

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

PRINTED: 08/02/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2012
NAME OF PROVIDER OR SUPPLIER REGENCY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 RAYDALE DR LOUISVILLE, KY 40219	
(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 An abbreviated survey was initiated and concluded on 07/31/12 to investigate KY18795 and KY18851. The Division of Health Care substantiated the allegations for KY18795 and KY18851 with no regulatory violations, an unrelated deficiency was cited.	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Regency 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>F279 8-14-12 1. The care plan for Residents #1 and #2 were reviewed and updated to reflect the residents needs to include Depression, anti-depressant use, and mood/behavior symptoms as identified in the most recent comprehensive assessment on 8-8-12 by a licensed nurse.</p>	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). 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 develop comprehensive care plans to address Depression, the use of antidepressants,	F 279		

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

Steve McKinley

TITLE

Administrator

(X6) DATE

8/15/12

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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If continuation sheet Page 1 of 4
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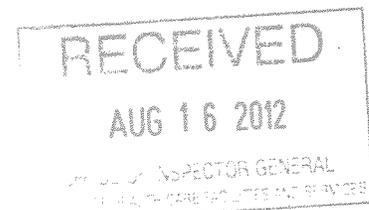
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F 279	<p>Continued From page 1</p> <p>mood symptoms and behaviors for two (2) of four (4) sampled residents (Residents #1 and #2). The facility failed to address on the comprehensive care plan, Resident #1's Depression and complaints of being tired, feeling down and having trouble sleeping. The facility failed to address Resident #2's aggression, agitation and resistance to care as well as feeling down and tired.</p> <p>The findings include:</p> <p>Review of the facility's Care Plan Policy revealed care plans must address the residents weaknesses.</p> <p>Interview with the MDS Nurse, on 07/31/12 at 3:20 PM, revealed the facility used the Minimum Data Set assessment as a basis for completing a comprehensive care plan.</p> <p>Review of the clinical record for Resident #1, revealed the facility admitted the resident from a hospital with diagnoses of Left Immobility related to Left Total Hip Replacement and Depression. The facility completed an admission MDS assessment, on 05/31/12, which revealed the resident complained of tiredness, feeling down and being depressed. The resident received an antidepressant. The resident had a Basic Interview for Mental Status (BIMS) score of fifteen (15) which indicated the resident was fully cognitive.</p>	F 279	<p>2. An audit of current resident care plans was completed on 8/10/12 by the Unit Managers, MDS nurses, and Social Services to determine that care plans reflect the residents needs based on the most recent comprehensive assessment. Any other incomplete care plans identified were updated at that time by the licensed nurse.</p> <p>3. The Regional Director of Clinical Operations re-educated the Director of Nurses on 8-1-12 and the Assistant Director of Nursing, the Social Services Director, Unit Managers, and MDS nursing staff on 8-2-12 to the requirement that a facility must develop a comprehensive care plan for each resident based on the care needs identified in the Comprehensive assessment (including Depression, use of antidepressants, mood and behavior symptoms as well as the Interdisciplinary review process to review these care plans ongoing. Licensed Nursing staff have been re-educated to the Development of Comprehensive care plans based on the residents most recent comprehensive assessment by the Assistant Director of Nurses, and Unit Managers by 8-13-12.</p>	
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F 279	Continued From page 2 Review of the comprehensive care plan for Resident #1, revealed the facility had no evidence to show the resident's Depression, antidepressant use and symptoms of mood disturbances were addressed on the care plan. Interview with the MDS Coordinator, on 07/31/12 at 3:20 PM, revealed she completed the initial comprehensive care plan for Resident #1 and she used information from the hospital, clinical records, labs, nursing report, interviews with staff, physician orders and any other information located in the clinical record. She stated she was not aware the resident had a diagnosis of Depression or was on an antidepressant when she completed the care plan. She revealed the admission MDS assessment contained information regarding the resident feeling down and depressed. She indicated this information was important and was needed in the care plan in order to provide the resident with emotional support. She could not detail how the information was missed. Review of the clinical record for Resident #2, revealed the facility admitted Resident #2 with diagnoses of Depression and Dementia. The facility completed an admission MDS assesment on 02/08/12 which indicated the resident had a BIMS score of 15 which indicated the resident was fully cognitive. The MDS indicated the resident felt down, tired, verbally abusive during care and was depressed. The resident received an antidepressant.	F 279	4. The Director of Nursing or MDS nurses will complete an audit of 5 current resident care plans to determine that care needs as identified in the most recent comprehensive assessment are reflected in the resident plan of care and have been reviewed by the Interdisciplinary team weekly x4 weeks, monthly x2 months and then at least quarterly x2. Any concerns identified will be corrected at that time by a member of the Interdisciplinary team. A summary of findings will be submitted to the Performance Improvement Committee monthly x 3 months and then quarterly x2 for further review and recommendation to ensure sustained compliance.		

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F 279	Continued From page 3 Review of the comprehensive care plan for Resident #2, revealed no evidence the facility addressed the resident's Depression, use of an antidepressant, tiredness or verbal combativeness during care. Interview with the MDS Coordinator, on 07/31/12 at 3:20 PM, revealed the Depression, behaviors, use of the antidepressant and tiredness should have been addressed in the care plan to provide the resident with emotional support. She stated there was no explanation of how the information was missed.	F 279			

