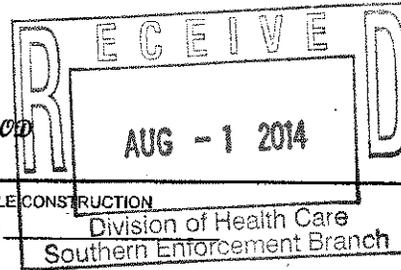


From:

08/01/2014 08:52

#519 P.001/008


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

 PRINTED: 07/30/2014
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186352	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	Division of Health Care Southern Enforcement Branch	(X3) DATE SURVEY COMPLETED R-C 06/19/2014
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NAME OF PROVIDER OR SUPPLIER

STANTON NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

31 DERICKSON LANE
STANTON, KY 40380

(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}	<p>INITIAL COMMENTS</p> <p>--AMENDED--</p> <p>An abbreviated standard and partial extended survey (KY21377) was initiated on 02/27/14 and completed on 03/13/14. The complaint was substantiated. Immediate Jeopardy was identified on 03/05/14 at 42 CFR 483.20 Resident Assessment (F280) and 42 CFR 483.25 Quality of Care (F323), with Substandard Quality of Care identified at 42 CFR 483.25 Quality of Care (F323). Immediate Jeopardy was determined to exist on 02/22/14. The facility failed to have an effective system to ensure adequate supervision and monitoring were provided to prevent accidents for one (1) of three (3) sampled residents (Resident #1).</p> <p>On 03/13/14, the facility submitted an Allegation of Compliance (AOC) alleging removal of Immediate Jeopardy on 03/12/14. However, the AOC could not be verified, and the Immediate Jeopardy was ongoing.</p> <p>An acceptable Allegation of Compliance (AOC) was received on 03/21/14 alleging removal of the Immediate Jeopardy on 03/20/14 and an on-site revisit was conducted on 03/26/14 for the abbreviated/partial extended survey completed on 03/13/14. Based on the findings of the revisit, the Immediate Jeopardy was removed on 03/20/14, as alleged, with remaining noncompliance at 42 CFR 483.20 Resident Assessment (F280) and 42 CFR 483.25 Quality of Care (F323).</p> <p>An abbreviated standard survey (KY21543) was initiated on 04/09/14, concluded on 04/10/14, reopened on 04/22/14, and concluded on</p>	{F 000}	<p>Patient #9 Care Plan has been reassessed and new orders received from Physician discontinuing the use of non-skid strips. The care plan was updated to reflect the changes</p> <p>All current patient comprehensive care plans will be audited to identify that care plans are correct and being followed. Care plans that require revision will be reported to the MD and or Medical Director. New MD orders will be implemented and care plans corrected. A one-time audit of all residents using nonskid strips will be completed and correctly reflect MD orders</p> <p>All residents that have orders for non-skid strips will be will be reassessed for fall risk and appropriate interventions implemented and reflected on the comprehensive care plan.</p> <p>All licensed nursing staff will be reeducated on implementing, revising and following comprehensive care plans. The DNS and or Unit Managers will provided the education On July 7, and July 14 2014. Off cycle revisions will be monitored through the daily QA process. Patient who require off cycle care plan changes due to falls or accidents will be reviewed by the QA Committee to insure compliance The QA monitoring form is included as Exhibit B</p> <p>All audit findings will be forwarded to the QA Committee by the Administrator/DNS for review and appropriate response.</p>	July 28, 2014

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

TITLE
OHA

(X6) DATE

7-31-14

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 STANTON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 31 DERICKSON LANE STANTON, KY 40380		
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{F 000}	Continued From page 1 04/23/14. The complaint was substantiated and deficient practice was identified at 42 CFR 483.20 Resident Assessment (F281 and F284) and 42 CFR 483.25 Quality of Care (F309) with the highest scope and severity at "E" level.	{F 000}			
{F 323} SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure the residents' environment remained as free from accident hazards as possible. The facility failed to ensure non-skid strips were placed on the floor in front of the sink to prevent falls for one (1) of fifteen (15) sampled residents (Resident #9) as required by the resident's Physician Order dated 06/01/14, and the resident's care plan. The findings include:	{F 323}			

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{F 323}	Continued From page 2 1. Review of the facility's "Accidents and Incidents: Report, Investigation, Follow-up, and Final Disposition" policy, revised July 2010, defined an avoidable accident as an incident that occurred when the facility failed to implement interventions consistent with resident goals, needs, plans of care, and standards of practice. Review of the facility's "Protocol for Care Plan," not dated, and "Care Plan Policy Statement," not dated, revealed the policies did not address implementing resident care plans. Review of Resident #9's medical record revealed the facility admitted the resident on 06/03/13. Resident #9's recent Quarterly Minimum Data Set (MDS) dated 05/06/14, revealed the facility assessed Resident #9 as being ambulatory with supervision with no falls in the past six months. Resident #9's care plan dated 12/26/13, revealed the facility identified the resident was at risk for injury related to falls and determined non-skid strips would be in place in front of the resident's sink as an intervention to prevent falls. Review of Resident #9's Physician Orders dated 06/01/14, revealed Resident #9 was required to have non-skid strips in front of the sink. Review of a copy of Resident #9's fall risk assessment was requested from the facility's Director of Nursing; however, no document was produced for review during the survey. Observation of Resident #9's room on 06/18/14 at 9:26 AM revealed there were no non-skid strips on the floor in front of the sink as ordered by the physician; and as required as an intervention on	{F 323}			

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{F 323}	<p>Continued From page 3 the resident's plan of care.</p> <p>On 07/03/14 at 1:45 PM (post-survey interview) an interview with Registered Nurse (RN) #1 revealed when physician's orders were received for non-skid strips, a communication slip should be sent to Maintenance so that Maintenance could place the strips on the floor. RN #1 stated nurses should also place new orders on the resident's Treatment Administration Record (TAR) and care plan. RN #1 stated that nursing staff was required to monitor to ensure care plan interventions such as non-skid strips were being implemented and should document on the treatment record that they were in place.</p> <p>An interview with Unit Coordinator #2 on 07/03/14 at 1:50 PM (post-survey interview) revealed Unit Coordinators were required to monitor residents' TARs and care plans to ensure care plan interventions and physician's orders were being implemented.</p> <p>Interview with the Director of Nursing (DON) on 06/19/14, at 4:30 PM, revealed that nursing staff was required to notify maintenance staff when a new physician's order was received for non-skid strips and maintenance staff was responsible for the installation of the strips. The DON stated nursing staff and Unit Coordinators were required to monitor to ensure interventions were in place. Further interview revealed the DON also monitored resident care areas two to three times a day and had not identified any residents, including Resident #9, who did not have non-skid strips.</p> <p>Interview with the Administrator on 06/19/14 at 4:52 PM revealed resident rooms should be</p>	{F 323}			

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{F 323}	Continued From page 4 equipped to accommodate the residents and the Administrator was not aware Resident #9 did not have non-skid strips, which was ordered by the physician and required by the plan of care.	{F 323}			