

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

PRINTED: 02/03/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2015
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH LA GRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031		
(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 A Recertification Survey was initiated on 01/19/15 and concluded on 01/21/15 and found the facility not meeting the minimum requirements for recertification with deficiencies cited at the highest scope and severity of an "D".	F 000	The Plan of correction in not an admission of any deficiency contained in the Statement of Deficiencies; however, the facility remains committed to the delivery of quality healthcare services and will continue to make whatever changes and improvements necessary to satisfy this objective and ensure CMS and the State services are being provided in compliance with the applicable conditions of participation.		
F 156 SS=C	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during	F 156			

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

TITLE

(X6) DATE

Stephanie Kelleher *Administrative* *2/18/15*

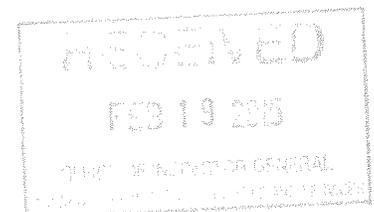
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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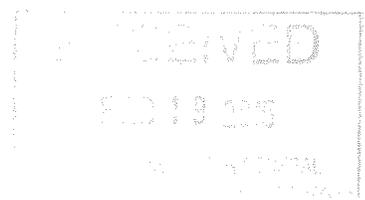
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F 156	<p>Continued From page 1</p> <p>the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p>	F 156	<ol style="list-style-type: none"> No residents were identified as being harmed. All residents are given information on admission regarding insurance. In addition, the Social Service Designee informs residents and families of her, the Unit Manager and the Administrator's availability to answer questions regarding insurance and assistance with obtaining coverage. Resident #6's daughter requested Medicaid information, which she received. No other resident requested information. A sign was posted on the unit bulletin board explaining how to apply for Medicare, as well as appeal rights, on Jan. 23, 2015. In addition, a poster was also obtained from the Kentucky Department of Health and Family Services explaining both Medicare and Medicaid rights. Both were posted on the unit on Jan. 23, 2015. ATTACHMENT A & B The Administrator will audit monthly to ensure all signage is appropriately placed and up-to-date. Results of the audit will be reported monthly at the Evidence Based Committee (EBC) until 100% compliance is achieved for three consecutive months. The Administrator or Manager will continue to audit weekly thereafter for compliance. 	Feb. 23, 2015	



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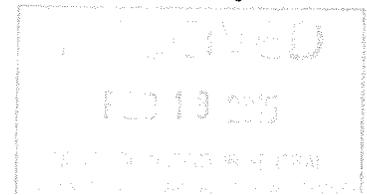
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F 156	Continued From page 2 The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to display, in writing, how residents could apply for Medicare. The findings include: Interview with the Administrator, on 01/21/15 at 3:10 PM, revealed the facility did not have a policy to address posting Medicare information. Observation of the facility, on 01/19/15 at 9:10 AM and 2:45 PM, revealed there was not a posting regarding how to apply and use Medicare. Interview with the Administrator, on 01/21/15 at 3:10 PM, revealed there was no written posting to inform residents and families on how to apply for and use Medicare. She stated she was not aware of the requirement to post this information.	F 156			
F 167 SS=C	483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE A resident has the right to examine the results of the most recent survey of the facility conducted by	F 167			



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F 167	<p>Continued From page 3</p> <p>Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to post a notice informing residents and visitors of the location of the results of recent surveys.</p> <p>The findings include:</p> <p>Interview with the Administrator, on 01/20/15 at 2:48 PM, revealed there was no policy regarding how the facility informed residents and visitors as to the location of the book containing recent survey results.</p> <p>Observation of the skilled unit, on 01/20/15 at 2:30 PM, revealed a written notice was posted, by the nursing station, directing residents and visitors to ask a staff member for the results of recent surveys.</p> <p>Interview with Resident #2, on 01/21/15 at 3:36 PM, revealed the resident was not aware of a book containing information regarding recent surveys and the results of those surveys.</p> <p>Interview with Certified Nurse Aide (CNA) #1, on 01/20/15 at 2:35 PM, revealed she was not</p>	F 167	<ol style="list-style-type: none"> Resident #2 was not harmed. Resident was in attendance at the Feb. 11, 2015 Resident Council meeting where the residents were told about the binder and its contents. No other residents were identified as being harmed. There was a sign in place on the unit noting the Survey Book was available for inspection. The "Survey and Findings Binder" was placed upright in a clear holder attached to a column to the right of the nurse's station. A sign was placed above the binder indicating the results of the most recent and 2 past surveys were available. The bin with binder was placed on Jan. 27, 2015. The revised sign was placed on Feb. 19, 2015 ATTACHMENT C A Resident Council meeting was held on Feb. 11th at which the Activity Director informed residents of the recent State Survey findings and our Plan of Correction, as well as where the book is located. ATTACHMENT D 	Feb. 23, 2015	



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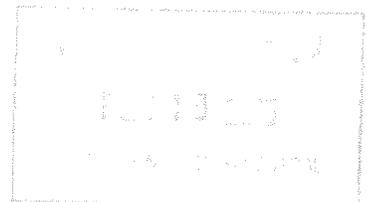
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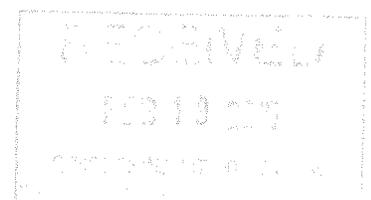
<p>F 167</p> <p>F 203 SS=D</p>	<p>Continued From page 4 familiar with a book containing the results of recent surveys and could not provide any information regarding it's location.</p> <p>Interview with the Administrator, on 01/20/15 at 2:48 PM, revealed the survey results book was located at the nursing station in a book holder. She stated she was not aware of the regulation that required facilities to make the survey results available to residents and visitors without them making a request.</p> <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or</p>	<p>F 167</p> <p>F 203</p>	<p>4. The Administrator will audit monthly to ensure the signage is appropriately placed and the survey binder is readily available. Results of the audit will be reported monthly at the EBC until 100% compliance is reached for three consecutive months. The Administrator or manager will continue to monitor monthly thereafter to ensure all signage is current and correct, but will not report to EBC unless warranted by unsatisfactory results.</p>	
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F 203	<p>Continued From page 5</p> <p>discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's Admissions Packet information, it was determined the facility failed to provide one (1) of ten (10) sampled residents (Resident #2) with information regarding how to appeal a transfer and the names and addresses of the agencies involved in the appeals process. The resident was transferred to acute care twice as ordered by the physician.</p> <p>The findings include:</p>	F 203	<ol style="list-style-type: none"> Resident # 2 was not harmed. She did not receive a transfer notice but it is the facility practice to hold a bed without charge for all residents that are transferred to acute care, as was the case for this resident. Both times she transferred to acute care she returned to her same room in the skilled facility after discharge and was not charged for the bed hold. No other residents in-house were transferred to acute care. The Bed Hold/Transfer Letter has been modified to include each type of bed hold: Medicaid, Medicare and private pay. It also includes information about where the resident is being transferred to, when, and the reason for the transfer as well as the resident's Appeal Rights and information about who to call to appeal. ATTACHMENT E & F <p>All nurses and the Activity Director/Social Service Designee received training on the bed hold/transfer letter and policy and their responsibilities of same on Feb. 10, 12 or 18, 2015.</p>	Feb. 23, 2015



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F 203	<p>Continued From page 6</p> <p>Review of the admission packet document Transfer of Resident, not dated, revealed the facility would transfer residents as permitted by law and such transfers were completed based on applicable laws and regulations.</p> <p>Observation of Resident #2, on 01/19/15 at 12:36 PM and 2:20 PM, revealed the resident sitting up in a chair visiting with family. The resident was clean, groomed, dressed for the day and wearing glasses.</p> <p>Review of the clinical record for Resident #2, revealed the facility admitted the resident with diagnoses of Hypertension, Chronic Kidney Disease and Depression. The facility completed a quarterly Minimum Data Set (MDS) assessment on 11/02/14 which revealed the resident required extensive assistance for transfers and bathing and limited assistance for dressing. The resident was incontinent of bladder and had intact cognition.</p> <p>Further review of the clinical record revealed the resident required admissions to an acute care hospital from 07/08/14 to 07/11/14 and from 10/21/14 to 10/27/14. No evidence regarding providing resident's with transfer policies was located.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 01/21/15 at 10:56 AM, revealed when a resident was transferred from the skilled unit to the acute care hospital, several documents were sent with the resident. She stated a copy of the Face Sheet, the Code status and a Transfer Form were sent with the resident. She stated the acute care hospital had access to other resident records if needed. She stated a Transfer Form</p>	F 203	<p>The education included:</p> <ul style="list-style-type: none"> • Explanation of the Bed Hold/Transfer Policy and Letter • It is the nurse's responsibility to explain the bed hold policy to the Resident and/or Resident Representative in the event of a transfer to acute Care • It is the nurse's responsibility to obtain a decision from the Resident/Resident Representative regarding bed hold • It is the nurse's responsibility to obtain a signature with the bedhold decision designated on the bed hold letter, and; • It is the nurse's responsibility to inform the Administrator, Manager or Social Service Designee of the transfer and the resident decision. • The above is to be completed at the earliest practicable opportunity • If contact cannot be made, the Administrator, Manager or Social Service Designee will follow-up. • A blank Bed Hold/Transfer Letter is available at all times in a folder at the nurse's station. <p>ATTACHMENT G</p>	



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F 203	Continued From page 7 addressing the resident's right to appeal the transfer and a list of agencies to contact regarding the appeal's process was not something the facility had in place. She indicated she had no knowledge of a Transfer Form including that information. Interview with LPN #2, on 01/21/15 at 11:12 AM, revealed she was not trained to send a Transfer Form containing information on how to appeal a transfer and the list of agencies delegated to manage appeals with residents if they were transferred to acute care. She stated she had never heard of a form addressing the issue of appeals. Interview with the Social Services Director, on 01/21/15 at 1:30 PM, revealed she had no information regarding Transfer Forms and was not trained to provide residents transferring back to acute care with information on appeal rights. Interview with the Administrator, on 01/21/15 at 1:52 PM, revealed she was not aware of the requirement to send Transfer Notices with residents sent to the acute care hospital from the facility.	F 203	4. The Administrator or Manager will audit all resident transfers to ensure compliance with Bed Hold Policy. Results of the audit will be reported in Evidence Based Committee monthly until 100% compliance is reached for 3 consecutive months. After 3 months, the Administrator or Manager will continue to audit all transfers for evidence of compliance with the Bed Hold/Transfer Policy and report to EBC only if trends of noncompliance are noted.		
F 205 SS=D	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and	F 205	1. Resident # 2 was not harmed. She did not receive a bed hold letter but it is the facility practice to hold a bed without charge for all residents that are transferred to acute care, as was the case for this resident. Both times she transferred to acute care she returned to her same room in the skilled facility after discharge and was not charged for the bed hold. 2. No other residents in-house have been transferred to acute care.	Feb. 23, 2015	

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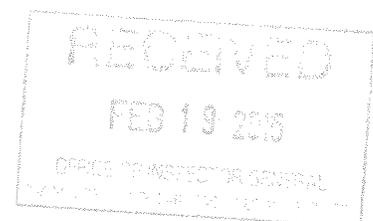
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F 205	<p>Continued From page 8</p> <p>the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide one (1) of ten (10) sampled residents (Resident #2) with information regarding the facility's Bedhold Policy when transferred from the facility to the acute care facility.</p> <p>The findings include:</p> <p>Interview with the Administrator, on 01/21/15 at 1:52 PM, revealed the facility did not have a policy to address providing a copy of the bedhold policy to residents or responsible parties if residents were being transferred from the facility to an acute care hospital.</p> <p>Observation of Resident #2, on 01/19/15 at 12:36 PM and 2:20 PM, revealed the resident was up in a chair visiting with family.</p> <p>Review of the clinical record for Resident #2, revealed the facility admitted the resident with diagnoses of Depression, Anxiety, Chronic Kidney Disease and Hypertension. The facility</p>	F 205	<p>3. The Bed Hold Letter has been modified to include each type of bed hold: Medicaid, Medicare and private pay. In addition, it includes where the resident is being transferred, the reason for the transfer and when it will occur. It also includes the resident's appeal rights and information about who to call and how to call to appeal.</p> <p>ATTACHMENT E & F</p> <p>All nurses, including the manager and the Activity Director/Social Service Designee received training on the bed hold/transfer letter and policy and their responsibilities of same on Feb. 10, 12 or 18, 2015.</p> <p>The education included:</p> <ul style="list-style-type: none"> • Explanation of the Bed Hold/Transfer Policy and Letter • It is the nurse's responsibility to explain the bed hold policy to the Resident and/or Resident Representative in the event of a transfer to acute Care • It is the nurse's responsibility to obtain a decision from the Resident/Resident Representative regarding bed hold • It is the nurse's responsibility to obtain a signature with the bedhold decision designated on the bed hold letter, and; 		



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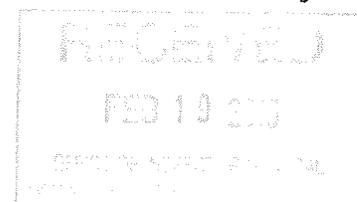
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 205	Continued From page 9 completed a quarterly Minimum Data Set (MDS) assessment on 11/02/14 which revealed the resident was cognitively intact, required extensive assistance with bathing and transfers, and was incontinent of bladder. Further review of the clinical record, revealed the resident had acute medical needs and was transferred to the acute care hospital from 07/08/2014-07/11/14 and from 10/21/14-10/27/14. There was no evidence located to show the facility provided Resident #2 with a copy of the Bedhold Policy when the resident was transferred to acute care Interview with Licensed Practical Nurse (LPN) #1, on 01/21/15 at 10:56 AM, revealed she was not aware of a copy of the Bedhold Policy being provided to residents when they were transferred to acute care from the facility. She stated she was not provided with any training regarding bedholds. Interview with the Administrator, on 01/21/15 at 1:52 PM, revealed she was aware of the facility's Bedhold Policy being discussed with residents during the admissions process, however, she was not aware that the resident received a copy of the policy when acute medical needs required residents to be transferred back to acute care.	F 205	<ul style="list-style-type: none"> It is the nurse's responsibility to inform the Administrator, Manager or Social Service Designee of the transfer and the resident decision. The above is to be completed at the earliest practicable opportunity If contact cannot be made, the Administrator, Manager or Social Service Designee will follow-up. A blank Bed Hold/Transfer Letter is available at all times in a folder at the nurse's station. <p>ATTACHMENT G</p> <p>4. The Administrator or Manager will audit all resident transfers to ensure compliance with Bed Hold Policy. Results of the audit Will be reported to the EBC monthly until 100% compliance is reached for 3 consecutive months.</p> <p>After 3 months, the Administrator or Manager will continue to audit all transfers for evidence of compliance with the Bed Hold/Transfer Policy and report to EBC only if trends of noncompliance are noted.</p>		
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	F 514			



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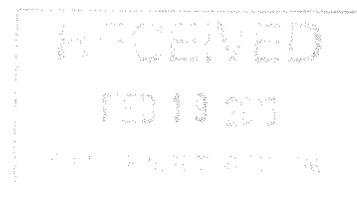
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2015
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F 514	<p>Continued From page 10 systematically organized.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review, it was determined the facility failed to complete narcotic shift count documentation for five (5) of five (5) months reviewed. Signatures were missed in July, August, September, October and November of 2014.</p> <p>The findings include</p> <p>Review of the facility's Controlled Substances Policy, Policy # PC-139, revised June 2013, revealed the audit consisted of one (1) nurse from the on-coming shift would visually count and one (1) nurse from the off going shift would verify the amount of each drug with the Controlled Substance Administration Record (CSAR). Quantities would be stated aloud with verification from both personnel. Both nurses who conducted the audit would place their signatures on the line on which the audit was recorded.</p> <p>Observation of the Medication Room, with Registered Nurse (RN) #2, on 01/19/15 at 2:10 PM, revealed a black binder containing reconciled Nurses Narcotic Check Lists and shift audit</p>	F 514	<ol style="list-style-type: none"> No residents were identified by surveyors as being harmed. No residents were found to be harmed by missing signatures on the Narcotic Sheet. Narcotics were available at all times for each resident. No narcotic discrepancies were identified in past year when investigated on 1/23/15. Nurses in both acute care and skilled care were re-educated about the Controlled Substances Policy and their responsibilities regarding narcotic shift counts on Feb. 10, 12 and 18, 2015. ATTACHMENT G A sign was placed on each cart on Jan. 23, 2015 reminding nurses to sign after verification of narcotic count. The Administrator or Manager will audit daily to ensure Narcotic Checklist is being signed by day and night shift nurses. Audit results will be reported monthly to the EBC until 100% compliance is reached for 3 consecutive months. Auditing thereafter will continue but not be reported in EBC unless noncompliance once again occurs. Nurses found to be noncompliant will be subject to counseling with progressive discipline. 	Feb. 23, 2015	



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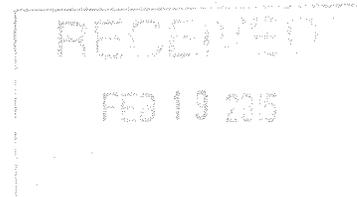
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2015
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH LA GRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031		
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F 514	<p>Continued From page 11 signature forms had numerous missing nurse audit signatures.</p> <p>Interview with RN #2, on 01/19/15 at 2:10 PM, revealed the nurses did a narcotic count at the end of each shift. She stated one (1) nurse from the on coming shift and one (1) nurse from the shift going off were to complete the narcotic count and sign off on the checklist to indicate the narcotics were counted and there were no discrepancies.</p> <p>1. Review of the Nurses Narcotic Check List, dated July 2014, revealed missing nurse signatures on 07/18/14, 07/21/14 and 07/31/14 for the nurse coming on duty at 7:00 AM. The Nurses Narcotic Check List revealed missing nurse signatures, on 07/01/14, 07/08/14, 07/21/14, 07/22/14, and 07/24/14 for the Nurse going off duty at 7:00 AM. The Nurses Narcotic Check List revealed missing nurse signatures, on 07/18/14, 07/21/14, and 07/31/14 for the Nurse coming on duty at 7:00 PM. The Nurses Narcotic Check List revealed missing nurse signatures, on 07/04/14, 07/11/14, 07/14/14, 07/18/14, 07/19/14, 07/21/14, 07/23/14, and 07/24/14 for the Nurse going off duty at 7:00 PM</p> <p>2. Review of the Nurses Narcotic Check List, dated August 2014, revealed missing nurse signatures on 08/21/14 and 08/25/14 for the Nurse coming on duty at 7:00 AM. The Nurses Narcotic Check List revealed missing nurse signatures, on 08/01/14, 08/04/14, 08/06/14, 08/18/14, and 08/30/14 for the Nurse going off duty at 7:00 PM. The Nurses Narcotic Check List revealed missing nurse signatures, on 08/17/14 for the Nurse</p>	F 514			



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F 514	<p>Continued From page 12 coming on duty at 7:00 PM. The Nurses Narcotic Check List revealed missing nurse signatures, on 08/21/14, 08/25/14, and 08/27/14 for the Nurse going off duty at 7:00 PM.</p> <p>3. Review of the Nurses Narcotic Check List, dated September 2014, revealed missing nurse signatures on 09/18/14, 09/21/14, 09/23/14, and 09/25/14 for the Nurse coming on duty at 7:00 AM. The Nurses Narcotic Check List revealed missing nurse signatures, on 09/08/14, 09/11/14, 09/17/14, 09/18/14, 09/28/14 and 09/29/14 for the Nurse going off duty at 7:00 PM. The Nurse Narcotic Check List revealed missing nurse signatures, on 09/27/14 for the Nurse coming on duty at 7:00 PM.</p> <p>4. Review of the Nurses Narcotic Check List, dated October 2014, revealed missing nurse signatures on 10/08/14, 10/23/14, 10/28/14, 10/29/14, 10/30/14 and 10/31/14 for the Nurse coming on duty at 7:00 AM. The Nurses Narcotic Check List revealed missing nurse signatures, on 10/10/14, 10/28/14, 10/29/14 and 10/30/14 for the Nurse going off at 7:00 PM. The Nurses Narcotic Check List revealed missing nurse signatures, on 10/09/14, 10/27/14, 10/28/14 and 10/29/14 for the Nurse coming on duty at 7:00 PM. The Nurses Narcotic Check List revealed missing nurse signatures, on 10/08/14, 10/09/14, 10/22/14, 10/23/14, 10/28/14 and 10/30/14 for the Nurse going off duty at 7:00 PM.</p> <p>5. Review of the Nurses Narcotic Check List, dated November 2014, revealed missing nurse signatures on 11/06, 11/11/14, 11/21/14 and 11/29/14 for the Nurse coming on duty at 7:00 AM. The Nurses Narcotic Check List revealed</p>	F 514			



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F 514	Continued From page 13 missing nurse signatures, on 11/06/14, 11/09/14, 11/14/14, 11/23/14, 11/24/14, 11/26/14 and 11/27/14 for the Nurse going off duty at 7:00 PM. The Nurses Narcotic Check List revealed missing nurse signatures, on 11/23/14, 11/25/14, 11/26/14 and 11/30/15 for the Nurse coming on duty at 7:00 PM. The Nurses Narcotic Check List revealed missing nurse signatures, on 11/11/14, 11/13/14, 11/20/14, 11/21/14, 11/29/14 and 11/30/14 for the Nurse going off duty at 7:00 PM. Interview with the Administrator, on 01/19/14 at 3:10 PM, revealed the process for the narcotic count was for the nurse from the shift coming on and a nurse from the shift going off duty would do a narcotic reconciliation for the shift. She stated, if a discrepancy was identified, the staff would not be able to leave the facility until the discrepancy was resolved. However, there had not been any discrepancies in a really, really long time. She stated she was sure they were counting the narcotics at shift change. She stated it must be the staff that were floated to the unit. She stated she was not monitoring the Narcotic Check List sign off sheets and was not aware the nursing staff were not signing off on the forms.	F 514			



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NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH LA GRANGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031		
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1986</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One wing on the ground floor of a three (3) story, Type II unprotected construction building.</p> <p>SMOKE COMPARTMENTS: Three (3) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 01/20/15. The facility was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire). The facility has thirty (30) certified beds and the census was twenty-one (21) on the day of the survey.</p>	K 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.