

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

PRINTED: 08/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2010
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HERITAGE HALL HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 331 SOUTH MAIN STREET LAWRENCEBURG, KY 40342
--	--

(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 F 226 SS=D	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey Investigating ARO #KY00014791 and ARO #KY00014878 was initiated on 07/29/10 and concluded on 08/03/10. ARO #KY00014791 and KY00014878 were found to be substantiated, with deficient practice cited. The highest scope and severity cited was an "E".</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to implement its written policies and procedures on Abuse Prohibition. The facility did not report to the State Agency an alleged incident of abuse for one (1) of three (3) sampled residents (Resident #1).</p> <p>The findings include:</p> <p>Record review revealed Resident #1 was admitted to the facility on 08/10/09 with diagnoses which included Cardiac Dysrhythmias, Hypertension, Parkinson's Disease, Altered Mental Status and Depression. Review of the annual Minimum Data Set assessment, dated 04/15/10 revealed the facility assessed the resident to have short-term memory loss and as being moderately impaired in skills for decision making.</p>	F 000 F 226	<p>F226</p> <p>On May 9, 2010, the Director of Nursing had a one on one conversation with Resident #1 to reassure her that she was safe. CNA #1 was suspended from duty on 5-10-10 and terminated on 5-12-10, Resident #1 did not receive care from CNA #1 after the incident was reported to the Director of Nursing.</p> <p>Interviews with alert and oriented residents will be concluded by 9-8-10 by the Director of Nursing, Assistant Director of Nursing, Administrator and the Social Services Director. No additional abuse allegations occurred.</p> <p>An audit of the past four (4) months of incident reports was concluded on 9-8-10 by the Director of Nursing and the Assistant Director of Nursing to determine if any areas of unknown source had occurred.</p> <p>Skin audits were concluded on non-interviewable residents on 9-3-10 to determine any areas of unknown</p>	9-9-10
----------------------------	---	--------------------	---	--------

RECEIVED
SEP 15 2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dana Gravitt</i>	TITLE Administrator	(X6) DATE 9-15-10
--	------------------------	----------------------

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.

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

PRINTED: 08/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2010
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HERITAGE HALL HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 331 SOUTH MAIN STREET LAWRENCEBURG, KY 40342
--	--

(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 226	<p>Continued From page 1</p> <p>Review of the Nurse's Notes, dated 04/26/10 revealed Resident #1 had been seeing snakes for the past week. Continued review of nursing documentation dated 04/29/10 and 05/06/10 revealed the resident continued to see snakes, was agitated and difficult to redirect.</p> <p>Review of the facility's Investigation Summary revealed, on 05/09/10, Certified Nursing Assistant (CNA) #1 approached Resident #1 with a rubber snake in an attempt to show the resident the snake was dead and was being removed.</p> <p>Review of statements obtained by the facility during their investigation revealed the resident was reported to be very afraid of snakes and the incident caused the resident to scream out and cry. In addition, some witnesses reported CNA #1 was laughing about the incident and thought it was funny.</p> <p>The State Agency received the allegation from another State agency. Interview with the Director of Nursing (DON) on 07/29/10 at 3:40 PM revealed the facility did not contact DCBS and she did not know who made the initial report. Continued interview revealed she felt the incident was a case of poor judgment, but did not reflect any malicious intent on the part of CNA #1.</p> <p>Review of State Agency complaint intake records revealed no report of possible abuse involving Resident #1 was received from the facility.</p> <p>Review of the facility's Abuse Prohibition policy, effective 08/31/04, revealed an incident of "suspected abuse" was to be reported to DCBS and the Division of Long Term Care (State Agency) immediately. Continued review revealed "all alleged violations....will be reported to all agencies as required."</p>	F 226	<p>source. Skin audits were conducted by the Director of Nursing, Assistant Director of Nursing, Unit Coordinators.</p> <p>No other residents were affected.</p> <p>All alleged violations of abuse will be reported to the Administrator and/or the Director of Nursing and to the appropriate state survey agencies immediately. The results of all investigations will be reported to the appropriate state survey agencies within 5 working days of the incident.</p> <p>The abuse policy was reviewed by the Administrator and Director of Nursing on 8-17-10 All alleged violations will be thoroughly investigated by the Administrator and Director of Nursing and reported to the Medicaid Director and appropriate state agencies immediately with results reported to appropriate survey agencies within 5 days.</p>	
-------	--	-------	---	--

F226 Continued

A mandatory in-service on abuse was conducted by the Director of Nursing and Social Services Director on 5-13-10 and 8-18-10 for all staff and will continue to be conducted quarterly. All new hires will be provided abuse in-service training during orientation. Interviews with all staff will be conducted Monday through Friday for one month by the Director of Nursing, Assistant Director of Nursing, Unit Coordinators, and the Social Services Director until all staff can verbalize the abuse policy. Any staff member identified to not be proficient with the abuse policy will be educated by the Director of Nursing, Assistant Director of Nursing, or Social Services Director immediately. The results of the interviews will be reviewed in the quarterly Quality Assurance meetings for the next 2 quarters to evaluate the effectiveness of the education. All abuse allegations will be reviewed by the facility Quality Assurance Committee quarterly to ensure the facility policy has been followed.

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

PRINTED: 08/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2010
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HERITAGE HALL HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 331 SOUTH MAIN STREET LAWRENCEBURG, KY 40342
--	--

(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)	(X6) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 328 88-E	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure proper maintenance of equipment for contracted respiratory care services for nine (9) unsampled residents. Oxygen concentrator filters were observed to be dirty. The contract service representative did not clean or replace the filters until after surveyor intervention.</p> <p>The findings include: During a walking tour of the facility on 07/29/10 at 11:30 AM, oxygen concentrators were observed to be in use in the following resident rooms: C5-B, E7-A, E11-A, E11-B, E15-B, E19-B, D7-A, D7-B, and D8-A. Every machine had readily observable filter(s) with accumulated dust and dirt that ranged from moderate to severe. In room E15-B the filter appeared to be completely clogged.</p> <p>Interview with the Director of Nursing (DON) on</p>	F 328	<p>F338</p> <p>Residents in rooms: C5B, E7A, E11A, E11B, E15B, E19B, D7A, D7B and D8A, oxygen saturation rates were assessed on 08-03-10. In addition, on 08-03-10 the residents Medication Administration Records were reviewed for the past 30 days for oxygen saturation rates by the Director of Nursing and Assistant Director of Nursing to ensure no residents were affected by the deficient practice. No residents were affected.</p> <p>All residents with oxygen concentrators were assessed for oxygen saturation rates on 08-03-10. The residents Medication Administration Record for the past 30 days were reviewed for oxygen saturation rates. No residents were affected by the deficient practice.</p> <p>All oxygen concentrator filters were cleaned on 8-3-10</p> <p>The Unit Coordinators will check the oxygen concentrator filters during daily rounds and will clean the filters as needed but no less than weekly. This was initiated on 8-3-10 and is an ongoing practice.</p>	8-9-10
---------------	---	-------	--	--------

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

PRINTED: 08/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2010
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 331 SOUTH MAIN STREET LAWRENCEBURG, KY 40342	
(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)	(X6) COMPLETION DATE
F 328	<p>Continued From page 3</p> <p>07/29/10 at 3:00 PM revealed respiratory care services and equipment were provided through contract. She stated the contract company representatives made rounds twice weekly on Mondays and Thursdays and were responsible for maintaining equipment such as oxygen concentrators. Contracted maintenance included the changing of filters. The facility was unable to provide a policy related to the contracted services for oxygen therapy/equipment maintenance. Continued interview revealed a representative had just completed his rounds in the facility.</p> <p>Interview with the Service Technician on 07/29/10 at 3:05 PM revealed his twice weekly rounds included "keeping track" of the concentrators, e.g. making sure they were in the designated rooms. In addition, he spot-checked the units for noise, wiped them down, and changed the filters if needed. Further interview revealed once a month he performed a "change out" of all tubing, connectors, cannulas, etc. He stated he had just completed his inspection for this day and had not changed any filters.</p> <p>Interview with the DON on 07/29/10 at 3:30 PM revealed the Service Technician had returned to the care area and was replacing the dirty filters. She stated he indicated to her that the filters were excessively dirty and should have been changed prior to intervention.</p>	F 328	<p>F338 Continued</p> <p>The Assistant Director of Nursing will check the oxygen concentrator filters each Friday for 30 days and then monthly thereafter to ensure that the Unit Coordinators are completing the filter checks and cleaning as expected.</p> <p>Any issues will be addressed immediately when noted. The monthly audits conducted by the Unit Coordinator and the Assistant Director of Nursing on the oxygen concentrator filters will be reported to the facility Quality Assurance Committee which is comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Nursing Consultant, Pharmacy Consultant, Social Services Director, Admissions Director, Activities Director, Dietary Director, Personnel Manager, Bookkeeper, MDS Nurse, Medical Records Director and Maintenance Director.</p>	