

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

PRINTED: 07/20/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2012
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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MADISONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 419 NORTH SEMINARY ST MADISONVILLE, KY 42431
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F 000	INITIAL COMMENTS	F 000		
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 care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure services were provided by qualified persons in accordance with each resident's written plan of care for one resident (#3) in the selected sample of eight residents. The facility assessed Resident #3 as at risk for falls and implemented the sensor alarm to prevent further falls after sustaining a nasal fracture when the resident attempted to transfer his/herself without assist. The facility failed to ensure the sensor alarm was applied to Resident #3's wheelchair and functioning.</p> <p>Findings include:</p> <p>The facility did not have a specific policy for care plans.</p> <p>A record review revealed Resident #3 was admitted to the facility on 01/20/12 with diagnoses to include Debility, Osteoarthritis, and Osteopenia. A review of the Fall Risk Evaluation,</p>	F 282	<p>F 282</p> <p>It is the policy of NHC Madisonville to provide and arrange services by qualified persons in accordance with each resident's written plan of care.</p> <p>Overseen by the Director of Nursing resident # 3 was reassessed on 07/13/12 for safety measures. Based on the reassessment it was determined the sensor alarm attached to her clothing was no longer needed; however resident # 3 did require a sensor alarm placed in the chair to alert staff to resident self rising.</p> <p>Overseen by the Director of Nursing a 100% audit was conducted on all current resident fall care plans to ensure written fall care plans matched the alarms currently in use by each resident. All fall care plans were found to be in compliance.</p> <p>Overseen by the Director of Nursing an alarm log was developed and implemented on each unit as a quick reference and auditing tool. The alarm log will be maintained by the ADON/Falls Coordinator and updated as changes occur.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Danny Belcher</i>	TITLE <i>adm</i>	(X6) DATE <i>7/27/12</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 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 282	<p>Continued From page 1</p> <p>dated 04/20/12, revealed the resident was at a high risk for falls. A review of the significant change Minimum Data Set (MDS), dated 05/22/12, revealed the facility assessed the resident as cognitively intact and required extensive assistance of one for transfers and ambulation.</p> <p>A review of the "At Risk for Injury from Falls" Care Plan, dated 06/01/12, revealed an intervention for a sensor alarm to the resident's wheelchair to prevent unassisted transfers.</p> <p>Observations, on 07/10/12 at 11:20 AM, 07/11/12 at 11:30 AM, 12:25 PM, 1:55 PM, and 3:30 PM, and 07/12/12 at 11:30 AM, revealed Resident #3 was sitting in the wheelchair, in his/her room, with no alarm noted to the wheelchair.</p> <p>An interview with Resident #3, on 07/12/12 at 11:30 AM, revealed the facility placed an alarm on the wheelchair after the fall, on 05/15/12; however, it was not working properly and staff removed the alarm. He/she was unsure how long ago the alarm had been removed. The resident revealed it was never replaced.</p> <p>An interview with Certified Nurse Aide (CNA) #1, on 07/12/12 at 3:05 PM, revealed she was the dayshift caregiver for Resident #3, on 07/10/12, 07/11/12, and 07/12/12. She revealed she was supposed to follow the resident's care plan; however, she was aware the alarm was not on the resident's wheelchair because the resident "did not like it."</p> <p>An interview with the Director of Nursing (DON), on 07/13/12 at 3:40 PM, revealed she expected</p>	F 282	<p>The licensed nursing staff and CNA staff received in-service education and training from the Director of Nursing on 07-24-12, 07-25-12, and 07-27-12 relating to falls care plans and use of devices to prevent falls. CNA # 1 received individual instruction by the Director of Nursing related to fall devices on 7-17-12</p> <p>Overseen and monitored by the Director of Nursing a Quality Assurance study of the center's compliance with fall care plans and devices used on individual residents to prevent falls will be conducted monthly x 2 beginning in August 2012. The findings will be reported to the Quality Assurance committee. The monitoring and training will be continued by the DON or as directed by the Quality Assurance Committee.</p>	7/28/12

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F 282	Continued From page 2 staff follow the care plans when providing care for a resident. She revealed staff should report resident noncompliance to the charge nurse.	F 282			
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, and review of the facility's policy/procedure, it was determined the facility failed to ensure each resident received adequate assistance devices to prevent accidents for one resident (#3) in the selected sample of eight residents. The facility failed to follow their Falls: Causes and Interventions policy and procedure to ensure interventions to prevent falls were implemented. The facility assess Resident #3 as at risk for falls. After having experienced a nasal fracture from a fall on 05/15/12 the facility developed and implemented an intervention for a sensor alarm to be applied to the Resident's wheelchair to alert staff when the resident attempts to transfer unassisted. Observations on 07/10/12, 07/11/12 and 07/12/12 revealed the facility failed to ensure the sensor alarm was applied to Resident #3's wheelchair in order to prevent further falls.	F 323	F 323 It is the policy of NHC Madisonville to ensure that each resident remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Overseen by the Director of Nursing resident # 3 was reassessed on 07/13/12 for safety measures. Based on the reassessment it was determined the sensor alarm attached to her clothing was no longer needed; however resident # 3 did require a sensor alarm placed in the chair to alert staff to resident self rising. Overseen by the Director of Nursing a 100% audit was conducted on all current resident fall care plans to ensure written fall care plans matched the alarms currently in use by each resident. All fall devices were found to be in compliance. Overseen by the Director of Nursing an alarm log was developed and implemented on each unit as a quick reference and auditing tool. The alarm log will be maintained by the ADON/Falls Coordinator and updated as changes occur.		

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F 323	<p>Continued From page 3</p> <p>Findings include:</p> <p>A review of the "Falls: Causes and Interventions" policy/procedure, undated, revealed residents must be assessed appropriately and interventions put into place prior to any falls.</p> <p>A record review revealed Resident #3 was admitted to the facility on 01/20/12 with diagnoses to include Debility, Osteoarthritis, and Osteopenia. A review of the Fall Risk Evaluation, dated 04/20/12, revealed the facility assessed the resident as a high risk for falls.</p> <p>Review of the nurse's notes, on 05/15/12 at 3:45 PM, revealed the resident fell from the wheelchair attempting to pick up an object from the floor and was subsequently sent to the emergency room. A review of the general instructions from the emergency room, dated 05/15/12 at 4:09 PM, revealed diagnoses of a Displaced Nasal Fracture, Laceration to the Face, Head Injury, and Contusion to the Head and Face.</p> <p>A review of the significant change Minimum Data Set (MDS), dated 05/22/12, revealed the facility assessed the resident as cognitively intact and required extensive assistance of one for transfers and ambulation. Review of the "At Risk for Injury from Falls" Care Plan, dated 06/01/12, revealed the facility developed and an intervention for a sensor alarm to the resident's wheelchair to prevent unassisted transfers.</p> <p>Observations, on 07/10/12 at 11:20 AM, 07/11/12 at 11:30 AM, 12:25 PM, 1:55 PM, and 3:30 PM, and 07/12/12 at 11:30 AM, revealed Resident #3</p>	F 323	<p>The licensed nursing staff and CNA staff received in-service education and training from the Director of Nursing on 07-24-12, 07-25-12, and 07-27-12 relating to use of devices to prevent falls. CNA # 1 received individual instruction by the Director of Nursing related to fall devices on 7-17-12.</p> <p>Overseen and monitored by the Director of Nursing a Quality Assurance study of the center's compliance with devices used on individual residents to prevent falls will be conducted monthly x 2 beginning in August 2012. The findings will be reported to the Quality Assurance committee. The monitoring and training will be continued by the DON or as directed by the Quality Assurance Committee.</p>	7/28/12	

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F 323	Continued From page 4 was sitting in the wheelchair, in his/her room, with no alarm noted to the wheelchair. An interview with Resident #3, on 07/12/12 at 11:30 AM, revealed the facility placed an alarm on the wheelchair after the fall, on 05/15/12; however, it was not working properly and staff removed the alarm. He/she was unsure how long ago the alarm had been removed. The resident revealed it was never replaced. An interview with Certified Nurse Aide (CNA) #1, on 07/12/12 at 3:05 PM, revealed she was the dayshift caregiver for Resident #3, on 07/10/12, 07/11/12, and 07/12/12. She revealed she was responsible for ensuring the resident's wheelchair alarm was intact and functioning properly. She was aware the alarm was not on the resident's wheelchair as the resident "did not like it." An interview with the Director of Nursing (DON), on 07/13/12 at 3:40 PM, revealed she expected staff to check alarms for placement and functioning at least once a shift. She revealed staff should report resident noncompliance to the charge nurse.	F 323			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections	F 441	F 441 It is the policy of NHC Madisonville to 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. Overseen by the Director of Nursing CNA's # 2 and # 3 received individual instruction and education on the removal of visibly soiled gloves and to wash hands post removal and/or post patient contact.		

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F 441	<p>Continued From page 5 in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(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 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, and review of the facility policy/procedure, it was determined the facility failed to ensure appropriate handwashing and glove use by staff while providing care to residents. The facility failed to ensure staff followed the facility's handwashing policy and procedures to prevent the spread of infection. Observations on 07/12/12 revealed certified</p>	F 441	<p>The individual instruction occurred on 07-16-12.</p> <p>All licensed nursing staff and all CNA staff received in-service education and training by the Director of Nursing related to the necessity of hand washing, in addition, to the donning and doffing of gloves. The staff returned demonstrated hand-washing technique. The in-service education occurred on 07-24-12, 07-25-12, and 07-27-12.</p> <p>By providing in-service education to the licensed staff and the CNA staff, all residents are protected related to hand washing, donning, and doffing of gloves.</p> <p>Overseen and monitored by the Director of Nursing a Quality Assurance study of the center's compliance with hand washing, donning and doffing of gloves will be conducted monthly x 2 beginning in August 2012. The findings will be reported to the Quality Assurance committee. The monitoring and training will be continued by the DON or as directed by the Quality Assurance Committee.</p>	7/28/12	

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F 441	<p>Continued From page 6</p> <p>nurse aides (CNA) #2 and #3 failed to wash their hands after providing care/having contact with each resident.</p> <p>Findings include:</p> <p>A review of the policy/procedure for Handwashing, revised 10/01/08, revealed to wash hands before and after contact with each patient, after toileting, smoking, or eating, and before and after removal of gloves. An interview with the Director of Nursing (DON), on 07/13/12 at 3:40 PM, revealed she expected staff to follow the policy related to handwashing.</p> <p>1. An observation, on 07/12/12 at 10:05 AM, revealed CNA #3 visibly soiled her gloves with bowel movement, during the provision of incontinent care. She applied a new brief to the resident, adjusted the resident's gown, covered the resident up, and placed an item in the resident's drawer while wearing the soiled gloves. After removing the gloves, she did not wash her hands prior to leaving the resident's room.</p> <p>An interview with CNA #3, on 07/12/12 at 2:00 PM, revealed she should have changed her gloves and washed her hands after gloves were visibly soiled. She revealed she should wash her hands before and after providing care to a resident.</p> <p>2. An observation, on 07/12/12 at 12:15 PM, revealed Certified Nurse Aide (CNA) #2 assisted in providing care for a resident; however, did not wash her hands prior to leaving the resident's room. She then walked down the hallway and entered another resident's room without washing</p>	F 441		
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F 441	Continued From page 7 her hands. An interview with CNA #2, on 07/12/12 at 2:55 PM, revealed she should have washed her hands after providing resident care. An interview with the DON, on 07/13/12 at 3:40 PM, revealed she expected staff to change their gloves and wash their hands after becoming visibly soiled. She revealed staff should wash their hands or use hand sanitizer after providing resident care.	F 441			