

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

PRINTED: 11/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185332	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2013
NAME OF PROVIDER OR SUPPLIER GRAND HAVEN NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 105 RODGERS PARK CYNTHIANA, KY 41031	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	JD PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

F 000

An Abbreviated Survey investigating KY#00020853 was initiated on 10/25/13 and concluded on 10/28/13. KY#00020853 was unsubstantiated with an unrelated deficiency cited at a Scope and Severity of a "D".

F 514 483.75(I)(1) RES
SS=D RECORDS-COMplete/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to maintain clinical records for each resident in accordance with accepted professional standards and practices that were complete, accurately documented, readily accessible and systematically organized for one (1) of three (3) sampled residents (Resident #3).

Observation revealed Resident #3 had a long side rail to the right side of the bed and a half side rail to the center of the left side of the bed, and

Preparation and execution of this Plan of Correction does not constitute an admission of the truth of the facts alleged or conclusions set forth in this statement of deficiency. This Plan of Correction is prepared solely because Federal and State Law require it. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge deficiencies below is not an admission that the alleged facts occurred as presented in this statement.

F 514



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

11-21-13

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.

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F 514	Continued From page 1 both rails were in the raised position while the resident was in the bed. However, review of the October 2013 Physician's Orders revealed there was no documented evidence of Physician's Orders for the side rails. The findings include: Review of Resident #3's medical record revealed diagnoses which included Dementia, Degenerative Joint Disease (DJD) and Chronic Obstructive Pulmonary Disorder (COPD). Review of the Quarterly Minimum Data Set (MDS) Assessment dated 09/02/13, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) of a ninety-nine (99) indicating the resident was unable to complete the interview. Further review revealed the facility assessed the resident as having two (2) bed rails. Observation of Resident #3 on 10/25/13 at 10:18 AM, 12:30 PM, 1:00 PM, and 2:30 PM revealed the resident was in the bed lying on his/her right side. There was a long padded side rail to the right of the bed in the raised position and a half padded side rail to the center of the left side of the bed in the raised position. Review of the Comprehensive Plan of Care dated 08/06/13 revealed the resident used one half side rail on one side of the bed and a long side rail on the other side of the bed as an enabler for positioning and bed mobility with the assistance of staff. Review of the monthly Physician's Orders dated 10/13 revealed no documented evidence of orders for side rails. Further review revealed no	F 514	<u>F514 483.75 (I) (1) Resident Records-Complete/Accurate/Accessible</u> Corrective Action for Residents Found to Have Been Affected On 10/28/13, the Interdisciplinary Team reevaluated Resident #3. A Physician's Order was obtained for a full side rail to the right side of the bed and 1/2 side rail to the left side of the bed for positioning. Identification of Other Residents Having the Potential to be affected by the Same Deficient Practice All residents utilizing side rails have the potential to be affected. On 10/29/13, a review was completed by the interdisciplinary team of all residents utilizing side rails. The review included a comparison of the current physician's order, the side rail(s) utilized, and the Resident's care plan. Additional reviews and updates were made as needed to reflect the physician's orders.	11/11/13	11/11/13

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F 514 Continued From page 2
documented evidence of Physician's Orders for side rails in the current medical record.

Review of the overflow record, stored in the Medical Records Department, revealed a Physician's Order dated 08/02/12 at 8:30 AM for a full length bed rail to the bilateral sides of the bed for safety and proper positioning in bed at all times related to Dementia, Degenerative Joint Disease, Muscle Weakness with resulting poor posture and trunk control in bed. Further review of the overflow record revealed Physician's Orders dated 09/18/12 at 4:23 PM, for a half rail on the left side of the bed and a full length rail on the right side of the bed.

Interview, on 10/28/13 at 1:40 PM, with the Director of Nursing (DON) revealed the nurse who obtained a Physician's Order was to fax the order to pharmacy and pharmacy was to print the order on the next monthly Physician's Orders. She stated the nurses complete the change over at the end of each month for the Medication Administration Record (MARS); however, there was no written policy and procedure related to the monthly change over. Further interview revealed the Quality Assurance (QA) Nurse reviewed the MARS after the change over had been completed to ensure accuracy. She further stated the QA Nurse, who had reviewed the change over each month, no longer worked at the facility. After further record review of the overflow record, the DON stated the resident was hospitalized December 2012. She stated the nurse who completed the Readmission Physician's Orders for December 2012, when the resident returned to the facility, did not include the side rails on these orders. She stated the orders did not get carried over for the subsequent monthly orders

F 514
Measures or Systemic Changes put into Place to Avoid Recurrence
A review was completed by the interdisciplinary team of all residents utilizing side rails. The review included a comparison of the current physician's order, the side rail(s) utilized, and the Resident's care plan. Additional reviews and updates were made as needed to reflect the physician's orders.

The facilities pharmacy provider that updates all of the physician orders for the facility, has modified the ancillary physician order's for both readmissions and new admissions to include whether or not the resident requires side rails to bed for positioning purposes.

11/11/13

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F 514: Continued From page 3
from January, 3013 to October 2013; however, she indicated this should have been done.

F 514 The facility has developed a new policy and procedure regarding physician order reviews; additional layers of quality assurance reviews have been added to the previous procedure. Included in the new facility policy titled, "Monthly Physician Order Review", the facility will have two licensed nurses review the physician's orders on a monthly basis. Any changes or variances noted in the medical record compared to the new Physician's Order will be verified and written on the new Physician's Order sheet. A copy of the correct and updated Physician's Order sheet will be sent back to the pharmacy for updates in their data base.

11/11/13

Plans to Monitor Performance for Sustained Solutions
Results of the physician order reviews that is completed by the two licensed nurses will be submitted to the facility's Quality Assurance Committee that meets monthly for their recommendations and follow up.

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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100522	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2013
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NAME OF PROVIDER OR SUPPLIER GRAND HAVEN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 105 RODGERS PARK CYNTHIANA, KY 41031
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N 000: INITIAL COMMENTS

A Complaint Survey investigating KY#00020853 was initiated on 10/25/13 and concluded on 10/28/13. KY#00020853 was unsubstantiated with an unrelated deficiency cited.

N 353 902 KAR 20:300-15(10)(a)1. Section 15. Administration

(10) Clinical records.

(a) The facility shall maintain clinical records on each resident in accordance with accepted professional standards and practices that are:

1. Complete;

This requirement is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to maintain clinical records for each resident in accordance with accepted professional standards and practices that were complete, accurately documented, readily accessible and systematically organized for one (1) of three (3) sampled residents (Resident #3).

Observation revealed Resident #3 had a long side rail to the right side of the bed and a half side rail to the center of the left side of the bed, and both rails were in the raised position while the resident was in the bed. However, review of the October 2013 Physician's Orders revealed there was no documented evidence of Physician's Orders for the side rails.

The findings include:

Review of Resident #3's medical record revealed diagnoses which included Dementia, Degenerative Joint Disease (DJD) and Chronic

N 000

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N 353

N353 902 KAR 20:300-15(10)(a)1. Section 15. Administration

11/11/13

Corrective Action for Residents Found to Have Been Affected

On 10/28/13, the Interdisciplinary Team reevaluated Resident #3. A Physician's Order was obtained for a full side rail to the right side of the bed and 1/2 side rail to the left side of the bed for positioning.

RECEIVED
NOV 21 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE
Administrator

(X6) DATE
11-21-13

Office of Inspector General

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N 353: Continued From page 1

Obstructive Pulmonary Disorder (COPD). Review of the Quarterly Minimum Data Set (MDS) Assessment dated 09/02/13, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) of a ninety-nine (99) indicating the resident was unable to complete the interview. Further review revealed the facility assessed the resident as having two (2) bed rails.

Observation of Resident #3 on 10/25/13 at 10:18 AM, 12:30 PM, 1:00 PM, and 2:30 PM revealed the resident was in the bed lying on his/her right side. There was a long padded side rail to the right of the bed in the raised position and a half padded side rail to the center of the left side of the bed in the raised position.

Review of the Comprehensive Plan of Care dated 06/06/13 revealed the resident used one half side rail on one side of the bed and a long side rail on the other side of the bed as an enabler for positioning and bed mobility with the assistance of staff.

Review of the monthly Physician's Orders dated 10/13 revealed no documented evidence of orders for side rails. Further review revealed no documented evidence of Physician's Orders for side rails in the current medical record.

Review of the overflow record, stored in the Medical Records Department, revealed a Physician's Order dated 08/02/12 at 8:30 AM for a full length bed rail to the bilateral sides of the bed for safety and proper positioning in bed at all times related to Dementia, Degenerative Joint Disease, Muscle Weakness with resulting poor posture and trunk control in bed. Further review, of the overflow record revealed Physician's

N 353

Identification of Other Residents Having the Potential to be affected by the Same Deficient Practice 11/11/13

All residents utilizing side rails have the potential to be affected. On 10/29/13, a review was completed by the interdisciplinary team of all residents utilizing side rails. The review included a comparison of the current physician's order, the side rail(s) utilized, and the Resident's care plan. Additional reviews and updates were made as needed to reflect the physician's orders.

Measures or Systemic Changes put into Place to Avoid Recurrence 11/11/13

A review was completed by the interdisciplinary team of all residents utilizing side rails. The review included a comparison of the current physician's order, the side rail(s) utilized, and the Resident's care plan. Additional reviews and updates were made as needed to reflect the physician's orders.

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N 353: Continued From page 2

Orders dated 09/18/12 at 4:23 PM, for a half rail on the left side of the bed and a full length rail on the right side of the bed.

Interview, on 10/28/13 at 1:40 PM, with the Director of Nursing (DON) revealed the nurse who obtained a Physician's Order was to fax the order to pharmacy and pharmacy was to print the order on the next monthly Physician's Orders. She stated the nurses complete the change over at the end of each month for the Medication Administration Record (MARS); however, there was no written policy and procedure related to the monthly change over. Further interview revealed the Quality Assurance (QA) Nurse reviewed the MARS after the change over had been completed to ensure accuracy. She further stated the QA Nurse, who had reviewed the change over each month, no longer worked at the facility. After further record review of the overflow record, the DON stated the resident was hospitalized December 2012. She stated the nurse who completed the Readmission Physician's Orders for December 2012, when the resident returned to the facility, did not include the side rails on these orders. She stated the orders did not get carried over for the subsequent monthly orders from January, 3013 to October 2013; however, she indicated this should have been done.

N 353

The facilities pharmacy provider that updates all of the physician orders for the facility, has modified the ancillary physician order's for both readmissions and new admissions to include whether or not the resident requires side rails to bed for positioning purposes.

The facility has developed a new policy and procedure regarding physician order reviews; additional layers of quality assurance reviews have been added to the previous procedure. Included in the new facility policy titled, "Monthly Physician Order Review", the facility will have two licensed nurses review the physician's orders on a monthly basis. Any changes or variances noted in the medical record compared to the new Physician's Order will be verified and written on the new Physician's Order sheet. A copy of the correct and updated Physician's Order sheet will be sent back to the pharmacy for updates in their data base.

Plans to Monitor Performance for 11/11/13
Sustained Solutions

Results of the physician order reviews that is completed by the two licensed nurses will be submitted to the facility's Quality Assurance Committee that meets monthly for their recommendations and follow up.