

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

PRINTED: 04/04/2012
FORM APPROVED
OMB NO. 0938-0391

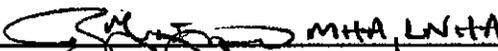
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/24/2012
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NAME OF PROVIDER OR SUPPLIER RICHMOND PLACE REHABILITATION AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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F 000	INITIAL COMMENTS AMENDED An Abbreviated Survey Investigating KY#00017830 was conducted on 02/23/12 and 02/24/12. KY#00017830 was substantiated with deficiencies cited. As a result of the Informal Dispute Resolution (IDR) conducted on 04/02/12, F-327 was deleted. An amended Statement of Deficiencies (SOD) was issued on 04/04/12..	F 000	I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings nor have we identified mitigating factors. F-164 Personal Privacy/ Confidentiality 1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	
F-164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information	F 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE MHA, LNHA	(X6) DATE 4/4/12
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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 164	<p>Continued From page 1</p> <p>contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to provide care for residents in a manner and in an environment that maintained and enhanced each residents dignity and privacy for one (1) of three (3) sampled residents, (Resident #2). Staff failed to cover Resident #2 during a skin assessment and failed to completely close the blinds during a skin assessment.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled "Quality of Life-Dignity", dated 2001, revealed residents shall be treated with dignity and respect at all time. Further review revealed staff shall promote, maintain, and protect resident privacy during assistance with personal care and during treatment procedures.</p> <p>Record review revealed the facility admitted Resident #2, on 02/11/11, with diagnosis which included Parkinson's Disease, Hypertension (HTN), and Debility. Review of the annual Minimum Data Set (MDS) Assessment, dated 01/15/12, revealed the facility assessed Resident #2 as having a Brief Interview for Mental Status (BIMS) score of thirteen (13), meaning the</p>	F 164	<p>The staff providing care for Resident #2 was re-educated on resident privacy and dignity by the Staff Development Nurse on 2/26/12.</p> <p>The Social Services director and the director of nursing interviewed resident #2 on 3/28/12 and 3/29/12 and reviewed resident rights including dignity and privacy with the resident. Resident #2 was offered additional support and has declined at this time. The social service director also conducted mood interview assessment with resident #2 on 3/28/12 and no changes were noted from previous interview dated 1/13/12. Social Services will continue to visit with Resident #2 twice weekly for the next thirty (30) days to confirm any psychosocial needs from this</p>	
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F 164	<p>Continued From page 2</p> <p>resident was cognitively intact. Further review of the assessment revealed the facility assessed Resident #2 as needing extensive assistance of two (2) persons for bed mobility, transfers, dressing, and personal hygiene.</p> <p>Observation, on 02/23/12 at 2:30 PM, revealed License Practical Nurse (LPN) #1 performed a skin assessment on Resident #2 with the resident's blinds not completely closed. Further observation revealed Certified Nursing Assistant (CNA) #3 walked into the room after knocking and did not wait for LPN #1 to say if she could come into the room. Continued observation revealed CNA #3 did not shut the door and LPN #1 left the resident uncovered, exposing his/her genital area. Further observation revealed LPN #1 left the resident's genital area uncovered when the area was not being assessed.</p> <p>Interview with LPN #1, on 02/23/12 at 3:30 PM, revealed she left the blinds partially opened to let sun light in so she could see better. Further interview revealed she should have covered Resident #2 when CNA #3 walked into the room.</p> <p>Interview with Resident #2, on 02/24/12 at 10:00 AM, revealed he/she felt very embarrassed and humiliated when CNA #3 walked into the room and he/she was left uncovered and exposed for anyone walking by the room to see him/her laying in the bed naked.</p> <p>Interview with CNA #3, on 02/24/12 at 10:45 AM, revealed she should have waited until she was told it was okay before she opened the resident's door.</p>	F 164	<p>occurrence are identified and addressed.</p> <p>Resident #2 also had a follow up appointment with her primary care physician on 3/27/12 to address her primary health needs.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents have the potential to be affected by this deficient practice. To identify any other residents at risk the nurse management team including the Staff Development Nurse, Unit Coordinators, Evening Shift Supervisor, and Weekend Supervisor monitored resident privacy and dignity during daily rounds and reported findings to the Director of Nursing on 3/15/2012.</p>	
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3. What systemic changes will be made to ensure that the deficient practice will not recur?

All associates will be re-educated by the Staff Development Nurse and Social Services Director on resident dignity and privacy with a special focus on providing privacy during care delivery by 4/3/2012. Any associate who has not been scheduled to work by 4/3/2012 will receive the education via mail.

The Administrator and Social Services Director will provide education to the Resident Council regarding resident privacy and dignity with a special focus on privacy during care for the next three (3) meetings.

Training related to resident dignity and privacy with a special focus on providing privacy during care delivery will be incorporated into the mandatory March and September bi-annual resident rights training for all associates conducted by the social services department.

4. How will the facility monitor its performance to make sure that solutions are sustained?

The nurse management team including Staff Development Nurse, Unit Coordinator, Evening Shift Supervisor, and Weekend Supervisor will be conducting nursing rounds using a Quality Assurance tool addressing resident dignity and privacy. These rounds

will be completed on 10 residents each day four (4) times a week, Monday thru Friday for four (4) weeks, once a week for four (4) weeks, and monthly for three (3) months. The nurse management team including the Staff Development Nurse, Unit Coordinator, Evening Shift Supervisor, and Weekend Supervisor will report findings and any issues addressed during the resident dignity and privacy rounds to the Director of Nursing. The Director of Nursing will verify that issues have been addressed and corrected. The Director of Nursing will report a summary of the resident dignity and privacy quality assurance rounds to the Quality Assurance Committee, consisting of Quality Assurance Coordinator, Medical Director,

**Administrator, Director of
Nursing, Social Services
Director, Staff Development,
Dietary Manager,
Housekeeping Manager,
Maintenance Manager, and
Activities Director, for the
next 3 months and revisions
made to the plan, if needed,
as directed by the committee.**

**The Administrator will review
results of the Resident Council
meeting minutes in respect to
resident privacy and dignity to
the Quality Assurance
Committee, consisting of
Quality Assurance
Coordinator, Medical Director,
Administrator, Director of
Nursing, Social Services
Director, Staff Development,
Dietary Manager,
Housekeeping Manager,
Maintenance Manager, and
Activities Director, for the**

next three (3) months and revisions made to the plan, if needed, as directed by the committee.

5. **The date that the corrective action will be completed;**

F164 was corrected by 4/4/12.

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F 164	Continued From page 3 Interview with LPN #2, on 02/23/12 at 3:00 PM, revealed the blinds should not be left partially open while giving resident care. She further stated she would not have performed the resident's skin assessment with the blinds partially opened. She further stated if you can see out of the window blinds, then if someone is outside, they would be able to see inside the resident's room. Interview with Unit Manager #1, on 02/24/12 at 2:30 PM, revealed staff was trained to always completely close the blinds before providing care for the residents, to not enter a resident's room if the door was closed until they were told they could come in and to always keep the resident draped/covered during care. She further stated CNA #3 should not have entered the room until she was told to enter and that LPN #1 should have had the resident covered. Continued interview revealed the blinds should have been completely closed before resident care was started. Interview with the Administrator, on 02/24/12 at 5:00 PM, revealed staff was trained to always provide privacy for the residents during any care. He further stated, LPN #1 should have completely closed the blinds before providing care and should have kept the resident draped during care to maintain as much privacy as possible. He further stated CNA #3 should not have entered the room before being told it was okay to enter the room.	F 164		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an	F 441	F 441 Infection Control 1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? The nursing staff member providing care to Resident #2 has been re-educated on infection control standards,	

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NAME OF PROVIDER OR SUPPLIER RICHMOND PLACE REHABILITATION AND HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509	
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F 441	<p>Continued From page 4</p> <p>Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 441	<p>including handwashing and changing of gloves by the Staff Development Nurse. The nursing staff member also provided return demonstration to Staff Development Nurse demonstrating proper infection control standards while providing care to resident on 2/26/12.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents are at risk for being affected by the same deficient practice. To identify other residents at risk, the Interdisciplinary Team, including Administrator, Director of Nursing, Staff Development Nurse, Unit Coordinators, Evening Shift</p>	

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F 441	<p>Continued From page 5</p> <p>by: Based on observation, interview, and review of the facility's policy, it was determined the facility failed to consistently implement their infection control program to prevent transmission of disease and infections. Observation during incontinent care and a skin assessment revealed staff did not wash hands before performing a skin assessment, and did not change gloves during the skin assessment, for one(1) of three (3) sampled residents, (Resident #2).</p> <p>The findings include:</p> <p>Review of the facility policy's titled, "Infection Control", not dated, revealed hand washing should be done before and after caring for each resident.</p> <p>Review of the facility's policy titled, "Skin Assessment and Wounds Prevention", not dated, revealed only instructions on how to conduct the procedure with no instructions of hand washing or glove changes.</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 02/23/12 at 3:00 PM, revealed when doing a skin assessment, the perineal area should be the last area assessed and after assessing the perineal area, gloves should be changed. She further stated when cleaning the perineal area, you should never go in a circular motion, but make a single swipe and then dispose of the wipe.</p> <p>Record review revealed the facility admitted Resident #2 on 02/11/11 with diagnosis which included Parkinson's Disease, Hypertension</p>	F 441	<p>Supervisor, Weekend Supervisors, Dietary Manager, Housekeeping Manager, Activities Director, Social Services Director, and ISC Manager monitored staff for proper infection control standards, including hand washing and changing gloves during daily rounds and reported findings to the Director of Nursing on 3/15/12.</p> <p>3. What systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>All associates will be re-educated by the Staff Development Nurse, Unit Coordinators, Evening Shift Supervisor, Weekend Supervisors, and department managers regarding infection</p>	

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F 441	<p>Continued From page 6</p> <p>(HTN), and Debility. Review of the annual Minimum Data Set (MDS) Assessment, dated 01/15/12 revealed the facility assessed Resident #2 as having a Brief Interview for Mental Status (BIMS) score of thirteen (13), meaning the resident was cognitively intact.</p> <p>Observation, on 02/23/12 at 2:30 PM, revealed LPN #1 prepared to perform a skin assessment on Resident #2, after entering Resident #2's room, LPN #1 put gloves on without washing her hands and started the resident's skin assessment. Further observation revealed LPN #1 assessed Resident #2's perineal area and then assessed the resident's torso without changing her gloves or wash her hands. Observation, on 02/23/12 at 2:50 PM, revealed while performing perineal care for Resident #2, LPN #1 went in a circular motion while cleaning the anal area.</p> <p>Interview with LPN #1, on 02/23/12 at 3:15 PM, revealed she had hand sanitizer at the nurses station and used hand sanitizer all the time. She stated her hands were clean before the skin assessment was started; however, would not answer the question related to if she washed her hands before the skin assessment or if she used the hand sanitizer, she repeatedly stated her hands were clean. Further interview revealed she did not change her gloves at any time during the skin assessment because she did not touch the perineal area or the anal area. She further stated she had her hand around the perineal area but did not touch the area, therefore the gloves were not contaminated.</p>	F 441	<p>control standards, including hand washing, hand sanitizer use, and changing of gloves by 4/3/12. Any associate who has not been scheduled to work by 4/3/12 will receive the education via mail.</p> <p>All nursing staff will be required to provide a return demonstration to the Staff Development Nurse, Unit Coordinator, Evening Shift Supervisors, and Weekend Supervisor in regards to practicing appropriate infection control practices including hand washing and changing of gloves while providing care by 4/3/12.</p> <p>Monitoring for infection control practices will be added to the Nurse Manager Rounds completed by the Unit Coordinators, Evening Shift Supervisor, and Weekend Supervisors once a week</p>	

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F 441	<p>Continued From page 7</p> <p>Interview with Unit Manager #1, on 02/24/12 at 2:30 PM, revealed staff was trained to wash their hands after they enter the resident's room, not before. She further stated after staff washed their hands they were to put gloves on and change the gloves if they become contaminated, especially after assessing the perineal area. Further interview revealed the perineal area should have been the last area assessed during the skin assessment. Continued interview revealed staff was trained to clean the perineal area going from clean to dirty (front to back) in one swipe. She stated staff was encouraged to use as many wipes as they needed and should not clean in a circular motion.</p> <p>Interview with the Staff Development Nurse, on 02/24/12 at 6:00 PM, revealed in training she trained staff to always wash their hands after entering the resident's room, before any type of care was started. She further stated she trained staff to always change their gloves after assessing the perineal area and the perineal area should be assessed last. Further interview revealed staff was trained to always clean the perineal area front to back and to clean in a single swipe, never in a circular motion.</p>	F 441	<p>Monday thru Sunday and returned to the Director of Nursing. Any issues or concerns will be addressed by the auditing manager and individual education given to associates involved.</p> <p>4. How will the facility monitor its performance to make sure that solutions are sustained?</p> <p>The nurse management team including the Staff Development Nurse, Unit Coordinators, Evening Shift Supervisor, and Weekend Supervisor will be completing rounds using a Quality Assurance tool addressing infection control standards including hand washing and changing gloves on ten (10) residents daily four (4) times a week Monday thru Friday for</p>	

four (4) weeks, then weekly for four (4) weeks, and monthly for three (3) months to identify and correct any issues. Results of the audit will be reported to the Director of Nursing. The Director of Nursing will verify that issues have been addressed and corrections have been made according to facility policy and procedure. The Director of Nursing will provide a summary of staff compliance to the Quality Assurance Committee, consisting of Quality Assurance Coordinator, Medical Director, Administrator, Director of Nursing, Social Services Director, Staff Development, Dietary Manager, Housekeeping Manager, Maintenance Manager, and Activities Director, for the next three (3) meetings and revisions made to the plan, if

needed, as directed by the committee.

5. The date that the corrective action will be completed;
F441 was corrected by 4/4/12.