

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

Ky#23115

PRINTED: 05/29/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185469</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C 05/28/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR PLACE OF CLINTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 PADGETT DRIVE CLINTON, KY 42031</b>		
(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}	<b>INITIAL COMMENTS</b>  Based upon implementation of the acceptable POC, the facility was deemed to be in compliance 05/15/15, as alleged.	{F 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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  ARBOR PLACE OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 06 PADGETT DRIVE CLINTON, KY 42031	
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F 000	INITIAL COMMENTS  An Abbreviated Survey investigating Complaint KY #23115 was conducted on 04/28/15 through 04/30/15. KY #23115 was unsubstantiated with an unrelated deficiency cited at the highest Scope and Severity of a "D".	F 000		
F 514 SS-D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review, it was determined the facility failed to maintain complete clinical records for four (4) of twelve (12) sampled residents (Residents #1, #5, #6, and #7). Scabies treatments were ordered and administered to facility residents; however, the licensed staff failed to document the medication was administered on the Medication Administration Record (MAR) per facility policy for Resident #1, #5, #6, and #7.	F 514	Resident records for Residents #1, #5, #6 and #7 have been reviewed and corrected to accurately reflect that the Physician ordered scabies treatment had been administered.  All records of Resident s who had Physician orders for scabies treatment were audited by the Director of Nursing and ADNS by May 15, 2015 to ensure the records reflect administration of scabies treatment.  All Licensed nurses were in serviced by the Director of Nursing by May 15, 2015 regarding medication administration policy, including but not limited to proper recording of medications administered on the MAR, as well as reviewing of MARS at the end of shift to ensure necessary doses were administered and documented.	5-15-2015



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

*[Handwritten Signature]*

TITLE

*Administrative*

(X8) DATE

5-28-15

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 514	Continued From page 1  The findings include:  Review of Medication Administration Policy, last revised 12/18/12, revealed the individual who administered the medication dose should record the administration on the resident's MAR directly after the medication was given. Further review revealed at the end of each medication pass, the person who administered the medications should review the MAR to ensure necessary doses were administered and documented.  1. Record review revealed a physician's order to administer Resident #5 Elimite (scabies topical medication) on 03/26/15 and Ivermectin (pill for scabies) to be administered on 04/01/15 and on 04/08/15. Review of the March 2015 MAR revealed there was no documented evidence the medication was administered on 03/26/14. Review of the April 2015 MAR revealed there was no documented evidence the Ivermectin was administered on 04/08/15.  Interview with Registered Nurse (RN) #3, on 04/30/15 at 12:42 PM, revealed Resident #5 was treated right after the facility identified the resident had scabies and there was no delay in getting treatment, as far as she knew.  2. Record review revealed a physician's order dated 04/05/15 to administer Resident #1 Elimite on 04/06/15 and 04/13/15. Review of the April 2015 MAR revealed there was no documented evidence the Elimite was administered. However, review of a Nursing Note, dated 04/29/15, revealed a late entry which documented the Elimite was administered on 04/16/15 at midnight.	F 514	5 random charts will be audited by the Director of Nursing or Assistant Director of Nursing to ensure proper recording of medications administered. Audits will be performed weekly x 4 weeks, then monthly x 3 months, then prn thereafter.  Findings of chart audits will be reported to the QAPI committee at the monthly QAPI meeting. The QAPI committee consists of the Medical Director, Administrator, Director of Nursing services, Assistant Director of Nursing, Social Service Director, Dietary Supervisor, Activities Director, Rehab Director, Pharmacy Consultant, RD consultant. Business Office Manager, Maintenance Supervisor and House keeping Supervisor. The QAPI committee will make recommendations and develop a plan of action if non-compliance exist. The Director of Nursing will immediately implement any new plan of action recommended.  The Administrator will monitor new recommendations monthly to ensure recommendations are being followed.	5-15-2015

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F 514	<p>Continued From page 2</p> <p>3. Record review revealed a physician's order to administer Resident #6 Elimite on 04/14/15. Review of the April 2015 MAR revealed there was no documented evidence the Elimite was administered on 04/14/15; however, there was a late entry nursing note, dated 04/29/15, which indicated the Elimite was administered on 04/14/15.</p> <p>4. Record review revealed Resident #7 had no physician's orders to administer Elimite or Ivermectin. However, review of a Physician order for House Stock medication, dated 04/02/15, contained a Physician order for thirty-five (35) tubes of Elimite for house stock to treat staff and residents. Review of Nursing Notes for Resident #7, dated 04/29/15, revealed a late entry for 04/14/15, which documented Elimite cream as being administered. In addition, a Nursing Note, dated 04/29/15, with late entry for 04/06/15, documented Elimite cream as being administered on 04/06/15.</p> <p>Interviews with the Infection Control Nurse, on 04/29/15 at 7:50 AM and 04/30/15 at 11:52 AM, revealed the whole facility was treated for scabies but only one (1) resident (Resident #5) was confirmed with a diagnosis of Norwegian scabies on 04/01/15. She stated Resident #5 received treatment for scabies on 03/26/15 and the facility started treating staff on 04/02/15.</p> <p>Interview with the Director of Nursing (DON), on 04/30/15 at 1:35 PM, revealed she felt the facility had a lot of room for improvement on documentation. She stated the staff should have documented on the MAR when the medication was administered.</p>	F 514		