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SEP - 4 2012  
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*Accepted 8/31/12*  
*date*

PRINTED: 08/24/2012  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  188088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/10/2012
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NAME OF PROVIDER OR SUPPLIER  BAPTIST CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 MAIN STREET NEWPORT, KY 41071
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(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
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F 000 INITIAL COMMENTS

An Abbreviated Survey investigating KY#00018885 was initiated on 08/08/12 and concluded on 08/10/12. KY#00018885 was substantiated with a related deficiency cited with the highest scope and severity cited at a "D".

F 157 483.10(b)(11) NOTIFY OF CHANGES SS-D (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(a)(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 000

LPN identified an "open area" on penis while providing routine catheter care. Nurse initiated treatment of cleaning with NaCl and application of topical Baza per standard Wound Care Protocol. Physician notification tool was not utilized per policy, although resident did receive care and treatment to the area.

F 157

Physician calls for this resident were made/received 72 times between 1/1/12 and 7/28/12, with family notifications each time. Ten direct patient exams were also conducted during that same period. Physician notifications related to weight, respiratory and skin issues were sent 9 times. The patient was well monitored and treated.

Subsequent skin issues on penis were related to this original identification and therefore, physician notifications for the same issue would not have been expected. Failure to send the notification upon initial identification was the error. (This was an actual recurrent issue related to an old meatal tear.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Norma Fodge</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9/1/12</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be accused 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  BAPTIST CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 MAIN STREET NEWPORT, KY 41071
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F 157 Continued From page 1  
legal representative or interested family member.

F 157

This REQUIREMENT is not met as evidenced by:  
Based on interview, record review, and review of facility's policy, it was determined the facility failed to notify the Physician for one (1) of four (4) sampled residents (Resident #1). Resident#1 experienced complications with an indwelling urinary catheter and the facility failed to notify the Physician as per their policy and procedures.

The finding include:

Review of the facility's policy entitled 'Physician Notification Tool', revised 04/05/12, revealed the Physician Notification Tool would be utilized to document assessment findings and clinical review of recent events for Physician notification. At the time a change in the resident's physical, mental, or psychosocial status is observed, a complete physical assessment is to be done. Document findings on the Physician notification form in the areas provided. Note date and time physician and family were notified of changes. Include names of the person to whom you talked.

Review of the facility's policy entitled 'Wound Care Protocol', updated 01/12, revealed abrasions, laceration, scratches or ruptured blisters in the perineal area would be cleanse with NaCl and apply Baza topically every shift and as needed. Document change in condition on Treatment Administration Record (TAR). Update Nursing Assistant Care Plan (NACP) of any changes in position or caution with care to prevent reoccurrence. Fill out interdisciplinary

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NAME OF PROVIDER OR SUPPLIER  BAPTIST CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 128 MAIN STREET NEWPORT, KY 41071		
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F 157	<p>Continued From page 2</p> <p>notification and place in Unit Manager's and Assistant Director of Nursing's (ADON) boxes. Inform Unit Manager, and notify the Physician.</p> <p>Record review revealed the facility admitted Resident #1, on 03/04/05, with diagnoses which include: Chronic Obstructive Pulmonary Disease (COPD), Congested Heart Failure (CHF), Seizures, Mediastinal Lymphadenopathy, Hyponatremia, Depression, History of Cerebral Vascular Accident with right arm weakness, Coronary Artery Disease (CAD), Benign Prostatic Hypertrophy (BPH). Review of the Physician's orders, dated 05/21/12, revealed an order for a Foley catheter insertion for Resident #1.</p> <p>Review of Resident #1's weekly skin assessments revealed on 05/26/12, an open area was noted to the urethral meatus. Review of the nursing notes for Resident #1 revealed no documented evidence the Physician was notified nor was the Physician Notification Tool located in chart. Review of the 08/13/12 skin assessment revealed the head of the penis/meatus was red and irritated related to the indwelling catheter rubbing skin. Further review of the nursing notes revealed no documented evidence the Physician was notified nor was the Physician Notification Tool located in chart. Review of the 08/20/12 skin assessment revealed the head of the penis/meatus was dark pink. Further review of the nursing notes revealed no documented evidence the Physician was notified nor was the Physician Notification Tool located in chart. Review of the 7/11/12 skin assessment revealed a meatal split and reddens was noted to the head of penis related to the catheter. Further review of the nursing notes revealed no documented</p>	F 157	<p>All licensed nursing staff, LPNs and RNs, were educated on the proper forms to fill out and procedures on how and when to notify a physician when there is just cause to do so. Policies regarding notification were discussed and all staff was given a copy of the policy and form for reference.</p> <p>The policy and form was sent to the agencies that send additional staff to BCC so that they would also be re-educated. The agency was notified this is a requirement for them to work here. It has been our practice to review all facility policies with new agency nurses during their orientation prior to working here.</p>		

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**F 157** Continued From page 3  
evidence the Physician was notified nor was the Physician Notification Tool located in chart. Review of the 07/18/12 skin assessment revealed a meatal split down the right side of the shaft of the penis, slightly red, irritated related to the catheter. Further review of the nursing notes for Resident #1 revealed no documented evidence the Physician was notified nor was the Physician Notification Tool located in chart. Review of the 07/25/12 skin assessment revealed a meatal split to the right side of the penis. Further review of the nursing notes for Resident #1 revealed no documented evidence the Physician was notified nor was the Physician Notification Tool located in chart.

Interview with Licensed Practical Nurse (LPN) #1, on 08/10/12 at 9:05 AM, revealed if a problem was found during catheter care, the Physician Notification Form should be filled out to alert the Physician of the problem.

Interview with LPN #2, on 08/10/12 at 10:42 AM, revealed he was aware of the open area on the penis and stated family was aware. He did not know if the Physician was made aware.

Interview with Registered Nurse (RN) #1, on 08/09/12 at 4:50 PM, revealed she was aware of the meatus split but stated it was from a prior catheterization and wasn't sure if the Physician knew about this open area.

Interview with Unit Manager #2, on 08/10/12 at 3:30 PM, revealed staff should have notified the Physician, in regards to the open area on Resident #1's penis around the catheter site, in

**F 157** A log sheet will be located at each unit desk. As notifications are sent to physicians, it will be logged on the sheet. The unit coordinators will bring the log to each morning standup meeting to review. Any resident having a change in orders for meds, treatments, or skin issue identification will be reviewed to assure Physician Notification form was utilized properly. Interdepartmental notices and shower sheets will also be monitored to identify patient status change and resulting Physician Notification form. All of these changes are routinely brought to the daily stand up meetings which are attended by the unit coordinators and DON. As changes are reviewed, the unit coordinators will cross reference the log to be sure the notification was done. If it is not listed on the log, they will investigate if the notification was appropriate and address the issue as needed.

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F 157	Continued From page 4 order to see if the Physician wanted to order treatment.  Interview with the Director of Nursing (DON), on 08/10/12 at 8:00 PM, revealed when an issue, such as a new open area developed, the Physician should be notified for treatment.  Interview with the Attending Physician, on 08/10/12 at 2:50 PM, revealed she was unaware of the meatus split and she felt the facility should have notified her in order to evaluate the open area and provide a plan of treatment.	F 157	Follow up will be monitored by the unit coordinators and the DON. Physician notification forms will be monitored weekly for three months and then will be monitored monthly every three months for compliance. The weekly audits will be reviewed by the Quality Assurance Coordinator. The audit will be reported at the monthly QA meetings and reviewed by the administrator.	8/31/12	