

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

PRINTED: 09/28/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/14/2012
NAME OF PROVIDER OR SUPPLIER  RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055	
(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  An abbreviated survey (KY #19028) was conducted on 09/13/12 through 09/14/12 to determine the facility's compliance with Federal requirements. KY #19028 was unsubstantiated with unrelated deficiencies.	F 000	F157 Criteria #1 Treatment was obtained as indicated per physician order on 9/14/2012 for Resident #3. POA was notified on 9/14/2012.	
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).	F 157	Criteria #2 Administrative Nursing will audit treatments/physicians' orders for residents who currently have pressure sores to strive to ensure that all appropriate physician orders are being followed as indicated by the physician. This action will be completed by October 25, 2012.  Criteria #3 The policy for physician/legal representative notification and physician follow up was revised on 9/26/2012 to provide guidelines for follow up with physicians to strive to ensure a timely notification/response. Charge Nurses were inserviced by the Director of Nursing on 9/26/2012.  Criteria #4 The facility plans to monitor performance by reviewing nursing notes 3 times a week to strive to ensure that appropriate follow up with physicians is being completed as indicated per policy. Administrative Nursing will audit treatments/physician orders for those residents who have pressures one time a month for three months, and then quarterly. This will ensure that all appropriate physician orders and treatments are being followed as indicated.	
	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			Criteria #5 10/26/2012

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

TITLE

(X6) DATE

*Dawn Seider, Administrator* *October 1, 2012*

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>legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to consult with the physician for one resident (#3), in the selected sample of eight residents, when the wound nurse identified the possible need to change treatment for a facility identified Stage II pressure sore.</p> <p>Findings include:</p> <p>A review of the facility's "Physician Notification" policy and procedure, undated, revealed the resident's physician should be consulted when there is a need to alter treatment.</p> <p>A record review revealed the facility admitted Resident #3 on 02/15/12 with diagnosis to include Diabetes Mellitus.</p> <p>A review of the Weekly Ulcer Progress report, dated 08/22/12, revealed a Stage II area was identified on the resident's coccyx and measured 3.0 centimeters (cm) x 1.2 cm.</p> <p>A review of the physician's order, dated 08/23/12, revealed to cleanse the breakdown on the resident's coccyx with soap, water, and then pat dry.</p> <p>A review of the Weekly Ulcer Progress report, dated 09/10/12, revealed the Stage II area on the coccyx measured 1.6 cm x 0.7 cm and was noted to be red. The Wound Nurse Practitioner made a</p>	F 157		

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F 157	Continued From page 2 recommendation for the treatment to be changed to santyl and gauze.  A review of the physician's order and nurse's note, dated 09/10/12 - 09/14/12 revealed there was no evidence the physician was contacted regarding the Nurse Practitioner's recommendation to change the treatment to santyl and gauze.  Observation of a skin assessment, on 09/14/12 at 11:30 AM, revealed a Stage II pressure sore on Resident #3's coccyx, measuring 3.0 cm x 1.0 cm x 0.1 cm.  Interview with Registered Nurse (RN) #1, on 09/14/12 at 11:40 AM, revealed the physician was faxed about the recommendation on 09/10/12, but there was no evidence the physician called or faxed any orders back to the facility, and no evidence that anyone contacted the physician to follow-up on the recommendation.  Interview with the Director of Nursing (DON), on 09/14/12 at 1:20 PM, revealed each nurse was suppose to follow-up on faxes. She stated they did not have a policy/procedure which addressed the steps to take after a fax was sent to the physician.	F 157		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having	F 314		

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F 314	<p>Continued From page 3</p> <p>pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure one resident (#3), in the selected sample of eight residents, received the necessary treatment and services to promote healing and prevent infection. The facility failed to ensure the physician was consulted when the Wound Nurse Practitioner recommended a treatment be changed due to no improvement in the wound.</p> <p>Findings include:</p> <p>A review of the facility's "Physician Notification" policy and procedure, undated, revealed the resident's physician should be consulted when there is a need to alter treatment. A review of the Skin Care Management policy/procedure, undated, revealed protocols were in place for the treatment of pressure sores. Area of pressure sore involved debridement for necrotic tissue preventing infection, cleansing of wound and use dressings to keep the ulcer bed continuously moist, but also to keep the surrounding intact skin dry.</p> <p>A record review revealed the facility admitted Resident #3 on 02/15/12 with diagnosis to include Diabetes Mellitus.</p> <p>A review of the quarterly Minimum Data Set</p>	F 314	<p>F314</p> <p>Criteria #1 Treatment was obtained as indicated per physician order on 9/14/2012 for Resident #3. POA was notified on 9/14/2012.</p> <p>Criteria #2 Administrative Nursing will audit treatments/physicians' orders for residents who currently have pressure sores to strive to ensure that all appropriate physician orders are being followed as indicated by the physician. This action will be completed by October 25, 2012.</p> <p>Criteria #3 The policy for physician/legal representative notification and physician follow up was revised on 9/26/2012 to provide guidelines for follow up with physicians to strive to ensure a timely notification/response. Charge Nurses were inserviced on the policy by the Director of Nursing on 9/26/2012.</p> <p>Criteria #4 The facility plans to monitor performance by reviewing nursing notes 3 times a week to strive to ensure that appropriate follow up with physicians is being completed as indicated per per policy. Administrative Nursing will audit treatments/physician orders for those residents who have pressure sores one time a month for three months, and then quarterly. This will ensure that all appropriate physician orders and treatments are being followed as indicated.</p> <p>Criteria #5 10/26/2012</p>		

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F 314	<p>Continued From page 4</p> <p>(MDS) assessment, dated 08/10/12, revealed the facility assessed Resident #3 as at risk for pressure sores.</p> <p>A review of the Comprehensive Care Plan, at risk for impaired skin integrity, dated 02/22/12, revealed a Stage II pressure sore was identified on 08/19/12 and the facility was to provide treatment as ordered.</p> <p>A review of the Weekly Ulcer Progress report, dated 08/22/12, revealed a Stage II area was identified on the resident's coccyx measuring 3.0 centimeters (cm) x 1.2 cm.</p> <p>A review of the physician's order, dated 08/23/12, revealed to cleanse the pressure ulcer on the coccyx area with soap, water, and then pat dry.</p> <p>A review of the Weekly Ulcer Progress report, dated 09/10/12, revealed the Stage II area on the coccyx measured 1.6 cm x 0.7 cm, and the area was red with necrotic tissue. The Wound Nurse Practitioner recommended for the treatment to be changed to santyl and gauze.</p> <p>A review of the physician's order and nurse's note, dated 09/10/12 - 09/14/12, revealed there was no evidence the physician was contacted regarding the Nurse Practitioner's recommendation to change the treatment to santyl and gauze.</p> <p>A review of the September 2012 Treatment Administration Record (TAR) revealed the facility continued to wash the wound with soap and water and apply barrier cream.</p>	F 314		

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F 314	<p>Continued From page 5</p> <p>Observation of a skin assessment, on 09/14/12 at 11:30 AM, revealed the Stage II pressure sore on the resident's coccyx measured 3.0 cm x 1.0 cm x 0.1 cm.</p> <p>Interview with Registered Nurse (RN) #1, on 09/14/12 at 11:40 AM, revealed the physician was faxed about the recommendation on 09/10/12, but there was no evidence the physician called or faxed any orders back to the facility, and no evidence that anyone contacted the physician to follow-up on the recommendation.</p> <p>Interview with the Director of Nursing (DON), on 09/14/12 at 1:20 PM, revealed each nurse was suppose to follow-up on faxes. She stated they did not have a policy/procedure which addressed the steps to take after a fax was sent to the physician.</p> <p>Interview with the Wound Nurse Practitioner, on 09/14/12 at 1:45 PM, revealed the reason she recommended the change in treatment was due to no improvement in the wound, as well as some necrotic tissue noted. She stated the lack of physician notification to obtain an order for the santyl and gauze could have caused a decline in the wound.</p>	F 314			