

PRINTED: 03/28/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2012
NAME OF PROVIDER OR SUPPLIER BON HARBOR NSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 W. 3RD ST. OWENSBORO, KY 42301		
(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 514	<p>Continued From page 1</p> <p>A review of the facility's "Procedure for Physician's Orders," revised July 2008, revealed "Physician's orders must be transcribed to ensure appropriate departments are aware of orders."</p> <p>1. A record review revealed the facility admitted Resident #2 on 02/29/12 with diagnoses to include Depression, Acute Respiratory Failure, Hypertension, Encephalopathy and Chronic Pulmonary Obstruction Disease.</p> <p>A review of the physician's order, dated 03/06/12, revealed "clean G-Tube site and change dressing every day." A review of the current treatment record, dated 03/01/12 through 03/31/12, revealed the physician's order was not transcribed to the treatment record.</p> <p>2. A record review revealed the facility admitted Resident #4 on 12/01/05 with diagnoses to include Hypothyroidism, Hyperlipidemia, Dementia without Behaviors, Anemia and Schizophrenia.</p> <p>A review of the physician's order, dated 01/25/12, revealed "clean G-tube site with soap and water, rinse with water and apply clean dressing every day and PRN." A review of the current treatment record, dated 03/01/12 through 03/31/12, revealed the physician's order was not transcribed to the treatment record.</p> <p>An interview with Licensed Practical Nurse (LPN) #1, on 03/13/12 at 2:16 PM, revealed she received the physician's order, but the oncoming nurse for the next shift was responsible for transcribing the order to the treatment record. She stated, "it was an over sight and should be</p>	F 514	<p>All Licensed Nursing staff were re-educated regarding transcribing physician orders by 3-29-2012 by the District Education Training Director.</p> <p>The Director of Nursing, Assistant Director of Nursing or the Unit Manager will audit five (5) charts per week for twelve (12) weeks to assure all physician orders have been transcribed to the Treatment Record. Any issues identified will be immediately corrected.</p> <p>The results of these audits will be reviewed with the Quality Assurance Committee on a monthly basis for three (3) months. If at any time a concern is identified, a Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Assistant Director of Nursing, and the Facility Rehabilitation Coordinator. The Medical Director will attend at least quarterly.</p> <p>Compliance Date: 03-29-2012</p>	03-29-2012	

PRINTED: 03/28/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2012
NAME OF PROVIDER OR SUPPLIER BON HARBOR NSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 W. 3RD ST. OWENSBORO, KY 42301		
(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 514	Continued From page 2 documented on the treatment record." An interview with Registered Nurse (RN) #1, on 03/13/12 at 2:28 PM, revealed "I did not transcribe the physician's order to the treatment record, and it should be on there." An interview with RN #2, on 03/13/12 at 3:10 PM revealed "all treatments should be documented on the treatment record." An interview with the Director of Nursing (DON), on 03/14/12 at 10:55 AM, revealed "I know these treatments were provided by the nurses; however, I expect the physician's order to be transcribed to the treatment record according to procedure."	F 514			