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

PRINTED: 10/09/2012
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 |
|---|---|---|---|
| | 185343 | | C 09/25/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COVINGTON'S CONVALESCENT CENTER | 115 CAYCE ST HOPKINSVILLE, KY 42240 |

| (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<br><br>An abbreviated survey (KY #19059) was conducted on 09/19/12 through 09/25/12 to determine the facility's compliance with Federal requirements. KY #19059 was substantiated with deficiencies cited. | F 000 | **COVINGTON'S CONVALESCENT CENTER, INC.** acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary and findings is basically factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the resident.<br>**COVINGTON'S CONVALESCENT CENTER, INC.'S** response to the statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is totally accurate. | |
| F 323<br>SS=D | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, it was determined the facility failed to 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 for two residents (#1 and #4), in the selected sample of five residents. Resident #4 had a history of wandering behavior and wandered in to Resident #1's room frequently since his/her admission to the facility.<br><br>Findings include:<br><br>An interview with the Director of Nursing (DON), on 09/20/12 at 12:15 PM, revealed the facility was unable to provide a policy/procedure related to accident hazards/supervision. | F 323 | **F 323 483.25(H) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES**<br><br>**Corrective action:**<br>The facility must ensure that the residents environment remains free of accident hazards as much as is possible, and that each resident receives adequate supervision and assistance to prevent accidents. Each resident has a right to privacy even though the corridor of the building necessitates routine resident traffic pass the resident's doorways in performing their activities of daily living. It is important that all facility staff understand the facilities responsibility, as well as their own, to ensure the safest environment possible for all residents. The responsibility to respect the resident choices must be balanced by considering the potential impact of these choices owed | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Adm. — (X6) DATE: 10-12-12

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 |
|---|---|---|---|
| | 185343 | | C 09/25/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COVINGTON'S CONVALESCENT CENTER | 116 GAYCE ST HOPKINSVILLE, KY 42240 |

| (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 1

A record review revealed the facility admitted Resident #1 on 01/05/10 with diagnoses to include Diabetes, Renal Failure, Cerebral Vascular Accident, Hypertension, Congestive Heart Failure, Hyperlipidemia, Atrial Fibrillation, Sleep Apnea, Altered Mental Status, Hyponatremia, Anemia, Chronic Pain, and Neuropathy.

A review of the quarterly Minimum Data Set (MDS), dated 07/11/12, revealed the facility assessed the resident to be cognitively intact with a Brief Interview Mental Status (BIMS) score of 15. A review of the comprehensive care plan, "Ineffective Coping Skills evidenced by numerous complaints secondary to attention seeking behaviors," dated 07/12/12, revealed the goal was to help reduce behaviors and improve his/her mood status.

An interview with Resident #1, on 09/21/12 at 1:25 PM, revealed another resident (#4) was "constantly" coming into his/her room, and when he/she asked Resident #4 to leave the room, the resident refused to do so.

A record review revealed the facility admitted Resident #4 on 06/14/12 with diagnoses to include Hypertension, Depression, Agitation, Pain, Prostrate Surgery, Malnutrition, Generalized Weakness, Osteoarthritic Changes, Pressure Ulcer, Gastroesophageal Reflux, Vertigo, Barrett Esophagus, and Right Lung Surgery.

A review of the initial MDS, dated 06/20/12, revealed the facility assessed the resident to be cognitively impaired and to have wandering

F 323 other individuals and the facilities obligations to protect the other residents from harm.
The incident of 09/02/12, was reported to the resident's family, the resident's physician, and an incident report was filed with the director of nurses, immediately. On 09/03/12, a staff meeting was held with resident #1 relative to the complaint. Some of the items discussed during that meeting with the director of nurses were specific interventions including, but not limited to, relocation of the resident within the facility to a room location nearer to the central nursing station; therefore, allowing more general staffing interaction and presence, and the use of warning signs to redirect a wandering resident from stopping by her doorway or entering her room. The resident refused all those interventions. On 09/05/12, a team meeting was assembled in order to discuss a possible room change and a staff / family survey was conducted in order to ascertain the likelihood of resident number #4 disturbing their family members by inadvertently entering their room. The facility survey revealed no concern relative to resident number #4.

On 09/26/12 in-service staff education was performed by the facility director of nurses for the entire nursing staff. The meetings were held at 1 p.m. and 3 p.m. on that date focusing on the following topics:

1. How Changes in the Brain Effect Behavior
2. Understanding Disruptive Behavior

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185343 | | C 09/25/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COVINGTON'S CONVALESCENT CENTER | 115 CAYCE ST HOPKINSVILLE, KY 42240 |

| (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 2 behaviors, resistive to care, and physical and verbal symptoms directed toward others. A review of the resident's comprehensive care plan revealed no evidence of an update since June 2012, until 09/19/12.<br><br>An interview with the MDS Coordinator, on 09/25/12 at 11:53 AM, revealed Resident #4's behaviors stemmed from a history of excessive alcohol abuse. She stated the care plan was to be re-evaluated every 3 months and updates were to be completed as needed. Additionally, she revealed that observations were made on an ongoing basis regarding his/her behavior to see what interventions were required.<br><br>An interview with Family Member #2, on 09/21/12 at 8:05 AM, revealed Resident #4 has walked into Resident #1's room while the family member was present in the room. Resident #1 would ask Resident #4 to leave the room; however, he/she stated "I'm not going anywhere." After approximately 30 minutes, a Certified Nurse Aide (CNA) would come to the room and assist Resident #4 out of the room. Family Member #2 stated this happened frequently and that Resident #1 had previously informed the facility staff about it.<br><br>An interview with Family Member #3, on 09/21/12 at 8:50 AM, revealed one day while Resident #1 was bathing that Resident #4 opened the door and walked in. Resident #1 asked Resident #4 to leave and he/she refused to leave the room. Resident #1 then called for someone to assist Resident #4 out of his/her room.<br><br>An interview with CNA #5, on 09/20/12 at 2:15 | | <br>The in-services were mandatory for all employees of the facility in an effort to identify hazards due to wandering, adequate supervision, resident's risk evaluation, and analysis of wandering hazards and risks. Implementation of interventions, monitoring for effectiveness, and modification of interventions when necessary were also discussed during the meetings.<br><br>During the family discussions, the brother of resident #1 and POA admitted that she does not recall things well, and agreed that she exaggerated the negative and preferred isolation from her peers. Resident #1 was described by the POA, as attention seeking. The resident's physician had been contacted months earlier and recommended placement at a Behavioral Health Center to deal with the resident's issues; however, resident #1 refused to go. Shortly after the meeting resident #1's POA approached the director of nursing and stated that he knew his sister needed help and agreed with the admission to a Behavioral Health Center; consequently, resident #1 was discharged from the facility, and admitted there on the evening of 09/05/12 for psychiatric evaluation and treatment.<br><br>In regard to resident #4, who was admitted to the facility on 06/14/12 with diagnoses to include alcoholism, hypertension, depression, agitation, pain, prostate surgery, malnutrition, generalized weakness, osteoa rthritic changes, pressure | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185343 | | C 09/25/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COVINGTON'S CONVALESCENT CENTER | 115 CAYCE ST HOPKINSVILLE, KY 42240 |

| (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 3 PM, and with Licensed Practical Nurse (LPN) #3, on 09/25/12 at 9:03 AM, revealed Resident #4 was a wandering resident and did wander in to Resident #1's room at times. They stated Resident #4 wandered throughout the facility and would sometimes go into other residents' rooms.<br><br>Further interview with the DON, on 09/21/12 at 3:20 PM, revealed Resident #4 had wandering behaviors and the facility staff attempted to distract him/her with activities, or encourage him/her to take his/her medications when needed. | F 323 |  ulcer, gastroesophageal reflux, vertigo, Barrett esophagus, and right lung surgery. He was cognitively impaired and sometimes presented with wandering behaviors, resistive to care, with physical and verbal symptoms directed toward others. On 09/21/12, the resident's care plan was revised and updated to include a problem of frequent wandering within the facility and behaviors. The Care plan emphasized:<br><br>1. presence of a wander guard alarm at all times,<br>2. Redirection away from facility doors,<br>3. encourage activities to divert his attention,<br>4. monitoring a facility door alarms,<br>5. monitoring resident with 15 minute observation checks, when necessary<br>6. attempted diversion activities when noted,<br>7. report wandering to the charge nurse,<br>8. consultation the physician as needed,<br>9. if resident wanders in hallways/ other rooms talk with him and provide one-on-one redirection, etc.<br><br>On 10/06/12, Resident #4 was relocated within the facility to a room, near the central nurse's station, to allow him to view more activity of the work of nursing personnel and to allow for regular | |

COVINGTON'S
CONVALESCENT CENTER
115 Cayce Street
Hopkinsville, KY 42240
Business: (270) 886-4403 Fax: (270) 886-4406



supervision, monitoring, and interaction with staff. In consultation with the family and the facilities social worker, the decision was made to discharge resident #4 from the facility and relocate him to a nearby facility specializing in behavior management. Resident #4 was discharged from the facility on 10/12/12.

**Identify Others:**

All residents residing in the facility have the potential to be affected by the same practice if wandering residents are not identified and risks addressed. Others having the potential for wandering will be identified through the preadmission screening process, resident council meetings, and nursing evaluations after admissions. The facility must become aware of the potential hazards in the resident environment and the risk of having an accident. Evaluation analysis of data to specifically identify hazards and risk must develop targeted interventions to reduce the potential for accidents. Specific interventions must be implemented, interventions must be communicated to all relevant staff, responsibilities must be assigned to specific individuals, training must be provided, as needed, and documentation ensuring that interventions are put into action must be initiated.

**Systemic Changes::**

Establishing and utilizing a systemic approach to resident safety helps the

10-12-12

COVINGTON'S
CONVALESCENT CENTER
115 Cayce Street
Hopkinsville, KY 42240
Business: (270) 886-4403 Fax: (270) 886-4406



facility remain as free of accident hazards, as is possible, and ensure that each resident receives adequate supervision.

The facility's Resident Safety Policy and Protocol must ensure that the residents environment remains as free of accident hazards as is possible and practicable. The policy has been revised to emphasize the disposition of disruptive behaviors and/or annoying behaviors, such as wandering. The policy includes the evaluation and analysis of issues related to wandering. Specific interventions may include:

1. Communicating to all staff to redirection and intervention of wandering residents,
2. Communication of specific interventions,
3. Providing safe supervised areas for unrestricted movement,
4. eliminating or reducing causes of behavior,
5. monitoring environmental influences, such as. temperatures, lighting, and noise levels,
6. evaluation of staffing assignments and adequate supervision,
7. ongoing staff training and supervision
8. providing in-service training as needed,
9. documenting plans of action for specific residents,

10-12-12

COVINGTON'S
CONVALESCENT CENTER
115 Cayce Street
Hopkinsville, KY 42240
Business: (270) 886-4403 Fax: (270) 886-4406



10. e nsuring that the interventions are initiated,
11. evalua ting the effectiveness of the interventions,
12. modi fying and replacing interventions as needed,
13. evalua ting the effectiveness of new interventions.

**Monitoring:**

The Continuous Quality Improvement Policy and Protocol including a safety program has been revised to include and reinforce the disposition of disruptive, annoying behaviors, and wandering. These behaviors will be monitored through the CQI meetings. Regular quarterly meetings of the CQI committee are routinely conducted by the facility including representatives from every department to ensure compliance with the facility policy and protocol relative to safety.

Completion Date: 10-12-12

COVINGTON'S
CONVALESCENT CENTER
115 Cayce Street
Hopkinsville, KY 42240
Business: (270) 886-4403 Fax: (270) 886-4406



(intentially Blank)