic Metabolic Panel (BMP); a Chest x-ray, and a "Psych" evaluation. However,

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F 280	<p>Continued From page 4</p> <p>review of the Comprehensive Care Plan revealed no documented evidence it had been revised to include this information.</p> <p>Interview on 2/28/14 at 9:40 AM with the Social Services Director (SSD), revealed Resident #1's psychosocial behaviors were being assessed and addressed in the facility's "focused" meetings; however, the care plan had not been revised to include the facility's interventions. The SSD indicated the facility had addressed Resident #1's needs for the UA with C&S, the chest x-ray and the "psych" evaluation as ordered; but the care plan had not been revised and should have been.</p> <p>Interview on 2/28/14 at 2:15 PM with the Director of Nursing (DON), revealed the care plan should have been revised to include the interventions for Resident #1.</p>	F 280		
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>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 follow Physician's Orders for one (1) of four (4) sampled residents (Resident #3).</p> <p>Resident #3 had a Physician's Order for Nystop powder (an antifungal antibiotic used to treat</p>	F 281	<p>It is the policy of Boyd Nursing and Rehabilitation Center to assure services provided or arranged by the facility shall meet professional standards of quality.</p> <p>The physician orders of Resident #3 were reviewed and implemented as noted on 02/27/14. Physician was notified by RN Supervisor on 02/27/14.</p> <p>Medication order stopped on 3/17/14 due to area resolved per LPN assessment. All resident records for the previous 30 days will be reviewed by the Staff Development Coordinator and the RN Supervisor by 03/31/14 to determine current orders are noted appropriately and implemented as directed by the physician according to Professional Standards of Practice.</p>	

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F 281 Continued From page 5

yeast) dated 02/25/14, which was to be applied under the resident's left breast twice daily. Review of the Treatment Administration Records (TARs) revealed nurses had signed the Nystop powder as administered on 02/25/14, 02/26/14, and 02/27/14. However, interview with Resident #3, who was assessed to be cognitively intact, revealed he/she had not received the Nystop powder treatment to his/her left breast as ordered.

The findings include:

Review of the facility's policy titled, "Medication Orders", with no revision date, revealed the facility provided residents with the first dose of medication scheduled to be given after pharmacy delivery.

The facility's policy on Medication Administration was requested and the facility's guideline titled, "Preparation and General Guidelines-Medication Administration General Guidelines", revised 12/18/12, was received. Review of this guideline revealed medications were "administered without unnecessary interruptions".

Review of Resident #3's medical record revealed the facility admitted the resident on 11/16/13, with diagnoses which included history of Cerebrovascular Accident (CVA) and Depressive Disorder. Review of the Quarterly Minimum Data Set (MDS) Assessment revealed the facility assessed Resident #3 as having a Brief Interview for Mental Status (BIMS) score of fifteen (15) which indicated no cognitive impairments. Further review of the record revealed a Physician's Order dated 02/25/14 for Nystop powder to be applied under Resident #3's left

F 281 All licensed nursing staff will be re-educated by the Staff Development Coordinator by 03/31/14 regarding the importance of practicing all aspects of their profession according to Professional Standards of Practice.

The Director of Nursing and RN Supervisor will review ten orders each business day for four weeks to ensure that orders are noted appropriately and implemented as directed by the physician. The review will be documented by using a Physician Order auditing tool (copy attached). The results of the audit will be reviewed monthly by the QAPI Committee for further monitoring and continued compliance. The committee will determine, based on the results of audits received, how long monitoring should continue. 03/31/14

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F 281 Continued From page 6
breast twice daily until resolved.

Review of Resident #3's Treatment Administration Record (TAR) for February 2014, revealed an order for the Nystop powder dated 02/25/14. Continued review of the TAR revealed nursing staff had initialed the Nystop powder as administered on 02/25/14 at 10:59 PM and on 02/26/14 at 6:59 AM. Further review revealed no documented evidence the Nystop powder had been administered on 02/26/14 at 10:59 PM or on 02/27/14 at 6:59 AM.

Interview with Resident #3 on 02/27/14 at 12:27 PM revealed he/she had developed yeast under his/her breasts and the nurse had observed it on Monday, 02/24/14. Resident #3 stated he/she wondered why he/she had not received medication for the yeast yet. An additional interview at 7:00 PM with Resident #3 revealed he/she had received medication for the first time prior to his/her shower. Observation of Resident #3's skin assessment on 02/27/14 at 7:00 PM, in the shower room, revealed a red moist area under his/her left breast.

Interview with Registered Nurse (RN) #1 on 02/27/14 at 1:39 PM, revealed another RN had observed Resident #3's area of yeast under his/her breast and was obtained orders for medication to treat the yeast. RN #1 stated the medication was present in the cart and showed it to the Surveyor. RN #1 then took the medication to Resident #3's room and showed the medication to the resident. Interview with Resident #3 at that time, revealed he/she had not been receiving the medication to his/her breast area and wondered when he/she was to receive it. Further interview with RN #1 after she showed

F 281

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F 281 Continued From page 7
Resident #3 the medication, revealed if Resident #3 said he/she had not received the medication, then he/she had not received it.

F 281

Interview with the Director of Nursing (DON) on 02/28/14 at 2:20 PM, revealed it was her expectation residents received their prescription as ordered by the Physician in a timely manner.

F 441 483.65 INFECTION CONTROL, PREVENT SS=D SPREAD, LINENS

F 441

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

It is the policy of Boyd Nursing and Rehabilitation Center to establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

- (a) Infection Control Program
The facility must establish an Infection Control Program under which it -
- (1) Investigates, controls, and prevents infections in the facility;
 - (2) Decides what procedures, such as isolation, should be applied to an individual resident; and
 - (3) Maintains a record of incidents and corrective actions related to infections.

The oxygen mask and tubing for rooms 202, 205, 207, 208, 209 and 211 was replaced and appropriately stored in labeled bags on concentrator by the nursing staff under the direction of the Director of Nursing on 02/25/14. All resident oxygen tubing was checked by nursing staff under the direction of the Director of Nursing to assure no tubing was contaminated and was stored properly. Any identified contaminated tubing or mask was replaced immediately and properly stored on 02/25/14.

- (b) Preventing Spread of Infection
- (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
 - (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
 - (3) The facility must require staff to wash their hands after each direct resident contact for which

Administrator and DON reviewed the "Infection Control" policy on 03/03/14 and made no changes to the policy.

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F 441	<p>Continued From page 8</p> <p>hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>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 maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection as evidenced by observation of oxygen masks and tubing unlabeled and not bagged for six (6) residents in rooms 202, 205, 207, 208, 209 and 211.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Infection Control", revised August 2007 revealed, the facility's infection control policies and practices were intended to facilitate maintaining a safe, sanitary and comfortable environment; and to help prevent and manage transmission of disease and infections.</p> <p>Review of the facility's, "Infection Control Plan", revised 02/06/06 revealed interventions for infection prevention and control included methods to reduce risks associated with medical equipment and medical devices. The methods included appropriate storage, cleaning,</p>	F 441	<p>The Director of Nursing reviewed the infection control log on 03/17/14 and found no negative outcome secondary to these incidents for Residents in rooms 292,205,207,208, 209 and 211. The Director of Nursing reviewed infection control logs for past three months and found no correlation between infection control log and proper infection control techniques.</p> <p>The process of storing oxygen tubing and mask while not in use and replacing if contaminated will be re-educated to nursing staff by the Staff Development Coordinator on 02/26/14. All staff will receive education concerning maintaining the Infection Control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection by the Staff Development Coordinator by 03/31/14.</p> <p>The DON and SDC will monitor staff compliance with facility infection control protocols which are designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection daily, Monday thru Friday, for four weeks then once weekly for 8 weeks by using the Environmental Survey Resident Rooms audit tool (copy attached) that includes but is not</p>	
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F 441	<p>Continued From page 9</p> <p>disinfection and/or disposal of supplies and equipment.</p> <p>Observation on 2/25/14 at approximately 4:30 PM during initial tour of the facility revealed, residents' oxygen masks and tubing were unlabeled, not bagged and were lying on the floor in rooms 202, 205, 207, 208, 209 and 211.</p> <p>Interview on 2/25/14 at 5:35 PM with Certified Nursing Assistant (CNA) #7, revealed he was not aware oxygen masks and tubing were to be labeled, dated and bagged when not in use.</p> <p>Interview on 2/25/14 at 5:45 PM with License Practical Nurse (LPN) #1, revealed oxygen masks should never be on the floor because of contamination. LPN #1 stated the oxygen masks should have been in a bag when not in use to prevent cross contamination. She indicated the Surveyor's observations were possible infection control issues for residents.</p> <p>Interview on 2/25/14 at 5:51 PM with the Director of Nursing (DON), revealed there were bags provided for the oxygen mask and tubing to go in when they were not in use. The DON stated the oxygen masks and tubing should not have been lying on the floor. The DON indicated this was an infection control issue.</p>	F 441	<p>limited to, checking proper storage of oxygen tubing. Any staff member deviated from proper protocol will be educated at that time by the Director of Nursing or Staff Development Coordinator. The Staff Development Coordinator will conduct weekly environmental compliance rounds thereafter. The results will be forwarded to the Focus Committee Meeting weekly. The results will also be forwarded to the monthly QAPI Committee Meeting for further monitoring and continued compliance.</p>	03/31/14
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