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

PRINTED: 05/14/2013
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
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PAVILION	401 EAST 20TH STREET COVINGTON, KY 41014

(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	F 000	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Providence Pavilion agrees with the allegations and citations listed on this statement of deficiencies. Providence Pavilion maintains that the alleged deficiencies do not, individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capability to render adequate care as prescribed by our regulations. This plan of correction shall operate as Providence Pavilion's written credible allegation of compliance.	
	An Abbreviated Survey investigating KY#00020028 was initiated on 04/11/13 and concluded 04/15/13. After Supervisory review by the State Agency, the investigation was re-opened to obtain further information and concluded on 05/02/13. KY#00020028 was substantiated with deficiencies cited at the highest scope and severity of a "D".			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS	F 279		6-14-13
	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.			
	The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.			
	The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25, and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).		By submitting this plan of correction, Providence Pavilion does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Providence Pavilion reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.	
	This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility			

RECEIVED JUN - 6 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Marcia Allen	ADMINISTRATOR	6.5.13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER: PROVIDENCE PAVILION

STREET ADDRESS, CITY, STATE, ZIP CODE: 401 EAST 20TH STREET, COVINGTON, KY 41014

(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 279	Continued From page 1 failed to use an Admission Elopement Assessment to develop an elopement comprehensive plan of care (CPC) for one (1) of three (3) sampled residents, Resident #1. On 04/05/13, Resident #1 exited the facility without nursing staff knowledge and walked approximately 0.2 miles to his/her prior residence. The findings include: Review of the facility Care Plan policy (no date), revealed a care plan was to be initiated upon admission to address specific needs of the resident. Review of the facility's admission elopement assessment revealed that if a resident "says they want to go home or leave", it is a "potential high risk behavior" Indicator for "residents who could, without purpose, leave secured area". Record review of the facility policy entitled "Elopement", Document # E-115, no date, revealed the facility's definition of elopement was a resident leaving the safety and security of the facility or non resident area without authorization or staff knowledge. Review of Resident #1's clinical record revealed the facility admitted Resident #1 on 05/15/12 with Diagnoses that included Atrial Fibrillation, Dementia, Depression, Hypertension and Chronic Pain Syndrome. Review of the Comprehensive Plan of Care (CPC) for Resident #1 revealed Resident #1 was not care planned for behaviors prior to the elopement.	F 279	Providence Pavilion has and will continue to assess and utilize the results of the assessment to develop a comprehensive care plan that accurately reflects the resident's status. Resident #1 was admitted to Providence Pavilion on May 15, 2012 for a fracture of the right humerus and debility. Her right arm was in a sling and she needed assistance to propel her wheel chair and walk short distances. On admission family stated resident tried to get out of bed a couple of times at the hospital saying she was going home. The initial elopement assessment was completed on May 15, 2012 noting these comments but stated no exit seeking behavior. A care plan was developed and implemented for adjustment to the facility. The nurses noted at 10:00 pm the resident stated she was going to her own room but no exit seeking behavior. On May 29, 2012 at 6:00 pm the nurses noted the resident was anxious thinking she had to go home to do something. She was easily redirected and no exit seeking behavior noted. Nurses notes on July	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER: PROVIDENCE PAVILION

STREET ADDRESS, CITY, STATE, ZIP CODE: 401 EAST 20TH STREET COVINGTON, KY 41014

(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 279	Continued From page 2	F 279	19, 2012 indicted resident stated she wanted to go home. Her son was in the room and there were no exit seeking behavior. There are no other nurses notes found indicating the resident wanted to go home or had any exit seeking behaviors. An elopement assessment was completed again on June 5, 2012, July 10, 2012, August 17, 2012, September 26, 2012, December 12, 2012 and March 19, 2013. Each of these state no exist seeking behavior noted. Resident showed no exit seeking behavior prior to leaving on April 5, 2013. The resident's home is within 2 blocks of Providence Pavilion and the resident worked in this building for a long time. The resident leaves the building with the family on regular basis.	

Record review of the admission elopement assessment, dated 05/15/12, revealed Resident #1's family had alerted the facility that while Resident #1 was in the hospital prior to facility admission, that "he/she had tried to get out of bed a couple of times, saying he/she was going home".

Record review of the admission Minimum Data Set (MDS) assessment dated 05/22/12 revealed Resident #1 was not assessed as a wander/elopement risk; had a Brief Interview for Mental Status (BIMS) of seven (7) out of fifteen (15), indicating the resident was moderately impaired in cognition and was assessed as being total dependance on staff for Activities of Daily Living (ADL's).

Interview, on 04/13/13 at 8:39 PM, with Registered Nurse (RN) #2, who performed the Admission Assessment and the Director of Nursing (DON) on 05/01/13 at 11:45 PM revealed they had not considered Resident #1 an elopement risk on admission due to his/her cognitive (BIMS of 7) and physical state (staff dependant for ADL's and mobility).

Record review of skilled nurse's notes dated 05/15/12 (date of admission) revealed the nurse had documented that Resident #1 exited his/her bed without assist and made a statement that he/she was going to his/her own room. Further review revealed documentation on 05/29/13 that Resident #1 was "anxious", thinking he/she had to go home "to do something". Continued review revealed that on 07/19/12, Resident #1 stated he/she wanted to go home.

When Resident #1 returned to the building on April 5, 2013 with her daughter she had a wander guard placed, her picture was added to elopement book and at reception desk,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PAVILION	401 EAST 20TH STREET COVINGTON, KY 41014

(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 279	Continued From page 3 However, continued review of the Comprehensive Care Plan for Resident #1 revealed no documented evidence the Care Plan was developed to identify the elopement risk. Interview, on 04/30/13 at 2:30 PM, with the MDS Coordinator revealed she used the Resident Assessment Instrument (RAI) 3.0 manual for guidelines in doing the assessments and care plans and that her information came from chart reviews and interviews with staff. Continued interview revealed she did not assess/code Resident #1 as an elopement/wander risk on admission because of his/her confusion and immobility. Interview, on 05/01/13 at 11:15 AM, with the MDS coordinator revealed that she care planned what triggered from each area on the MDS assessment, chart reviews and interviews with staff. Further interview revealed that she would have made an elopement care plan if the Assistant Director of Nursing (ADON) had told her to. Interview with the Director of Nursing (DON), on 05/01/13 at 12:00 PM, revealed at no time since Resident #1's admission, had she considered Resident #1 to be an elopement risk because of his/her physical/mental condition on admission and then because Resident #1 had not exhibited exit seeking behaviors. Interview with the ADON, on 05/01/13 at 12:15 PM, revealed she had not considered Resident #1's statements to be "exit seeking", but she felt it was a normal response from going from an acute care setting to long term care.	F 279	**and resident description information was added to elopement book. The doctor was made aware of elopement and issued an order to monitor for significant signs of infection. A full assessment was completed by the unit nurse with no injury found. An occurrence report was completed, and 15-minute checks were done for 72 hours. A new elopement assessment was completed by a RN who was the unit nurse on 4-05-13 indicating elopement. A comprehensive care plan for elopement was completed by MDS coordinator on April 8, 2013.** To ensure no other residents are affected, medical records audits to insure a resident's elopement risk assessment upon admission is completed and will audit quarterly thereafter. The measures that will be put in place are nurses and social services will be re-educated on or before **June 14, 2013** by the Director of Nursing and/or **nurse manager** regarding the proper assessing for elopement risk and related assessment documentation.	
F 323	483.25(h) FREE OF ACCIDENT	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER: PROVIDENCE PAVILION

STREET ADDRESS, CITY, STATE, ZIP CODE: 401 EAST 20TH STREET, COVINGTON, KY 41014

(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 323	Continued From page 4 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 and review of the facility's policy, it was determined the facility failed to provide adequate supervision to prevent elopement for one (1) of three (3) sampled residents, Resident #1. Resident #1 exited the facility without staff knowledge and walked approximately 0.2 miles to his/her prior residence. The findings include: Record review of the facility's policy titled "Elopement", Document # E-115, no date, revealed the facility's definition of elopement was that a resident leaving the safety and security of the facility or non resident area without authorization or staff knowledge. Interview with the Assistant Director of Nursing (ADON), on 04/13/13 at 3:14 PM, revealed there was an elopement book behind the nurses station with pictures and information on the wandering residents.	F 323	A comprehensive care plan audit is in process on current residents. This audit will be complete on or before June 14, 2013. The DON, nurse manager, QA nurse and/or MDS nurse will complete this audit. The DON and/or Nurse Manager will also interview staff to assure residents with exit seeking/elopement behavior have been identified. If identified, appropriate care plans will be developed. This review will be comprehensive, not just addressing elopement and if needed, appropriate care plans will be developed. An in-service on care planning will be completed by the DON on or before June 14, 2013 to address the importance of comprehensive care plans to include strengths, weaknesses and potential issues. This In-service will be presented to the Interdisciplinary team and nursing. Staff will be in serviced by the DON or nurse manager or MDS nurse on or before June 14, 2013 on the aspects to be addressed in a care plan;	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER: PROVIDENCE PAVILION

STREET ADDRESS, CITY, STATE, ZIP CODE: 401 EAST 20TH STREET, COVINGTON, KY 41014

(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 323	Continued From page 5 Review of Resident #1's clinical record revealed the facility admitted Resident #1 on 05/15/12 with diagnoses which included Atrial Fibrillation, Dementia, Depression, Hypertension and Chronic Pain Syndrome. Record review of the admission elopement assessment for Resident #1, dated 05/15/12, revealed Resident #1's family had alerted the facility that while Resident #1 was in the hospital prior to facility admission, that "he/she had tried to get out of bed a couple of times, saying he/she was going home". Further review of the admission elopement assessment dated 05/15/13 revealed that if a resident "says they want to go home or leave", it is a "potential high risk behavior" indicator for "residents who could, without purpose, leave secured area". However, the facility did not identify Resident #1 as an elopement risk per interview on 04/13/13 at 8:39 PM with Registered Nurse (RN) #2 that performed the Admission Assessment and the Director of Nursing (DON) on 05/01/13 at 11:45 PM. Review of subsequent quarterly elopement assessments revealed the facility continued to identify Resident #1 as a non elopement risk. Review of the skilled nurses notes for Resident #1, dated 05/15/12 at 10:00 PM (evening of admission) revealed Resident #1 "exited the bed unassisted, saying he/she needed to go to his/her own room". Continued review of nurses notes, dated 05/29/12 at 6:00 PM, revealed "Resident was anxious, thinking he/she had to go home to do something". Further review of the nurses notes, dated 07/19/12 at 6:00 PM revealed "Resident stated he/she wanted to go home".	F 323	establishing measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment, and describing the services that will be provided to attain or maintain the resident's highest practical physical, mental and/or psychosocial well-being. Current and new issues as well as the need for care planning will be discussed in morning meeting with the interdisciplinary team. This item will be added to the "morning meeting agenda". New admissions will have an adjustment to facility care plan that includes potential for poor adjustment/elopement potential. Medical records will audit to ensure these are completed on admission. As part of the new admit/family interview a question will be asked if there were any exit seeking behavior prior to admission. If exit seeking, a comprehensive care plan will be initiated and appropriate adjustment interventions, and wanderguard will be care planned.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PAVILION	401 EAST 20TH STREET COVINGTON, KY 41014

(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 323	Continued From page 6 Record review of a Significant Change Minimum Data Set (MDS) Assessment, dated 02/27/13, revealed dno documented evidend the facility assessed Resident #1 as having wandering behaviors and a Brief Interview for Mental Status (BIMS) score, dated 02/27/13, was a four (4) out of fifteen (15) indicateing the resident's cognition was severly impaired. Review of the 02/27/13 Care Area Assessment Summary (CAAS) revealed Resident #1 did not trigger for Activities of Daily Living (ADL) functions. Review of MDS Section G (ADL) section revealed Resident #1 was to receive supervision/encouragement regarding ambulation on and off the Unit. Review of the Comprehensive Plan of Care (CPC), dated 02/27/13, for Resident #1 revealed Resident #1 was not care planned for behaviors. Interview, on 04/30/13 at 2:30 PM, with the MDS Coordinator revealed she used the Resident Assessment Instrument (RAI) 3.0 manual for guidelines in doing the assessments and care plans; that her information came from chart reviews and interviews with staff. Continued interview revealed she did not assess/code Resident #1 as an elopement/wander risk on admission because of his/her confusion and immobility. Record review of the facility's initial investigation, dated 04/05/13, revealed the facility had received a phone call "about" 5:00 PM from a family member of Resident #1 stating Resident #1 had walked to his/her home (0.2 miles from facility). Observation of facility security tape, dated 04/05/13, revealed Resident #1 used a rolling walker to exit the facility.	F 323	In order to ensure compliance, the Director of Nursing and/or nurse manager will review and if necessary update the elopement assessment form **on or before June 14, 2013. If changed,** nurses and Social Services will be in-serviced **on this updated form on or before June 14, 2013.** The Director of Nursing and/or nurse manager or medical records will audit all new admission elopement assessments to ensure proper assessment upon admission for 4 weeks and 2 new admissions per week randomly thereafter for three months. Results will be reviewed at the Quality Assurance Committee meeting for further recommendation and determination of frequency of future monitoring. **Medical records audits will be reviewed weekly for compliance by DON or nurse manager. Any incomplete or missing care plan will be addressed and appropriately cared planned by the DON, nurse manager or**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER: PROVIDENCE PAVILION

STREET ADDRESS, CITY, STATE, ZIP CODE: 401 EAST 20TH STREET, COVINGTON, KY 41014

(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 323	Continued From page 7 Observation of Resident #1, on 04/12/13 at 3:00 PM, revealed he/she had a wander guard device on his/her right wrist and was using a rolling walker for ambulation in the halls. Resident #1 stated that if he/she got too close to an open elevator, the device would "make a noise". Observation of the elevator doors revealed a numbered key pad that required a numerical code to open the doors. General observations during the survey process revealed the elevators would make a distinct, audible sound when residents with wander guards became too close to the open doors. Interview with Resident #1's daughter, Daughter #1, on 04/12/13 at 10:54 AM, revealed that Daughter #2 notified (no time given) her that Resident #1 was at his/her house and did not appear afraid or hurt. Further interview with Daughter #1 revealed Resident #1 stayed at Daughter #2's home for a while, had supper and was returned to the facility about 7:30 PM. Interview with Daughter #2, on 04/12/13 at 11:05 AM, revealed a neighbor had called her about 4:40 PM and told her that Resident #1 was sitting on the porch of his/her prior residence (0.2 miles from facility). Further interview revealed she stepped out of her house, looked down the street and saw Resident #1 "walking in the middle of the street" towards, Daughter #2's house. Further interview revealed "it was a chilly day" (research of the weather for that day revealed the temperature was in the low 60's, no wind and was partly cloudy). She further stated Resident #1 was dressed in jeans, sweat shirt, shoes with no socks and was not wearing a jacket. Continued interview revealed Daughter #3 called the facility	F 323	**MDS nurse. The results will be added to weekly CQI for routine follow-up and review and reported in QA meetings.** F323 Providence Pavilion has and will continue to ensure each resident receives adequate supervision. Resident #1 was added to the "at risk for elopement" book/list on April 5, 2013 after exiting the building. Resident #1 received a full assessment at the time of her return and no injury or adverse effect was noted. An elopement care plan was completed and the resident was placed on 15 minutes checks for 72 hours with no further exit seeking behavior. A wander guard bracelet was placed on the resident upon return to the facility. The doctor was notified of the resident exiting the building. In addition, upon doctor's order, resident was monitored for significant signs of infection due to change in behavior.	6/14/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER: PROVIDENCE PAVILION

STREET ADDRESS, CITY, STATE, ZIP CODE: 401 EAST 20TH STREET, COVINGTON, KY 41014

(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 323	Continued From page 8 to let them know where Resident #1 was. Interview with State Registered Nurse Aide (SRNA #1), on 04/13/13 at 3:14 PM, who was assigned to Resident #1, revealed there was a large activity in progress when she came on shift (2nd shift), that residents and visitors were milling about in the hallway near the elevators and it was hard to keep track of everyone. She further stated it was about an hour before official assignments were made; up to that point everyone was helping each other. Continued interview revealed it was about 4:15 PM to 5:00 PM when the charge nurse alerted staff that Resident #1 had exited the facility, had walked to prior home and was with family. She further stated that Resident #1 had never tried to leave nor did he/she ever talk about leaving. Continued interview revealed there was an elopement book behind the nurses station with pictures and information on the wandering residents. She further stated she attended facility in-services presented about elopement but thought since she was an agency staff member that there was no need to sign in for in-services. Interview with the Charge Nurse, on 04/15/13 at 12:35 PM, revealed she remembered last seeing Resident #1 about 3:15 PM to 3:30 PM on the day of the elopement. Continued interview revealed it was approximately 5:00 PM when she was notified of Resident #1's elopement. Interview with Dietary Aide (DA) #2, on 04/15/13 at 1:45 PM, revealed Resident #1 was at the nurses station while he was waiting for the elevator, (8) paces apart, and that in the "blink of an eye", Resident #1 was on the elevator with	F 323	All employees and contract employees to Providence Pavilion were re-educated beginning on April 5, 2013 and continued to reach all staff on the policies of residents leaving the 4th floor. A new sign-out book was created to be used by staff members, family and friends when taking a resident off the floor. This was implemented on April 8, 2013. To ensure no other residents were affected, the Director of Nursing and/or **nurse manager** will interview the nursing staff to obtain information on any exit seeking behaviors with any resident **on or before June 14, 2013. Residents with exit seeking behavior will be care planned appropriately.** In order to ensure compliance, all new admissions will be assessed for elopement upon admission and at least quarterly. A care plan for adjustment to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PAVILION	401 EAST 20TH STREET COVINGTON, KY 41014

(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 323 Continued From page 9

him. Continued interview revealed he asked Resident #1 if his/her family was waiting downstairs and that Resident #1 replied in the affirmative. Further interview revealed he realized he should not have let Resident #1 on the elevator with him without family with him/her or verifying that Resident #1 had been signed out of the facility, as per the policy, but that he had a lot to do and it slipped his mind. He further stated there was a book at the nurses station and each department with the pictures of "at risk" residents for staff to familiarize themselves with.

Interview with the Director of Nursing (DON), on 05/01/13 at 12:00 PM, revealed that at no time since Resident #1's admission, had she considered Resident #1 to be an elopement risk because of physical/mental condition on admission and because Resident #1 had not exhibited exit seeking behaviors prior to 04/05/13.

Review of the facility's final report and summary of the incident revealed Resident #1 did leave the facility on 04/05/13 and was returned by family members later in the evening; a full assessment was completed upon return without signs of injuries or harm and interventions included a wander guard on Resident #1's right wrist, fifteen (15) minute placement checks and neurological checks for seventy two (72) hours.

F 323 the new environment will be completed on all new admissions, including monitoring for exit seeking behaviors, significant signs of leaving such as packing belongings, trying to leave with visitors. All staff will receive training via an in-service to review when and how to report to management any behaviors that may be suggestive of trying to leave (statements like wanting to go home, packing, trying to exit) **on or before June 14, 2013.** In addition, the next reporting steps of immediately reporting to the DON, nurse manager, Social Services Director or Administrator will also be included in the in-service.

Appropriate interventions will be immediately put in place when exit-seeking behavior is noted-- such as 15-minute checks, wander guard, and/or 1:1 supervision. Any of these issues will be discussed in the morning meeting by the Interdisciplinary Team to deem appropriate care needed. The doctor and family will be notified. Families and significant others will be asked upon

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PAVILION	401 EAST 20TH STREET COVINGTON, KY 41014

(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 323		F 323	admission about any exit seeking behavior, wandering behavior prior to admission. Any resident noted to have exit seeking behaviors pre- admission will have an elopement risk care plan and elopement policy will be followed. Audits of new admission charts will be completed by the DON or **Nurse Manager** to assure elopement assessments are completed **on or before June 14, 2013**. Notes will be reviewed and staff interviews to assure no exit seeking behavior. Elopement assessments will be completed at least quarterly. Elopement policy will be included in all new hire orientation and training. An elopement in-service for all staff will be conducted at least 2 times a year. Random elopement drills will continue. An elopement assessment will be conduct monthly for three months on new admissions with any indication of elopement risk; stating he/she wants to leave, exit seeking behaviors, packing. The interdisciplinary team will review all elopement assessments and make a	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185038	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED C 05/02/2013
NAME OF PROVIDER OR SUPPLIER PROVIDENCE PAVILION		STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 20TH STREET COVINGTON, KY 41014	

(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 323		F 323	determination if there continues to be a risk of elopement. Results will be reviewed at the Quality Assurance Committee meeting for further recommendation and determination of frequency of future monitoring. An in- service will be completed by the DON, nurse manager and/or Human Resource Director on or before June 14, 2013 addressing resident's safety, emphasizing every employee's responsibilities in keeping the environment as free of accident hazards as possible and each resident receiving adequate supervision and assistance devices to prevent accidents. Hazard or potential issues identified will be care planned by MDS nurse, DON or QA nurse. Safety issues will be monitored via the weekly room/safety checks, including clutter in hallways and rooms, checking for alarms/devices used and functioning and staff responding to alarms and elevator alarms promptly. Safety round results will be presented at the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185038		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PAVILION	401 EAST 20TH STREET COVINGTON, KY 41014

(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 323		F 323	morning meeting to the Interdisciplinary Team for needed follow-up. New staff will be trained in orientation on elopement risks, such as packing, exit seeking, how to respond appropriately to this, and who to report this information to. Providing appropriate supervision, accident prevention will also be part of the orientation process. Staff will be instructed in orientation as to who should be notified of safety concerns (unit nurse, Interdisciplinary team, maintenance director, and administrator). Safety concerns will be added to morning meeting agenda and discussed with the interdisciplinary team. Any interventions or changes identified will be addressed by the interdisciplinary team and care planned as needed. Safety concerns will be reviewed in the weekly CQI meetings and in the QA meetings.	