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

PRINTED: 04/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185383	A. BUILDING _____ B. WING _____	C 04/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDSPRING OF FT THOMAS	960 HIGHLAND AVENUE FORT THOMAS, KY 41075

(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	F 000		
	An Abbreviated Survey investigating complaint #KY00018102 and KY00018081 was initiated on 04/05/12 and was concluded on 04/06/12. KY00018102 was substantiated with no regulatory deficiencies cited. KY00018081 was substantiated with regulatory deficiencies cited.		**F 157- Notification of Changes** Highlandspring notifies resident's and/or residents legal representative or interested family member when there is a significant change in resident's physical, mental, or psychosocial status. Highlandspring also notifies residents and/or resident's legal representative when there is a need to alter treatment.	
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 interestad family member whan 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	The resident's licensed nurse is responsible for timely notification of the attending physician and resident/legal representative when there is a significant change in the resident's condition or the need to change the resident's treatment significantly. The resident's nurse documents the notification in the medical record. The notification occurs for the following situations, including but not necessarily limited to: • Any accident with injury that has the potential for requiring physician intervention. • A significant change in the resident's physical condition. • A need to alter treatment significantly. • A decision to transfer or discharge the resident from the facility, including the death of a resident.	

RECEIVED
APR 27 2012
BY:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Molly Bischoff	Administrator	4-27-12

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.

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F 157	Continued From page 1 the address and phone number of the resident's legal representative or interested family member. 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 consult with the resident's Physician related to a change in the resident's physical or mental status and/or a need to alter treatment for one (1) of four (4) sampled residents (Resident #3). The facility failed to provide evidence that Resident #3's Physician was notified regarding an elevated temperature of 101.4 degrees Fahrenheit on 02/13/12; and, an elevated temperature of 102.8 degrees Fahrenheit on 02/17/12. The findings include: Review of the facility ' s policy, titled " Physician Notification/Communication, not dated, revealed it is the policy of the facility to ensure all calls, faxes, and communication to physicians are timely, specific, and completed in a timely manor. Interview with the Assistant Director of Nursing (ADON), on 04/06/12 at 4:00 PM, revealed it is the facility ' s process to notify the physician when a resident presents with an elevated temperature. Review of the clinical record revealed the facility admitted Resident #3 on 12/24/11, with diagnoses which included Hypertension, Arthritis, Multiple Resistant Staphylococcus Aureus (MRSA) and wound infection. Further review of the clinical record revealed in the Nurses' Progress notes	F 157	Additionally, the Unit Managers review the 24 hour report sheet on a daily basis at least five (5) days a week, specifically noting for residents who have a significant change including but not limited to an elevated temperature. The Unit Manager routinely reviews the residents that have new orders, abnormal lab results or other change in condition and assure thorough record review the documentation of physician/family notification of significant changes. Resident #3 was discharged from Highlandspring. Each resident's vital sign documentation will be reviewed by Unit Managers by May 11, 2012 to assess whether a significant change has occurred with this resident in the past 30 days. Staff will verify the POA and physician have been notified with supporting documentation. Nursing staff will receive additional education by the Director of Nursing beginning April 18th and concluding on May 3rd, 2012. The in-service will include, but not be limited to a review of the policy and procedures for interventions when there is a change in condition including notification of the resident's physician and responsible party.	

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F 157	Continued From page 2 staff assessed the resident for risk of infection at the Intravenous (IV) site every shift and took the resident ' s vital signs, including temperature, every day. Review of the Nurses' Notes, dated 02/13/12 at 10:37 PM, revealed Resident #3 had a temperature of 101.4 degrees Fahrenheit. Further review revealed there was no documentation the physician had been notified. Review of the Nurses' Notes, dated 02/16/12 at 11:19 PM, revealed Resident #3 had a temperature of 102.8 degrees Fahrenheit. Further review revealed there was no documented evidence the physician was notified. Interview with Registered Nurse (RN) #3, on 04/06/12 at 5:00 PM, revealed she had not notified the physician when Resident #3 had an increased temperature on 02/13/12, or on 02/16/12. She further stated she should have notified the physician of the increased temperature. Interview with the Physician, on 04/06/12 at 4:30 PM, revealed he had not been notified when Resident #3 had an increased temperature while he/she was at the facility. He further stated he should have been notified of the increased temperature and considering the resident ' s condition, he would have sent him/her out for further evaluation. Interview with the ADON, on 04/06/23 at 4:00 PM, revealed RN #3 should have notified the physician when Resident #3 had an increased temperature.	F 157	A PI worksheet is being completed for notification change in condition. A copy of the worksheet is attached as EXHIBIT A. This PI worksheet is being completed by the Unit Manager weekly X 4 then monthly. If issues are noted the Unit manager will take appropriate action at the time the concern is noted. Results of the PI worksheet will be reported to the PI committee for a determination of the need for further ongoing formal monitoring. The Director of Nursing will monitor. Date of compliance: May 11 , 2012	