

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

PRINTED: 08/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 181090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2011
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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPPOINT DRIVE FLORENCE, KY 41042
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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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, BridgePoint Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p><u>NS14</u></p> <p>1. A Dialysis Communication Form was completed for Residents #7 and #8 by the licensed nurse and sent with them to the dialysis center on 8/15/11.</p> <p>2. Residents that receive dialysis had a Dialysis Communication Form completed by the licensed nurse by 8/19/11. The original copy of the form was sent with the resident to the dialysis center on scheduled dialysis day. The facility maintained the copy for the medical record.</p>	9/8/11
F 514 SS-D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>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.</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 review of the facility's policy it was determined the facility failed to maintain clinical records in accordance with acceptable standards which were complete and accurately documented for two (2) of ten (10) sampled residents, (Resident #7 and Resident #8). The facility policy for completion of the "Dialysis Communication Record", identified 2010</p>	F 514		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrative</i>	(X6) DATE 9/2/11
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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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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPRING DRIVE FLORENCE, KY 41042	
(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>SunBridge Healthcare LLC, stated a licensed nurse must complete the facility portion of the record prior to dialysis treatment. The original record accompanies the resident to the dialysis center, and the facility retains a copy for the medical record. There is no documented evidence in the records from 07/01/11 to 08/08/11 that the form was completed per the facility's policy on five (5) of seventeen (17) days for Resident #8 and two (2) of sixteen (16) days for Resident #7.</p> <p>The findings include:</p> <p>A review of the facility's policy for completion of the "Dialysis Communication Record", identified 2010 SunBridge Healthcare LLC, stated a licensed nurse must complete the facility portion of the record prior to dialysis treatment which includes resident identification and assessment information including blood pressure, temperature, pulse, respiration, weight, medications given pre-dialysis and resident's general condition. The policy further states the original copy accompanies the resident to the dialysis center and the facility retains a copy for the medical record.</p> <p>1. Review of Resident #7's medical record revealed the facility admitted the resident on 05/30/11 with diagnoses which included Chronic Kidney Disease, End Stage Renal Disease, Dialysis, Altered Mental Status, Cerebral Ischemia, Persistent Mental Disorder and Psychosis.</p> <p>Record review of Resident #7's medical record revealed no copy of the Dialysis Communication</p>	F 514	<p>3. The licensed nursing staff will be re-educated on completing the Dialysis Communication Form and sending it with the resident to their dialysis appointment by the Assistant Director of Nursing by 9/7/11. The re-education included sending the original of the form with the resident to the dialysis center and the facility maintaining a copy in the medical record. The dialysis center supervisor was contacted on 8/15/11 by the Unit Manager and educated on the Dialysis Communication Form and requesting that the dialysis center completes their designated section and return the completed form with the resident.</p> <p>4. The Director of Nursing Services, the Assistant Director of Nursing or the Unit Managers will review the Dialysis Communication Forms for residents on dialysis weekly times 12 weeks. A summary of findings will be submitted to the Performance Improvement Committee for review and further recommendation monthly times 3 months.</p> <p>Compliance Date- 9/8/11</p>	

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F 514	<p>Continued From page 2 Record for the dates of 07/21/11 and 08/06/11.</p> <p>Interview with the Unit Coordinator, on 08/11/11 at 4:30 PM, revealed a nurse should have completed the "Dialysis Communication Record" and sent the original copy with the resident to dialysis and retained a copy in the resident's chart but there was no documented evidence the form was completed for the dates of 07/21/11 and 08/06/11. Further interview revealed the nurse responsible on the mentioned days was no longer employed by the facility.</p> <p>Interview with a Dialysis Facility Nurse, on 08/12/11 at 3:38 PM, revealed she called the facility on 08/06/11 to obtain information regarding Resident #7's body temperature and general condition since she had not received the "Dialysis Communication Record" with the resident the morning of 08/03/11 and the resident had a low body temperature after he/she arrived to the dialysis clinic.</p> <p>2. Review of Resident #8's medical record revealed the facility admitted the resident on 03/18/11 with diagnoses which included End Stage Renal Disease, Chronic Kidney Disease and Dialysis.</p> <p>Record Review of Resident #8's medical record revealed no documented evidence the "Dialysis Communication Record" was completed prior to the resident going out of the facility to dialysis on 07/16/11, 07/26/11, 07/28/11, 08/02/11 or 08/04/11.</p> <p>Interview with the Nurse Manager of the Dialysis Center, on 08/12/11 at 3:30 PM, revealed there</p>	F 514		
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F 514	<p>Continued From page 3</p> <p>was no "Dialysis Communication Record" sent with the resident on more than one occasion during the last several weeks.</p> <p>Interview with Registered Nurse (RN) #2, on 08/11/11 at 6:00 PM, revealed he was unable to provide documented evidence that the Dialysis Communication Record was sent with Resident #8 on 07/16/11, 07/26/11, 07/28/11 08/02/11 or 08/04/11.</p> <p>Interview with the Assistant Director of Nursing, on 08/11/11 at 6:00 PM, revealed the facility did not always retain a copy of the form but the information would be documented in the nurses' notes and the resident would return from dialysis with information that would be placed in the resident's chart. Further interview confirmed Resident #8's record did not contain the required dialysis form documentation for the dates 07/16/11, 07/26/11, 07/28/11, 08/02/11 or 08/04/11.</p>	F 514		