

*Joseph POC 7/25/13*  
 PAGE 02/08

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

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PRINTED: 07/16/2013  
 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/01/2013
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NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 420 EAST GRUNDY AVENUE SPRINGFIELD, KY 40069
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F 000	INITIAL COMMENTS  An Abbreviated Survey to investigate KY00020377 was initiated on 06/27/13 and concluded on 07/01/13. The allegation was unsubstantiated with deficient practice identified. The highest scope and severity was cited at a "D".	F 000	F157 1. Resident #1 responsible party was notified of changes to the therapy regimen on 7/1/2013 by the Director of Rehabilitation. Resident #1 has had no change in condition.  2. Director of Rehab reviewed 100% of residents who were on caseload from 6/1/13 through 7/24/13 to identify any resident who had been discharged from therapy or had therapy changes that were not notified appropriately. No issues identified.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.  The facility must record and periodically update	F 157	Director of Nursing, Regional Nurse Consultant, Assistant Director of Nursing; Education Training Director, and Administrator reviewed 100% of medical records for a 45 day look back period of 6/1/13 through 7/15/13 to identify any change in condition (mental, physical or psychosocial) that the family and physician was not notified of immediately. This was completed on 7/24/13.  All issues identified were immediately reported to the physician/family by the Director of Nursing, Regional Nurse Consultant, Assistant Director of Nursing or the Education Training Director.  Director of Nursing, Assistant Director of Nursing, and the Administrator reviewed all 24 hour shift reports for a 30 day look back period from 6/1/13—7/1/13 to identify issues that was documented that was a change in condition or need for altered treatment that was not immediately reported to the physician/family. This was completed on 7/12/13.  All issues identified were immediately reported to the physician/family by the Director of Nursing or the Assistant Director of Nursing.  Social Services to review all records by 7/15/13 to identify any resident that does not have a legal representative and/or interested family member listed for contact, along with current address. Any issues identified will be immediately updated by the social service director.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Susan Palmer</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7/20/13</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 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to notify the resident's legal representative of the need to alter the Plan of Care (POC) for one (1) of three (3) sampled residents (Resident #1). Resident #1 was discharged from therapy prior to the ordered discharge date and the Physician and the resident's legal representative were not informed.</p> <p>The findings include:</p> <p>Review of the facility's policy, "Notification of Resident Change in Condition", no issue date, revealed the following: Notify the physician and family or legal representative at the earliest possible time, during waking hours if there is a non-critical change in condition (unless requested to do otherwise). Document in the nurses notes the times notification was made and the names of the person(s) to whom you spoke.</p> <p>Record review revealed the facility admitted Resident #1 on 01/14/13 with diagnoses which included Dementia, Acute Diastolic Heart Failure, Hypothyroidism and Hypertension. Review of the Plan of Care (POC), dated 04/01/13, revealed a problem/need for the potential or actual Activities of Daily Living (ADL)/mobility related to Arthritis, Dementia and Generalized Weakness with an approach to notify Physician, family, responsible</p>	F 157	<p>Director of Nursing, Assistant Director of Nursing, Administrator and/or Regional Nurse Consultant to audit all records weekly beginning 7/25/13 for 4 weeks to identify any physical, mental, or psychosocial change that was not reported to the physician/family. All issues identified will require Education Training Director, Director of Nursing, or Assistant Director of Nursing to complete on identified staff, re-education and physician/family will be immediately notified of change.</p> <p>Director of Nursing, Assistant Director of Nursing and/or Regional Nurse Consultant to review daily 24 hour report beginning 7/1/13 to identify any physical, mental or psychosocial change documented on the 24 hour shift report to ensure both physician and family have been notified. All issues identified will require identified staff re-education by the Education Training Director, Director of Nursing, or Assistant Director of Nursing. Physician and family will be immediately notified of change.</p> <p>3. Director of Rehab to provide re-education to all therapy staff by 7/25/13 regarding process for reporting change in therapy services to both the family and the physician.</p> <p>Education Training Director to re-educate all staff by 7/25/13 regarding procedure for reporting of change in condition (mental, physical or psychosocial) to both family and physician. A written competency will be completed to validate competency.</p> <p>Director of Rehab to audit all residents who are on caseload weekly for 6 weeks beginning 7/29/2013 to ensure all therapy care changes and/or discharges have timely and appropriate notification to the physician and family. Any issues will be addressed with one on one education with each therapist as appropriate.</p>		

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F 157	<p>Continued From page 2 party of changes as needed.</p> <p>Interview with the Director of Rehabilitation, on 07/01/13 at 11:00 AM, revealed Resident #1 received Physical and Occupational Therapies upon admission to the facility for four (4) weeks. He stated on 03/19/13 an evaluation for Physical Therapy (PT) was done per request of Resident #1's family and Nursing due to the decreased ability to ambulate. The Director of Rehabilitation stated there was no treatment ordered because there had been no functional change from the discharge in February 2013. He stated restorative nursing had been referred. He stated he was sure Resident #1's legal representative had been notified that there would be no treatment, but could find no documented evidence of the notification.</p> <p>Interview with the Physical Therapy Assistant (PTA), on 07/01/13 at 11:10 AM, revealed the Physical Therapist should have written the order to discontinue therapy, but nursing should have notified the Power of Attorney.</p> <p>Interview with the Cooperate Nurse, on 07/01/13 at 11:30 AM, revealed before restorative nursing had been initiated Resident #1 was hospitalized with a Urinary Tract Infection. Upon return to the facility, PT picked up Resident #1 on 04/03/13 and Occupational therapy (OT) on 04/02/13.</p> <p>Review of the clinical record revealed OT completed the ordered treatments after Resident #1's hospitalization and discharged Resident #1 on 05/03/13. Continued review revealed PT discharged Resident #1 prior to the discharge date due to "agitation and lack of participation".</p>	F 157	<p>Administrator, Education Training Director, Director of Nursing, Assistant Director of Nursing and Regional Nurse Consultant to audit all records and 24 hour shift reports 5 days a week for six weeks beginning 7/25/13 to ensure any changes in condition (mental, physical, or psychosocial) that may alter the plan of care to be changed is reported to the physician and family timely. At the end of the six week monitoring period, all records will be audited by the Education Training Director, Director of Nursing, Assistant Director of Nursing, and/or Regional Nurse Consultant to ensure all changes in condition (mental, physical, psychosocial) that may alter the plan of care is reported to the physician and family timely; then monitor four times a week for four weeks; then three times a week for three weeks or per Quality Assurance team recommendations based on audit findings.</p> <p>Director of Nursing to audit 15 records weekly (ongoing) to ensure physician and family are notified timely of any change in condition (mental, physical or psychosocial) beginning 10/28/2013.</p> <p>4. Quality Assurance team consisting of the administrator, director of nursing, assistant director of nursing, clinical reimbursement coordinator, social services director, dietary and activity director, business office manager, will meet weekly times 6 weeks with medical director to review all audit findings, make additional recommendations and revisions to the plan related to findings beginning week of 7/31/2013. At the end of 6 weeks, the Quality Assurance Committee consisting of administrator, director of nursing, assistant director of nursing, clinical reimbursement coordinator, social services director, dietary and activity director, business office manager, to meet with medical director every two week for four weeks at the end of the ten weeks the Quality Assurance committee will meet to discuss all</p>		

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F 157	<p>Continued From page 3</p> <p>Continued review revealed no order to discharge PT revealing the Physician had not been notified of the discharge. There was no documented evidence the Resident's legal representative was notified.</p> <p>Interview with Resident #1's legal representative, on 06/28/13 at 8:45 AM, revealed Resident #1 had fallen at home prior to admission to the facility. The Representative stated Resident #1 was admitted to the facility for rehabilitation and now the resident was in wheelchair and could not walk. The Representative stated she was not notified of the PT being discontinued.</p> <p>Interview with the Cooperate Nurse, on 07/01/13 at 12:00 PM, revealed there were two (2) types of telephone order sheets the facility utilized. The one (1) the facility should have been using had an area for the nurse or therapist writing the order to document the time the responsible party was notified. She stated the other telephone order sheet did not have the area for the name and time the responsible party was notified.</p>	F 157	<p>audit findings with the medical director to review meeting frequency and make recommendations to meet no less than monthly.</p> <p>5. Date of Compliance: 7/25/2013</p>		