

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

PRINTED: 04/26/2011
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185399	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/12/2011
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NAME OF PROVIDER OR SUPPLIER HEARTLAND VILLA CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8005 US HWY 60 WEST LEWISPORT, KY 42361
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F 000	INITIAL COMMENTS Abbreviated surveys (KY # 15944 and KY #15560) were conducted 04/11-12/11. KY # 15560 was substantiated with deficiencies identified and the highest S/S of "D". KY # 15944 was unsubstantiated with no deficiencies identified.	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Heartland Villa Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
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 the address and phone number of the resident's	F 157	<u>F157</u> Resident #1 no longer resides at facility as of 11/7/10. Resident #1's son/POA was notified of resident's change in condition 11/03/10 by licensed nurse. Physician was notified on 11/5/10 by Administrator through the grievance and concern process and on 4/11/11 by Administrator. Licensed nurse #1 was re-educated on 11/4/10 and 4/12/11 on change of condition and family/physician notification.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Pamela Saulpa</i>	TITLE Administrator	(X6) DATE 5-4-11
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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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NAME OF PROVIDER OR SUPPLIER HEARTLAND VILLA CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8006 US HWY 60 WEST LEWISPORT, KY 42351		
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F 157	<p>Continued From page 1</p> <p>legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and a closed record review, it was determined the facility failed to notify the resident's physician or family member regarding a change in status for one resident (#1), in the selected sample of three, related to the resident's oxygen saturation level dropping to 58%. Findings include: A review of the facility's policy, "Change in Condition of a Resident," dated January 2008, revealed, "It is the policy of the center to take appropriate action and provide timely communication to the resident's physician and responsible party relating to a change in condition of a resident." A record review revealed Resident #1 was admitted to the facility on 07/21/08 with diagnoses to include Pneumonia, Pulmonary Fibrosis, Hypertension, Senile Dementia, and Congestive Heart Failure. A review of the nurses' notes, dated 10/31/10 at 9:30 PM, revealed Resident #1 was anxious with heavy breathing and had an oxygen saturation of 58%. The resident had an elevated temperature of 99.9 degrees Fahrenheit. Licensed Practical Nurse (LPN) #1 administered a breathing treatment and Tylenol 650 milligrams for an elevated temperature and discomfort. A review of the Change in Condition Documentation form for Resident #1, dated 10/31/10, revealed Resident #1 was anxious, a common reoccurrence, with an oxygen saturation level of 58%. A breathing treatment was given, which increased the oxygen saturation level, which was not documented. LPN #1 requested a</p>	F 157	<p>On 4/13/11, a chart audit was completed by the Director of Nursing and Assistant Director of Nursing for residents residing at Heartland Villa related to Change of Condition for family/physician notification. No other residents were identified.</p> <p>Licensed nurses, including licensed nurse #1, were re-educated by the Director of Nursing Services on the facility's policy, "Change in Condition of a Resident," dated January 2008, to include family/physician notification on 11/04/10. On 4/12/11, licensed staff were re-educated by the Assistant Director of Nursing Services on the Federal Regulation F157 and the facility "Change in Condition of a Resident," policy and procedure to include family/physician notification.</p> <p>To establish ongoing compliance, the Director of Nursing/Assistant Director of Nursing will audit five (5) resident records weekly for four (4) weeks, five (5) resident records monthly for two months for change of condition with family/physician notification. Identified issues will be corrected at</p>		

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F 157	<p>Continued From page 2</p> <p>chest x-ray and the Change in Condition form was faxed to the physician.</p> <p>An interview with Resident #1's son and Power of Attorney, on 04/12/11 at 10:21 AM, revealed he was not notified of a change in physical status until he was contacted on 11/03/10, when the resident's oxygen saturation decreased to 69% and the facility requested consent to transfer the resident to receive an Emergency Room evaluation, and was subsequently admitted to the hospital.</p> <p>An interview with LPN #1, on 04/12/11 at 1:07 PM, revealed Resident #1 was easily anxious and this contributed to his/her respiratory status. She did not consider the incident that occurred on 10/31/10 to be acute and felt her interventions were appropriate and effective. This incident did not require phone contact with the primary physician because this was a regular occurrence when the resident became anxious. She faxed the physician because she felt the physician could address the issue in the morning. An additional interview conducted with LPN #1, on 04/12/11 at 2:08 PM, revealed she contacted residents' families if a change in condition occurred. She did not contact Resident #1's son related to the 10/31/10 incident because it occurred late at night and she passed the information to the oncoming shift.</p> <p>An interview with Resident #1's primary physician, on 04/12/11 at 1:26 PM, revealed he could not recall an incident in which the resident's oxygen saturation decreased to 58%. He stated the resident had occasional episodes when the resident's oxygen saturation would decrease due to the resident's diagnosis of end-stage pulmonary fibrosis. He revealed, however, that he would expect staff to contact him by phone with a low oxygen saturation level of 58%.</p>	F 157	that time. Results will be reported to the Performance Improvement Committee by the Director of Nursing monthly for recommendations.	5-4-11	

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F 157	Continued From page 3 An interview with the Assistant Director of Nursing, on 04/12/11 at 1:55 PM, revealed she would expect staff to notify the physician by phone if a resident's oxygen saturation level was 58%.	F 157			