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

PRINTED: 03/13/2012
FORM APPROVED
OMB NO. 0938-0391

RECEIVED MAR 2012 OFFICE OF INSPECTOR GENERAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185343		C 02/28/2012

NAME OF PROVIDER OR SUPPLIER
COVINGTON'S CONVALESCENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
115 CAYCE ST
HOPKINSVILLE, KY 42240

(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 #17818 and KY #17868) was initiated on 02/27/12 and concluded on 02/28/12 to determine the facility's compliance with Federal requirements. KY #17818 was substantiated with no deficiencies cited. KY #17868 was unsubstantiated with unrelated deficiencies cited.	F 000	**COVINGTON'S CONVALESCENT CENTER, INC.** acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary and findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the resident.	
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.	F 157	**COVINGTON'S CONVALESCENT CENTER, INC.'S** response to the statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is totally accurate. **F 157 483.10(b) (11) NOTIFY OF CHANGES (INJURY/ DECLINE/ROOM, ETC)** **Corrective action:** The facility must immediately inform the resident; as is practicable, consult with the resident's physician, the residents family, and if known, notify the resident's legal representative or interested family member when there is an accident involving the resident that results in injury and/or has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; and need to alter treatment significantly (discontinue a treatment or commence with a new treatment) ; or a decision to transfer or discharge from the facility. A review of the nurses notes, dated 01/29/2012 at 10:25 PM, revealed that	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Adm. | (X6) DATE: 3-21-12

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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NAME OF PROVIDER OR SUPPLIER COVINGTON'S CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 CAYCE ST HOPKINSVILLE, KY 42240	

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F 157	Continued From page 1 The facility must record and periodically update 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/procedure, it was determined the facility to ensure timely notification of the physician for one resident (#2), in the selected sample of four residents. According to documentation, Resident #2 experienced swelling and pain to the right wrist after sustaining a fall on 01/29/12 at 10:25 PM. There was no evidence the physician was notified until 01/30/12 at 10:00 AM. Findings include: A review of the facility's policy/procedure, "Physician Notification," dated 12/15/11, revealed the resident's physician should be notified when a resident became ill or had a fall with acute injury or pain. A record review revealed the facility admitted Resident #2 on 05/02/11 with diagnoses to include Alzheimer's Disease with Behavioral Disturbance, Anxiety, Diabetes and Hypertension. A review of the nurses' notes, dated 01/29/12 at 10:25 PM, revealed "observed by Certified Nurse Aide (CNA) lying in the floor in [his/her] room. Assisted to bed with a head to toe assessment done. Has small amount of swelling on the wrist and lower thumb on the right hand. Resident able to move [his/her] wrist freely; at times, does	F 157	Resident #2 was found in the floor of her room with chair and bed alarms in place. The resident was assisted to bed with a full head to toe assessment performed by the registered nurse on duty. Minor swelling was noted on the wrist and thumb of the right hand. Resident was able to move her wrist freely with only minor complaint of pain, at times. The decision was made to monitor the resident for pain and discomfort and to call the physician in the waking hours of the next morning. At 4:45 AM on 01/30/12 a PRN order of Lortab 7.5mg was administered for pain to the right wrist. On 01/30/12, during the morning nursing shift ice was applied to the right wrist and an order was received by the registered nurses on day shift for x-ray of the right wrist; x-ray was performed and report received confirming a fracture to right wrist. Resident #2 was sent to Jennie Stuart Medical Hospital and a temporary splint was applied; following family notification. A removable splint was applied on 02/02/12 at West Ky Orthopedic Clinic allowing normal bathing. Numerous conferences were ongoing with Clarksville Behavior Health concerning exaggerated agitation, restlessness, crying, and tremors, all of which could have contributed to her fall. On 01/30/12, a face to face in-service conference was held with the registered nurse that filed the incident report of the fall on 01/29/12. The conference was performed by a Supervising Nurse from the day shift nursing team focusing on Physician Notification, Family	

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F 157	Continued From page 2 complain of some discomfort. Will monitor." There was no documented evidence of physician notification at that time. A review of an Incident Report, dated 01/29/12, revealed the physician was not notified about the resident's fall with injury, until 01/30/12 at 10:00 AM, nearly twelve hours after the occurrence. An interview with Registered Nurse (RN) #1, on 02/28/12 at 2:00 PM, revealed she did not notify the attending physician about the resident's fall/injury on 01/29/12. She stated she was aware that she should have called the physician and was also aware that she did not follow the facility's policy/procedure for timely physician notification. No further explanation was provided. An interview with the Director of Nursing (DON), on 02/27/12 at 4:20 PM, revealed she notified the physician, on 01/30/12 at 10:00 AM, and the resident received treatment; however, the nurse on duty should have notified the attending physician within one hour after the resident's fall.. She stated the nurse did not the follow the facility's policy/procedure for physician notification regarding the resident's fall/injury.	F 157	Notification, and documentation protocol for filing an incident report relative to a resident fall. Prior to the abbreviated survey of 02/28/12, an in-service was conducted by the Administrator of the facility on 02/01/2012 with all pertinent nursing staff present. The meeting was to discuss the importance of proper physician and family notification and protocol for nursing documentation related to a fall and/or injury to a resident. On 03/14/12, Individual in-services were conducted by the administrator and specific charge nurses stressing the findings of the recent survey and discussing proper documentation in the nurses notes and on the New Order Audit/ Resident Care Report, which delineate areas acknowledging Physician Notification and Family Notification regarding new orders, incidents, and/or changes in resident nursing care. **Identify Others:** All residents have the potential to be affected when there is an accident involving the resident that results in injury and/or has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; and need to alter treatment significantly (discontinue a treatment or commence with a new treatment); or a decision to transfer or discharge from the facility and the residents physician and family are not properly notified according to facility protocol.	

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Systemic Changes:

The facility nurses' orientation protocol has been revised and updated to emphasize the facility policy and procedure on "Physician & Family Notification" and a copy of the policy shall become part of the "quick reference book" stored at the nurses station.

In-service conferences are scheduled for 03/21/12 and 03/23/12 to individualize the review and reinforce comprehension of the policy.

Emphasis from the policy shall include but not be limited to the following:

The policy and procedure for Physician Notification and Family Notification when a resident has an illness, injury, or has been involved in a fall includes but is not limited to the following:

1. Notifying MDs and the family due to resident illness or following a resident's fall. The attending physician is to be notified by phone if his or her resident is ill or when a patient falls with acute pain or injury. If the attending physician has not returned the facility's call within reasonable time, **when there is acute pain or injury or illness** then the charge nurse is to call the medical director for orders and treatment.
2. Notifying MDs:
   a. If a physician is needed immediately, obviously, **"A FAX WILL NOT HELP!"**

3-21-12

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b. Please use your best nursing judgment and standard nursing practice when assessing residents due to illness or following a fall,
c. Follow physicians orders
d. Incident management and documentation or when the resident is ill or following a fall and/or injury must be consummated during the working shift in which the incident or illness occurred, as is practicable.

3. Follow-up assessment for pain or continued illness must be conducted periodically during the shift in order to make a decision about calling the physician and/or medical director. **Example (if a resident falls or is ill at 10pm with no complications nor pain nor injury but develops pain at 2am the physician must be notified then) It is within facility protocol to wait until physician waking hours to notify them when there is no injury or pain following a fall.
4. If a resident has an illness beyond the scope of facility standard nursing practice or is involved in a fall with injury and the physician cannot be reached, 911 ambulances shall be called to transfer the resident to Jennie Stuart Medical Center.

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5. Specific areas within the medical record for documentation of Physician and FamilyNotification have been reviewed with the nursing staff as follows:
   Document in one of these areas,
   a. Nurses Notes,
   b. New Order Audit/ Resident Care Report
   c. Physician Telephone Order forms

Monitoring:

The Continuous Quality Improvement CQI Policy and protocol has been updated and reinforced to emphasize the charge nurse notification of the Attending Physician and the family, within a timely manner of the event and/or accident and, if necessary, intervention by the medical director, thereafter. Daily and/or weekly reviews of the incident reports and nurses charting, by the administrator, and/or his designee, following an incident, will provide information for the committee to evaluate to validate compliance with the physician and family notification policy on a quarterly basis. The CQI committee, coordinated by the Director of Nurses, is composed of members of every discipline from administration, nursing, CNA's, and representatives from the rehab department. The coordinator will ensure physician notification, family notification, and/or notification of the medical director, in the event that the attending physician cannot be reached, and that the policy protocol is followed.

Completion Date: 3-23-12