

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

PRINTED: 11/02/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2011
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NAME OF PROVIDER OR SUPPLIER OAKMONT MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANDVIEW DRIVE, P O BOX 822 FLATWOODS, KY 41130
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(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		
F 281 SS=D	<p>An abbreviated survey was conducted 10/20/11 through 10/21/11 to investigate KY00016533 and KY00017265. KY00016533 was unsubstantiated with no deficiencies. KY00017265 was substantiated with deficiencies cited at the highest S/S of a "D".</p> <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 interview, record review and review of the facility's policy and procedure it was determined the facility failed to ensure staff met professional standards of practice when transcribing orders for two (2) of six (6) sampled residents (Resident #2 and #6). The facility failed to ensure orders were transcribed correctly when staff transcribed an order for Keppra (an anti-seizure medication) written for Resident #6 onto the Medication Administration Record (MAR) for Resident #2. Resident #2 received two (2) doses of Keppra, with no documented adverse effects.</p> <p>The findings include: Review of the facility's policy "Medication Orders", not dated, revealed medication orders specify the name of the medication, dose and form of medication, time or frequency of medication, route of administration and duration. Additionally, the order is documented in the resident's medical</p>	F 281	<p>Oakmont Manor does not believe and does not admit that any deficiencies existed, either before, during or after the survey. Oakmont Manor reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or legal proceedings. This plan of correction does not constitute any admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard of care, contract obligation or position, and Oakmont Manor reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver or any potentially applicable peer review, quality assurance or self-critical examination privileges which Oakmont Manor does not waive, and administrative, civil or criminal claim, action or proceeding. Oakmont Manor offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care of residents.</p> <p style="text-align: center;">RECEIVED NOV 29 2011 BY: _____</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shonna Carver</i>	TITLE <i>Administrative</i>	(X6) DATE 11-14-11
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2011
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NAME OF PROVIDER OR SUPPLIER OAKMONT MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANDVIEW DRIVE, P O BOX 622 FLATWOODS, KY 41139
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F 281	<p>Continued From page 1</p> <p>record with the date, time and signature of the licensed person receiving the order onto the order form, MAR, and/or Treatment Administration Records (TARs).</p> <p>Review of Resident #2's MAR for 10/11 revealed Keppra was added to the MAR on 10/13/11. Further review revealed the resident received two (2) doses of Keppra as evidenced by staff initials indicating the medication was given. Per the MAR Resident #2 received a dose of Keppra at 8:00 AM on 10/14/11 and 8:00 AM on 10/15/11.</p> <p>Review of Resident #2's Physician's Orders for 10/11 revealed no documented evidence an order was written for Keppra.</p> <p>Interview, on 10/21/11 at 2:25 PM, with Licensed Practical Nurse (LPN) #1 revealed she had transcribed a medication order for Resident #8 onto the MAR for Resident #2. She explained she asked the Kentucky Medication Aide (KMA), assigned to Resident #6, for the MAR on 10/13/11 and did not check the MAR to verify she was transcribing the order onto the correct resident's MAR. She stated she transcribed the order onto Resident #2's MAR by mistake. LPN #1 stated it was her responsibility as a licensed nurse to ensure the orders were transcribed onto the correct resident's MAR. Continued interview confirmed Resident #2 received two (2) doses of the medication ordered for Resident #6.</p>	F.281	<p>It is and was on the day of survey the policy at Oakmont Manor to ensure that residents receive physician ordered medications.</p> <p>Resident #2 and resident #6 had no adverse effect and MD was notified on 10/14/11. All charts were audited to cross reference medication administration records with physician orders. This was completed by 10/31/11 by RNs and LPNs.</p> <p>All new physician's orders will be reviewed the following day by the DON or QA nurse or weekend supervisor.</p> <p>Ten percent of the physician's orders will be audited by the DON or QA nurse or weekend supervisor to ensure orders obtained are correct on the Medication Administration Record for a period of six months. These audits began on November 10, 2011.</p> <p>An in-service for all RNs and LPNs on the Medication Orders policy was conducted by the DON to assure physician's orders are followed on November 10, 2011.</p> <p>The audits completed by the DON or QA nurse or weekend supervisor will be reviewed monthly in the Quality Assurance Committee, which is comprised of the medical director, administrator, DON and others, meeting for six months to ensure compliance.</p>	
F 282 SS=D	<p>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</p>	F 282		November 11, 2011

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NAME OF PROVIDER OR SUPPLIER OAKMONT MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANDVIEW DRIVE, P O BOX 622 FLATWOODS, KY 41139	
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F 282	<p>Continued From page 2 care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility policy and procedures it was determined the facility failed to ensure staff provided care and services in accordance with the plan of care for two (2) of six (6) sampled residents (Residents #1 and #3). The facility failed to ensure the care plan was followed for Resident #1 for the use of a mechanical lift for transfers and Resident #3 related to interventions for a restraint.</p> <p>The findings include:</p> <ol style="list-style-type: none"> The facility admitted Resident #1, on 11/02/08, with diagnoses which included Left Tibia Fracture, Right Wrist Fracture and Osteoporosis. <p>Review of Resident #1's "Comprehensive Care Plan", dated 11/04/08, revealed a Problem for Potential Trauma related to a history of falls, Osteoporosis and non-compliance with requesting assistance with transfers. Further review revealed an Intervention added for the use of a Mechanical lift for transfers, dated 06/30/10.</p> <p>Review of Resident #1's "Care Area Assessment", dated 12/28/10, revealed the facility assessed the resident for falls and had customized interventions in the Plan of Care under the problem "Potential for Trauma".</p> <p>Review of Resident #1's Minimum Data Set (MDS) assessment, dated 06/17/11, revealed the</p>	F 282	<p>It was and is on the day of survey the policy at Oakmont Manor to ensure that care is provided in accordance to the residents plan of care.</p> <p>Residents #1 and #3 had no adverse effect. There were no adverse effects to any residents due to the practice identified with following the plan of care.</p> <p>Employee providing care to resident #1 was educated on 8/8/11 by LPN charge nurse on following the plan of care to ensure that transfers are done correctly. All residents were assessed and care plan updated by LPN charge nurses by October 31, 2011, to reflect the current transfer ability of resident.</p> <p>All SRNAs, CMTs and licensed staff were educated on 11/2/11 by QA nurse regarding following the plan of care and the policy on restraints.</p> <p>DON or QA nurse or weekend supervisor will observe ten (10) resident transfers and restraint releases each week to ensure the plan of care is followed. The audit will be reviewed by the DON to ensure compliance.</p> <p>The completed audits will be reviewed monthly in the Quality Assurance committee (which consists of medical director, administrator, DON and others) meeting for six months to assure compliance.</p>	11/3/11

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F 282	<p>Continued From page 3</p> <p>facility assessed the resident to be totally dependent with the assist of two (2) persons for transfer between the bed and chair.</p> <p>Review of the "Nurse Aide Care Plan", dated August 2011, revealed Resident #1 was to be transferred by mechanical lift only.</p> <p>Review of the "Nurses Notes", dated 08/08/11 at 6:30 PM, revealed the resident complained of pain to the left rib area. Per the note the resident stated the pain began during a transfer. Per the "Nurses Note" an x-ray was ordered, on 08/08/11. Review of the "Radiology Interpretation", dated 08/08/11, revealed there was no evidence of rib fracture.</p> <p>Interview, on 10/21/11 at 10:38 AM, with Resident #1 revealed State Registered Nurse Aide (SRNA) #1 was transferring him/her on 08/08/11 when he/she felt pain in the left side. The resident stated SRNA #1 did not use a mechanical lift for the transfer.</p> <p>Interview, 10/21/11 at 2:10 PM, with SRNA #1 revealed he transferred Resident #1 from the wheelchair to the bed without the use of a mechanical lift, on 08/08/11 He stated he did not know the resident was care planned to transfer via a mechanical lift. He explained he was new and had not read the resident's care plan. SRNA #1 stated he expected the other aide, who was more familiar with the resident, to tell him how to transfer the resident.</p> <p>2. Review of the facility's policy "Restraints-Physical", undated, revealed the resident is to have opportunity for motion and</p>	F 282		

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F 282	<p>Continued From page 4</p> <p>exercise for 10 (ten) minutes every 2 hours. Additionally restrained residents are to be repositioned every 2 (two) hours. Furthermore, nursing staff are to check restrained resident every 30 (thirty) minutes.</p> <p>Record review revealed the facility admitted Resident #3 on 01/06/2004 with diagnoses which included Alzheimer's, Dementia, Difficulty Walking, Bilateral Hip Fracture, Bilateral Wrist Fractures, Left Hip Replacement.</p> <p>Review of Resident #3's Comprehensive Care Plan, dated 03/26/09, and last revised on 12/10/10, revealed interventions for a restraint which included to check the resident every 30 (thirty) minutes and to release the restraint every 2 (two) hours for 10 (ten) minutes. Additionally staff should release the restraint during supervised meals.</p> <p>The facility assessed the resident on the quarterly Minimum Data Set (MDS) Assessment, dated 09/10/11, as being totally dependent for toileting and transfers and cognitively impaired to make decisions.</p> <p>Review of Resident #3's "Physician's Order Form", dated 08/11, revealed an order for a Pelyic Holder restraint when up in chair or recliner to be released every 2 (two) hours for family visits, meals, and activities. Additionally the Physician's order detailed that the restraint was to be checked every 30 (thirty) minutes.</p> <p>Review of the "Nurse Aide Care Plan", dated 10/11, revealed interventions for a restraint which included to check the resident every 30 (thirty)</p>	F 282		
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F 282	<p>Continued From page 5</p> <p>minutes and to release the restraint every 2 (two) hours for 10(ten) minutes.</p> <p>Observations of Resident #3 during the noon meal on 10/20/11 from 11:45 AM to 12:15 PM revealed Resident #3 was sitting in the dining room receiving assistance from a State Registered Nursing Assistant (SRNA) with coffee and lunch meal. Observation further revealed the pelvic restraint was in place the entire meal.</p> <p>Interviews with the SRNA's #7 and #8 on 10/20/11 at 3:55 PM revealed they only released the pelvic holder restraint to take the resident to the restroom. The SRNA's did not know how often to check on restrained residents, or to release the restraint during supervised meals, they verbalized that they were to check on the resident every fifteen (15) minutes. Further Interviews with SRNA #7 and #8 revealed they were not familiar with the facility's restraint policy and did not know how often residents with restraints should be checked.</p>	F 282		