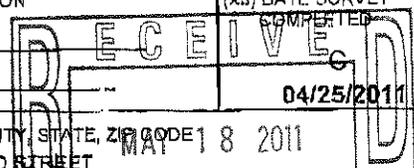


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2011
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NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422
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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
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F 000	INITIAL COMMENTS An abbreviated standard survey (KY16203) was conducted on April 21-25, 2011. The allegation was substantiated with deficient practice identified at "D" level.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on interview and review of the closed record, the facility failed to provide oral care for one of three sampled residents. Resident #1 was identified to require continuous oxygen, was tube fed, a mouth breather, had increased oral secretions with a history of pneumonia, and required total assistance of staff for oral care. However, the facility failed to assess the identified factors and failed to implement interventions for oral care based on the individual needs of resident #1. On September 15, 2011, resident #1 was transferred to the local Emergency Room and was assessed to have a "dried crust" present on the resident's tongue and oral mucosa. The findings include: A review of the facility's policy/procedure related to Oral Hygiene (no date) revealed oral care consisted of cleaning the resident's mouth with an applicator moistened with mouthwash and	F 312	F-312 1. It is the policy and culture of this facility to provide residents with the appropriate treatment and adequate oral care. Resident #1 identified in this deficiency has since been discharged from this facility on 2/25/11. 2. All residents within the facility were assessed to determine if a need for an increased frequency of oral care is needed. This audit was performed on April 29, 2011. The Director of Nursing Services, Unit Managers, Staff Development Coordinator, and the Case Manager performed the audits. Although no other residents were identified to have a current need more frequent oral care some were assessed to have the potential need for extra oral care related to mouth breathing, and tube feeders. To ensure staff is adhering to the proper procedure for the facility's oral care policy, the Staff Development Coordinator will observe two staff members a week performing oral care for four weeks, then monthly for three months. Nursing staff was in serviced on the facility's oral care policy on April 25, 2011, and again on April 28, 2011 and will be ongoing for all new hires. 3. Effective May 9, 2011 the Performance	June 6, 2011 June 6, 2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert Hollins</i>	TITLE Executive Director	(X6) DATE 5-18-11
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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.

Received Time May. 18. 2011 4:57PM No. 8884

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F 312	<p>Continued From page 1</p> <p>applying a lip moisturizer to the resident's lips. The policy/procedure did not identify the frequency the oral care would be provided.</p> <p>A review of the closed medical record revealed resident #1 was admitted to the facility on December 27, 2010, with diagnoses to include Cerebrovascular Accident (CVA), Dementia, Hypertension, Chronic Obstructive Pulmonary Disease (COPD), and Aspiration Pneumonia. A review of the admission comprehensive assessment completed on January 7, 2011, revealed resident #1 was assessed to require total staff assistance with personal hygiene and bathing needs. The resident was also assessed to have no teeth, required oxygen, and required tube feedings to meet his/her nutritional needs.</p> <p>A review of the comprehensive care plan dated January 7, 2011, revealed the facility had addressed a concern related to resident #1's oral status. Interventions included to provide oral care twice a day and as needed, to give and reinforce good oral hygiene, to observe for dry lips and increased oral secretions, and to provide oral suctioning as needed.</p> <p>Further review of the closed medical record revealed the Advanced Practice Registered Nurse (APRN) conducted a visit to the facility on February 15, 2011, at 1:10 p.m. A review of the APRN progress notes revealed resident #1 was assessed to have a "dried crust to the tongue and oral mucosa." The APRN wrote new orders on February 15, 2011, for Levaquin 750 milligrams (mg) to be administered daily for seven days for treatment of pneumonia and for oral care to be provided three times a day for resident #1.</p>	F 312	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Improvement Committee has implemented under the supervision of the Director of Nursing or Designee the following systemic changes: random checks of high risk residents three times a week for one month, and then monthly for the next three months. Any concerns identified will be corrected on the spot.</p> <p>4. Findings of the audits will be documented and submitted to the monthly Performance Improvement Committee for further review or corrective action. The Performance Improvement Committee has the authority to discontinue audits once they are confident that the monitors are no longer needed.</p>	<p>June 6, 2011</p> <p>June 6, 2011</p>

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F 312	Continued From page 2 A review of the nurse's notes dated February 15, 2011, at 1:50 p.m., revealed resident #1 was assessed to have an increase in respirations and a decrease in oxygen saturation (85 percent) and was transferred to the local Emergency Room (ER) for further evaluation/treatment. A review of the ER record revealed resident #1 presented to the ER at 2:30 p.m. on February 15, 2011, and was assessed by the ER Registered Nurse (RN) to have a "dried crust to the tongue and oral mucosa." Resident #1 was admitted to the hospital with diagnoses of pneumonia, respiratory distress, and urinary tract infection with sepsis. An interview conducted with Certified Nurse Aide (CNA) #1 on April 21, 2011, at 2:40 p.m., revealed CNA #1 was assigned to resident #1 on February 15, 2011. CNA #1 stated the resident required total assistance from staff for oral care needs every two hours. The CNA stated he/she had provided oral care for resident #1 at approximately 1:45 p.m. on February 15, 2011. An interview conducted with RN #4 on April 21, 2011, at 4:30 p.m., revealed all of the nursing staff was responsible for providing oral care to the residents. RN #4 stated resident #1's mouth was always "kind of dry" due to the resident's mouth breathing and oxygen use. RN #4 also stated resident #1 had increased oral secretions due to pneumonia. RN #3 stated in an interview on April 21, 2011, at 6:35 p.m., that resident #1 needed "frequent, frequent" oral care. RN #3 stated he/she had	F 312		

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F 312	<p>Continued From page 3</p> <p>provided oral care for resident #1 during the morning on February 15, 2011. RN #3 stated the Unit Manager (UM) had been responsible for assessing the resident for more frequent oral care and to direct staff to provide oral care on a more frequent basis. The UM was no longer employed by the facility.</p> <p>An interview conducted with the ER nurse (RN #1) on April 21, 2011, at 4:35 p.m., revealed the RN stated resident #1's mouth was "really dried" and the resident's tongue was "dry and crusted." RN #1 stated he/she had tried to clean the crust from resident #1's tongue with a toothette swab, but was unable to clean the resident's tongue/mouth.</p> <p>An interview conducted with the APRN on April 25, 2011, at 8:40 a.m., revealed the APRN visited resident #1 at the facility on February 15, 2011. The APRN stated when he/she visited the resident the APRN observed the resident's mouth/tongue to be "crusted over" due to increased respiratory secretions. The APRN stated the resident had not received oral care as the resident needed. The APRN also stated the lack of oral care could contribute to pneumonia since the resident was breathing bacteria from the oral secretions.</p>	F 312			