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

PRINTED: 12/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185244		C 12/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER-STANFORD	105 HARMON HEIGHTS STANFORD, KY 40484

(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	F 000	See Attached for PDC (Written Plan of Correction).	
	An abbreviated standard survey (KY19439) was conducted on 12/04-05/12. The complaint was substantiated with deficient practice identified at "E" level.			
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES	F 246		
	A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.			
	This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of resident council minutes and review of facility grievance logs, it was determined the facility failed to ensure one of eight sampled residents received services to accommodate the resident's individual needs and preferences. Observations on 12/04/12, revealed Resident #3 waited twenty minutes for staff to answer the call light. Interview with Resident #3 and unsampled residents revealed at times residents wait up to thirty minutes for staff to answer call lights.			
	The findings include:			
	The facility had no policy/procedure related to answering resident call lights. This was confirmed by the Director of Nursing Services			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kevin McCowan / Deb Talley TITLE: ED / DNS (X6) DATE: 12/28/12

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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F 246	Continued From page 1 (DNS) on 12/05/12, at 1:20 PM. Observation on 12/04/12, at 12:06 PM, revealed Resident #3 stated he/she needed to go to the bathroom and needed "my little yellow pill" prior to eating the noon meal. The resident activated the call light in his/her room. At 12:20 PM, there had been no response to the resident's call light. At 12:30 PM, 24 minutes after the resident activated the call light, the DNS entered the resident's room to determine the resident's need. Observation of the hallway outside Resident #3's room from 12:06 PM to 12:20 PM, revealed no staff was observed in the hallway. Interview with Resident #3 on 12/04/12, at 12:00 PM, revealed the resident required staff assistance for toileting. The resident stated he/she used the call light to obtain assistance from staff. According to Resident #3, staff answered the call light "after a long time." Interviews on 12/04/12, from 11:40 AM to 12:45 PM, with unsampled Residents A, B, C, and D revealed facility staff did not answer residents' call lights promptly. According to Resident A, he/she at times has incontinence episodes due to waiting for staff assistance. Resident D stated in interview he/she waits an extended period of time for staff to answer the call light and provide assistance. Residents B and C confirmed waiting up to 30 minutes for staff to answer their call lights. Review of the Resident Council minutes dated 09/26/12, revealed four of nine residents at the council meeting complained that staff did not answer call lights or it took "too long" for staff to	F 246		

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F 246	Continued From page 2 answer call lights. Review of the Resident Council minutes dated 10/24/12, revealed the concern was "better" and review of the minutes for 11/28/12, did not refer to call lights. Review of the facility grievance logs for the month of September 2012 revealed on 09/11/12, the facility received a complaint that a resident smelled of urine and the call light response time was too long. The facility documented a resolution of staff in-service. A complaint logged and dated 10/02/12, revealed a concern that a resident waited too long to have the bedside commode emptied and cleaned. On 10/24/12, a concern was documented that the response to call lights was not timely. The resolution was that the DNS spoke with the unit staff. There was no documentation of follow-up to the concern. On 11/16/12, the facility documented a concern that a resident had been left sitting on the commode for 30 minutes. The resolution was the concern was discussed with the staff; however, there was no documentation follow-up conducted to ensure a satisfactory resolution. On 11/27/12, a concern was documented in the grievance log that a resident was concerned with call light response time. There was no follow-up documented. Interview with the Social Worker on 12/05/12, at 1:10 PM, revealed the Social Worker was responsible for maintaining the grievance log. According to the Social Worker, depending upon the issue different facility departments would be responsible for follow-up of the concern. The Social Worker confirmed care issues such as call light response time would be followed by nursing staff.	F 246		

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F 246	Continued From page 3 Interview on 12/04/12, at 3:32 PM, with Licensed Practical Nurse (LPN) #1 revealed normally on her unit staffing consisted of two nurses and four Certified Nursing Assistants (CNAs); however, today there had been a "call-in" and there were only three CNAs for the forty-five residents on that wing. The LPN stated during meal times one nurse was required to monitor meal assistance in the dining room and one nurse remained on the unit to answer call lights while the CNAs fed residents. The LPN confirmed at times she was unable to respond to residents' call lights as quickly as she would like. Interview with Registered Nurse (RN) #2 on 12/05/12, at 10:15 AM, revealed the RN did not feel there was adequate staffing to get everything completed. According to RN #2, one unit requires feeding assistance for nine residents and if call lights are on, staff has to stop feeding a resident to answer the call light. Interview on 12/05/12, at 1:20 PM, with the DNS revealed the facility had met with the CNAs and discussed call light response time. Additionally, nursing staff was performing random checks of call light response time. According to the DNS, staff was responding timely to resident call lights.	F 246		

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Golden Living Center Stanford

Disclaimer:
Preparation, submission, and implementation of the Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.

F246E

#1- Resident #3-
the residents' call light was answered and needs were met. No adverse effects for this resident as a result of the timeliness of call light.

#2- All residents have the potential to be affected. The facility currently has prior response/plans in place to address timeliness of call lights. Previous audits and observations have been put into place for monitoring of call lights.

#3- In addition to the Living Center's current plans, additional audits were conducted beginning on 12/7/2012 by employees/department managers on all shifts for 7 days, then on random shifts for 7 days, then 3 times a week for 4 weeks. A Re-In-service was initiated for current employees on 12/7/2012 and will be completed by 1/4/2013 related to employee's responsibility for answering call lights to include timeliness/response time. The Activity Director and/or Designee will discuss a call light review during resident council over the next 3 months. Random resident interviews will be conducted 3 times/week for 30 days by interdisciplinary team/designee.

#4- The Executive Director/Director of Nursing/Assistant Director of Nursing/Designee will monitor audits post completion for timeliness/response time, Audits with response time greater than 5 minutes will have action plans developed to include re-in-servicing as needed. Also, discussion will be held related to results of resident council meetings, and resident interviews during monthly QA&A for monthly for 3 months then quarterly for 2 quarters. Further action plans will be developed as needed based on results of all audits, and interviews.

Date of Compliance 1/5/2013

F246E
1/8/2013 Addendum to Written Plan of Correction with Date of Compliance 1/5/13

Question #2- Resident Interviews were conducted by Social Services, and Director of Nursing Services/Assistant Director of Nursing Services by use of Resident Council, and individual interviews.

Deb Talley DNS