

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

PRINTED: 08/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/04/2010
NAME OF PROVIDER OR SUPPLIER DOVER MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 112 DOVER DRIVE GEORGETOWN, KY 40324		
(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 278	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure the accuracy of Quarterly Minimum Data Set (MDS) assessments for two (2) of seventeen (17) sampled residents, Residents #7 and #14 related to the addition of a restraint.</p> <p>The findings include:</p> <p>1. Review of Resident #14's medical record revealed the resident was admitted to the facility on 07/29/09 with diagnoses which included Alzheimers Disease, Diabetes, and Hypertension.</p> <p>Review of the Admission MDS dated 08/07/10 revealed the facility assessed Resident #14 as requiring no assistive devices or physical restraints.</p> <p>Review of the medical record revealed Resident #14 experienced a fall on 02/20/10 and again on 02/21/10. Review of the Physician's orders revealed an order for a seat belt restraint while in the wheelchair, the order was dated 02/22/10.</p> <p>The next Quarterly MDS assessment completed on 04/28/10 was reviewed and revealed the facility failed to include the use of the seatbelt restraint, related to devices and restraints usage, on the MDS.</p> <p>Interview with the MDS Coordinator on 06/04/10 at 10:15 PM revealed she failed to code the seatbelt as a restraint because she thought it was a self releasing seatbelt..</p>	F 278	<p>Resident #14 MDS was up-dated on 6/4/10, to identify seatbelt as a Restraint, by MDS Coordinator.</p> <p>Resident #7 MDS was up-dated on 6/4/10, to identify seatbelt as a restraint by MDS Coordinator.</p> <p>Resident MDS assessments were verified for completeness by the DON, Angie Newsome, RN, and Beverly Mason, RN, and submitted to the Restraint Committee, who met and reviewed in their 6/18/10 meeting.</p> <p>Also reviewed and checked were all MDS Assessments for special needs, adaptive devices, and therapeutic interventions. All orders and assessments were verified for Accuracy on 6/21-6/22/10, by the DON and RNs Newsome and Mason. All MDS Assessments verified as of 7/2/10 by same Individuals.</p> <p>All physicians Orders were reviewed and all Orders have been verified for accuracy. Review of Orders completed 6/7/10-6/10/10 by DON, Angie Newsome, RN, and Beverly Mason, RN.</p> <p>An additional RN has been added to the MDS/Care Plan Team to verify Orders for accuracy. This RN will also assist in review of all new Physician's Orders, MDS completion and Care Plan preparation, and will conduct Care Plan meetings.</p>		

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F 278	Continued From page 2 2. Review of Resident #7's medical record revealed diagnoses which included Alzheimers Disease, Dementia, Hypothyroidism, Chronic Renal Insufficiency, Atrial Fibrillation, Transient Ischemic Attack by History, Cerebrovascular Accident, Depression, Benign Hypertension, and Diaphragmatic Hernia. Review of the resident's Admission Minimum Data Set (MDS) dated 10/24/2009 revealed the facility assessed the resident as needing no physical restraints. Review of the medical record revealed Resident #7 experienced falls on 02/05/10 and 03/07/10. Further review revealed a Physician's order dated 03/07/10 for a seatbelt restraint while in the wheelchair. Review of the next Quarterly MDS assessment completed on 04/23/10 revealed the facility failed to identify the use of the seatbelt restraint. Interview with the MDS Coordinator on 08/04/10 at 10:35 AM, revealed she had overlooked it when she completed the Quarterly assessment.	F 278	All Orders are routed through this additional member of the Care Plan Team. Compliance to be monitored in weekly CQI meetings. Members of the Care Plan Team are individually brought into the meetings each week and required to provide Documentation that Care Plans have been completed, that RAP triggers have been printed after Care Plan completion and checked against the Care Plan itself; that Physician's orders have been checked; and in addition, the DON reports on the percentage of Orders she personally reviews for the week. Discrepancies are rectified as identified. Furthermore, the MDS/Care Plan Team RN (Newsome) is now required to report to the CQI Committee and inconsistencies found.	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending	F 280	Completed 7/2/10	

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F 280	<p>Continued From page 3</p> <p>physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to revise the Comprehensive Plan of Care for two (2) of seventeen (17) sampled resident, Resident #7 and #14, after the addition of a seatbelt restraint.</p> <p>The findings include:</p> <p>1. Resident #14 was admitted to the facility on 07/29/09 with diagnoses which included Alzheimer's Disease, Diabetes, and Hypertension.</p> <p>Observations of Resident #14 on 06/03/10 at 8:00 PM, 06/04/10 at 8:45 AM, and 06/04/10 at 9:45 AM revealed the resident sitting in a wheelchair with a seatbelt restraint in place.</p> <p>Review of the Admission MDS dated 08/07/10 revealed the facility assessed Resident #14 as requiring no assistive devices or physical restraints.</p> <p>Review of the medical record revealed Resident</p>	F 280	<p>Resident #14 MDS was up-dated on 6/4/10, to include use of seatbelt restraint under the devices and restraint section of the MDS. Revision completed by MDS Coordinator. Resident Care Plan was also up-dated on 6/4/10.</p> <p>Resident #7 MDS and Care Plan up-dated by MDS Coordinator on 6/4/10, to identify use of the seatbelt restraint.</p> <p>Resident restraint assessments were verified for completeness and accuracy and submitted to the Restraint Committee, who met on 6/18/10, and reviewed assessments and Care Plans.</p> <p>All Physicians orders were reviewed and all Orders and Care Plans have been checked for necessity for revision related to Orders. Orders have been verified for accuracy and inclusion in MDS and Care Plans. Review of Orders completed 6/7/10-6/10/10 by DON, Angie Newsome, RN, and Beverly Mason, RN. Additional reviews completed by RN team On 6/21-6/22/10.</p> <p>An additional RN has been added to the MDS/Care Plan Team to verify Orders for accuracy and completeness and inclusion into Care Plan. This RN will also assist in review of all new Physician's Orders, MDS completion, Care Plan preparation, and will conduct Care Plan meetings.</p>		

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F 280	<p>Continued From page 4</p> <p>#14 experienced a fall on 02/20/10 and again on 02/21/10. Review of the Physician's orders, dated 02/22/10 revealed an order for the use of a seatbelt restraint while the resident was up in the wheelchair.</p> <p>Review of the next Quarterly MDS assessment completed on 04/26/10 revealed the facility failed to include the use of the seatbelt restraint under the devices and restraints section of the MDS.</p> <p>Review of the Comprehensive Plan of Care revealed no evidence the resident's Plan of Care had been revised to include goals and/or interventions related to the use of the restraint.</p> <p>Interview with the MDS Coordinator on 06/04/10 at 10:15 AM, revealed she should have revised the care plan to include the use of the restraint.</p> <p>2. Review of Resident #7's medical record revealed the resident was admitted on 10/14/09, with diagnoses which included Alzheimers Disease, Dementia, Hypothyroidism, Chronic Renal Insufficiency, Atrial Fibrillation, Transient Ischemic Attack by History, Cerebrovascular Accident in 2001, Depression, Benign Hypertension, and Diaphragmatic Hernia.</p> <p>Observations of Resident #7 on 06/04/10 at 9:45 AM and 11:15 AM revealed the resident was sitting in a wheelchair with a seatbelt restraint in place.</p> <p>Review of the Admission Minimum Data Set (MDS) dated 10/24/2009 revealed the facility assessed the resident as needing no physical restraints in the Devices and Restraints section of this MDS.</p>	F 280	<p>Compliance to be monitored in weekly CQI meetings. Members of the Care Plan Team are individually brought into the meetings each week and required to provide documentation that Care Plans have been completed, that RAP triggers have been printed after Care Plan completion, and Checked against the Care Plan itself, that Physician's orders have been checked; and in addition, the DON reports on the percentage of Orders she personally reviews for the week.</p> <p>Furthermore, the MDS/Care Plan Team RN (Newsome) is now required to report to the CQI Committee any Inconsistencies found.</p> <p>Completed 7/5/10</p>		
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F 280	<p>Continued From page 5</p> <p>Review of the medical record revealed Resident #7 experienced falls on 02/05/10 and 03/07/10. Further review revealed a Physician's order dated 03/07/10 for a seatbelt restraint while in the wheelchair.</p> <p>Review of the Comprehensive Care Plan revealed no evidence the Plan of Care had been revised to include the use of the restraint with goals and interventions related to the use of the restraint.</p> <p>Interview with the MDS Coordinator on 06/04/10 at 10:35 AM, revealed she should have revised the care plan to include the use of the restraint.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure Resident #7 received adequate supervision and assistive devices to prevent a fall which occurred on 4/6/10.</p> <p>Also, Based on observation during the environmental tour it was determined the facility failed to ensure a safe environment for residents</p>	F 280	<p>Resident #7 MDS and Care Plan were up-dated on 6/4/10, to comply with Physician's Orders.</p> <p>All resident charts were reviewed to verify consistency with Orders and Care Plans on 6/7/10-6/10/10 by DON, and Angie Newsome, RN, and Beverly Mason, RN.</p> <p>A safety in-service was conducted on 6/23, by Safety Coordinator, Tom Lea.</p> <p>Stand-up Safety meetings were held on 6/4, 6/7, and 6/8/10, with DON and various Nursing staff.</p> <p>Resident seatbelt has been replaced with an "alarmed" seatbelt that sounds when belt is removed (6/18).</p> <p>Resident has not had any additional falls.</p> <p>Compliance will be monitored in weekly QA meetings and monthly Restraint Committee meetings.</p> <p>Additional keys to the cabinet have been obtained and placed in a specified location, allowing all employees access to lock the cabinet at all times.</p>	F 323 SS=E

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F 323	<p>Continued From page 6</p> <p>as evidenced by multiple hazardous chemicals stored in an unlocked cabinet in the A Wing central bath.</p> <p>The findings include:</p> <p>Review of Resident #7's medical record revealed the resident was admitted with diagnoses which included Alzhiemers Disease, Dementia, Atrial Fibrillation, Transient Ischemic Attack and Cerebrovascular Accident.</p> <p>Review of the Resident Assessment Protocol Summary (RAPS) dated 10/24/10 revealed the facility noted the resident as having a history of falls and being dependent on a wheelchair for ambulation; or a walker, gait belt, and the assistance of one caregiver.</p> <p>Review of the Comprehensive Plan of Care, dated 4/28/10, revealed Resident #7 was noted to be a fall risk. A Plan of Care was developed related to the residents potential for injury related to falls. Resident #7's Plan of Care included the use of a clip alarm and a seatbelt in place when out of bed.</p> <p>Review of Resident 7's Physician Orders revealed orders for a Sensatec Alarm and a non release seatbelt when out of bed in a wheelchair.</p> <p>Review of Resident #7's medical record revealed he/she fell on 04/08/10, and the resident was observed just prior to fall standing and reaching for a door knob, and then fell. Further review of the medical record revealed the resident's seatbelt was not in place at this time.</p>	F 323 F 323	<p>Cont.</p> <p>In-services were held with Safety Coordinator and staff on 6/7, and 6/8/10 to advise staff of necessity to secure due to chemical storage, issues pertaining to environmental safety including slip and fall hazards, entrapment hazards, water temp control necessity, elopement danger, and need for immediate reporting Of all safety-related issues.</p> <p>Environmental inspoctions are conducted on a daily basis by Safety Coordinator throughout the facility. Individual room inspections are conducted by Administrator. These inspections involve room condition as well as safety issues related to falls, skin tears, water temps, etc.</p> <p>All falls are reported to DON, Administrator, and CQI committee. All Incident reports related to resident safety are reviewed weekly in CQI meetings.</p> <p>Notices have been posted on cabinets to remind staff to lock at all times. Hourly inspections of cabinets are conducted by staff and initialed on sign-in sheets.</p> <p>Compliance to be monitored by Safety Coordinator daily, CQI Committee weekly in meetings.</p>		
		F 323	Completed 6/28/10		

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F 323	<p>Continued From page 7</p> <p>Interview with the Restorative Certified Nurse Assistant (CNA) #5 on 6/3/10 at 3:30 PM revealed she heard the resident's Sensatec Alarm triggered and saw the resident fall as she was trying to "get to her". She further stated the resident landed on his/her left side. Further interview with CNA #5 revealed she had noted the absence of the resident's seatbelt.</p> <p>On 6/3/10 at 3:15 PM, interview with Licensed Practical Nurse (LPN) #4 revealed she did not know why Resident #7 did not have a seatbelt on at the time of the fall. LPN #4 revealed she could not remember who was responsible for Resident #7's care on the day of the fall, and CNA resident care assignment sheets were not kept as permanent records.</p> <p>On 6/3/10 at 4:00 PM, interview with the Director of Nurses revealed CNA assignment sheets were retained for two (2) weeks and then discarded; no permanent copies are kept.</p> <p>Environmental tour with the Maintenance/Housekeeping Supervisor, on 06/03/10 at 9:00 AM, revealed an unlocked metal cabinet on the wall in the central bath on A wing. The unlocked cabinet was opened to reveal personal care products (shampoos, body washes and Deoderant).</p> <p>Additional observation revealed six (6) cans of cleaning materials. The cleaners included: 1. Spartan stainless Steel Cleaner/Polish with label warning of eye/skin irritation, harmful if swallowed, vapor inhalation may cause respiratory irritation. 2. Spartan Superior High Shine Stainless Steel Polish with a warning label of: Harmful or fatal if swallowed, causes eye/skin</p>	F 323		

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F 323	<p>Continued From page 8</p> <p>irritation, harmful if inhaled. 3. Spartan Citro Shield furniture polish with a warning label of: may cause mild eye/skin irritation; may be harmful if swallowed. Inhalation may cause respiratory irritation. 4. Johnson Diversey deep gloss Stainless Steel Maintainer with label warning of: mild irritant to skin/eyes, use only in well ventilated areas. 5. Johnson Wax Profession- End Bac II spray disinfectant with a label warning of substantial but temporary eye injury and hazardous to Humans and animals. 6. Virex 256 with a label warning of avoid contact with eyes/skin. MSDS sheet states "corrosive: may cause permanent eye/skin damage"; "may cause irritation or corrosive effects nose, throat and respiratory tract".</p> <p>Interview with the Maintenance Supervisor on 06/03/10 at 9:15 AM revealed his departments only job was to put the cabinet up where they were told to put it.</p> <p>Interview with Director of Nursing on 06/03/10 at approximately 2:30 PM revealed she was unaware the cabinet needed to be locked.</p>	F 323			

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K 073	<p>Continued From page 2</p> <p>Interview on 06/03/10 at 10:45 AM, with the Maintenance Supervisor, revealed that family members had brought the combustible decorations into the facility even though the facility's policy forbids combustible decorations. The Maintenance Director also stated the facility had looked into purchasing fire retardant spray to treat the decorations and stuffed animals, but the only spray the facility could find was toxic and the facility was afraid to use it because the residents sometime place the stuffed animals into their mouths.</p> <p>Interview on 06/03/10 at 3:25 PM, with the Administrator of the facility, revealed the combustible decorations brought in by family members had been an ongoing problem in the facility. The Administrator stated that every time they (the facility) try to limit the stuffed animals and the wreaths on doors, the family members complained to the Ombudsman. The facility had been cited in the past for this deficiency.</p> <p>Actual NFPA Standard: NFPA 101, 2000 Edition: 19.7.5.4</p> <p>Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant.</p> <p>Exception: Combustible decorations, such as photographs and painting, in such limited quantities that a hazard of fire development or spread is not present.</p>	K 073			