

Apr. 20. 2012 3:22PM

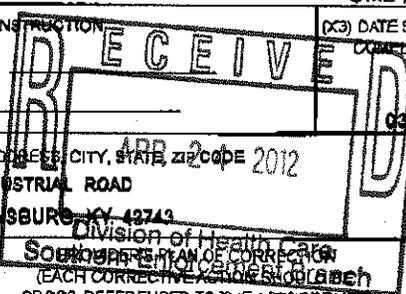
No. 7023 P. 7

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

PRINTED: 04/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2012
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER-GREEN HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 219 INDUSTRIAL ROAD GREENSBURG, KY 40343	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CORRECTIVE PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 000	<p><b>INITIAL COMMENTS</b></p> <p>An abbreviated standard survey (KY17973) was initiated on 03/07/12 and concluded on 03/13/12. The complaint was substantiated and deficient practice was identified.</p> <p>Immediate Jeopardy was identified on 03/08/12 and determined to exist on 02/29/12. The facility was informed of a tornado warning on 02/29/12, however, the facility failed to ensure detailed policies and procedures were in place and implemented to provide supervision to residents and failed to have an effective system in place to ensure all staff was trained and knowledgeable of emergency procedures and as a result all residents were not evacuated to safety.</p> <p>Deficiencies were cited at 42 CFR 483.25 Quality of Care (F323) and 42 CFR 483.75 Administration (F490, F517, and F518) at a scope and severity of "K." Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care (F323).</p> <p>An acceptable Allegation of Compliance (AOC) was received on 03/11/12, which alleged removal of Immediate Jeopardy on 03/10/12. A partial extended survey was conducted on 03/13/12 and the State Agency determined the Immediate Jeopardy was removed on 03/10/12 as alleged, which lowered the scope and severity to "E" at 42 CFR 483.25 Quality of Care (F323) and 42 CFR 483.75 Administration (F490, F517, and F518) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p>	F 000		
F 323 SS-K	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323	Please See Attached 3.22-2012	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vicki Trump TITLE: EO (X5) DATE: 4.22.2012

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 Apr. 24. 2012 3:26PM No. 7096

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F 323	<p>Continued From page 1</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of facility policy, and a review of facility in-services it was determined the facility failed to ensure each resident received adequate supervision. The facility failed to ensure detailed policies and procedures were in place and implemented to provide supervision to residents in the event of an emergency and failed to have an effective system in place to ensure all staff was trained and knowledgeable of emergency procedures. On 02/29/12, the facility was informed of a tomado warning; however, as a result of the facility's failure not all residents were evacuated to safety. The facility's failure caused or was likely to cause serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy and Substandard Quality of Care (SQC) were determined to exist on 02/29/12.</p> <p>An Allegation of Compliance (AOC) was received on 03/11/12 which alleged removal of Immediate Jeopardy on 03/10/12. The State Agency determined the Immediate Jeopardy was removed on 03/10/12 as alleged, which lowered the scope and severity to "E" while the facility</p>	F 323		
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F 323	<p>Continued From page 2 monitors the effectiveness of the systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>A review of the facility's policy entitled "Tornado," (undated) revealed in all cases of a tornado warning all employees should remain calm and follow the instructions of the Executive Director (ED), shift supervisor, or charge nurse, who would provide assignments to employees. However, the policy did not detail who would announce the warning and how all facility staff would be made aware that a warning was issued to provide safety for the residents.</p> <p>A review of training records revealed staff had received a computerized in-service training in June 2011 which provided information on tornado watches and warnings. Continued review of the training revealed staff was trained to go to the basement or safe area of the facility, to cover the patients with thick padding, and to move residents/themselves away from glass. However, it could not be determined by a review of the in-service training that staff had been provided direction on who would provide the facility with information related to a tornado warning, who was to be informed of the warning after it was received, and on what procedures to take to ensure the safety of residents.</p> <p>Minutes from a monthly "huddle in-service" meeting conducted by the Education Director were reviewed and revealed on 08/01/11, prior to the start of each shift, staff was instructed that yellow "code" tags were to be worn at all times when staff was on duty. Documentation from the</p>	F 323		
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F 323	<p>Continued From page 3</p> <p>minutes revealed the yellow tags listed codes to "call" in the event of an emergency. However, there was no documented evidence that staff had been trained on who was to page the codes, when to page the codes, or on what procedures to follow when a code had been called.</p> <p>An interview conducted on 03/08/12, at 3:40 PM, with a representative of the National Weather Service revealed a tornado warning had been issued on 02/29/12, from 12:40 PM through 1:15 PM for the facility's community.</p> <p>Admissions staff member #1 was interviewed on 03/07/12, at 1:25 PM, and stated when a tornado warning was issued for the community, an automated phone call would be received by the facility from the National Weather Service to alert facility staff of the warning. Further interview with Admissions staff member #1 revealed a nurse in the facility had called her on 02/29/12 to inform her that a tornado warning had been shown on the television and had asked the Admissions staff member if a tornado warning had been issued for the facility. At the time the nurse called, Admissions staff member #1 stated she had not received a call from the National Weather Service related to a tornado warning. Admissions staff member #1 stated when the call with the nurse ended, she received an automated call from the National Weather Service of the tornado warning on 02/29/12 and immediately notified the ED as outlined in the facility's policy. Interview further revealed Admissions staff member #1 was informed after the warning on 02/29/12 that she should have called a "code wind" upon notification of a tornado warning to alert all staff of a tornado warning. Admissions staff member #1</p>	F 323		
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F 323	<p>Continued From page 4</p> <p>stated she was not aware of how long "code wind" had been in effect and stated she had not been trained on the procedure. Admissions staff member #1 stated she had been employed at the facility for 20 years and stated when she and/or staff became aware of a tornado warning, either by television or a call from the automated system, they notified each other by "word of mouth." A review of the June 2011 computerized in-service and the August 2011 "huddle in-service" revealed Admissions staff member #1 had attended the in-services.</p> <p>Interview on 03/07/12, at 3:25 PM, with Licensed Practical Nurse (LPN) #5, the facility charge nurse on 02/29/12, revealed at lunch time on 02/29/12 facility staff had the weather radio and a television on to stay informed of changes in the weather conditions because the community was under a tornado watch. Further interview revealed LPN #5 became aware a tornado warning had been issued for the community on 02/29/12 from a staff person that had overheard the warning on a television or radio and confirmed the information by calling the 911 non-emergency number. LPN #5 stated after she received the information from the non-emergency number, she instructed staff on the North side of the building to start evacuating residents to safety while she called staff on the South side of the building to alert them of the warning. LPN #5 stated she had been employed at the facility for 35 years and in the past when a tornado warning was issued the charge nurse would call staff on each side of the building to alert them of the warning. Interview with LPN #5 on 03/08/12, at 1:45 PM, revealed she was informed by the Director of Nursing on 02/29/12, after the tornado</p>	F 323		
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F 323	<p>Continued From page 5</p> <p>warning was over, "When anything like this happens you need to tell [the ED]; if she isn't here tell me; if I'm not here tell [the Assistant Director of Nursing]." A review of the June 2011 in-service revealed LPN #5 had taken the test related to the material on tomados. However, a review of the August 2011 "huddle in-service" revealed LPN #5 had not been in-serviced on the "code" badges. LPN #5 acknowledged in an interview conducted on 03/08/12, at 1:45 PM, that the yellow badge did list a "code wind" and that she understood what the code was; however, LPN #5 stated she had "never used it before."</p> <p>An interview with State Registered Nurse Aide (SRNA) #3 on 03/07/12, at 3:43 PM, revealed she was working on the South side of the building on 02/29/12 when LPN #5 called to inform them a tornado warning had been issued and that the residents needed to be evacuated to safety. Further interview revealed SRNA #3 informed the ED, who was on the South side of the building, that she had just been informed a tornado warning was issued. SRNA #3 stated she was told by the ED "not to evacuate these residents," "residents need to be fed first." Per interview, residents on the South side of the building were not evacuated.</p> <p>An interview with SRNA #6 on 03/07/12, at 3:54 PM, revealed she was on the South side of the building during lunch time on 02/29/12 and SRNA #3 reported LPN #5 informed SRNA #3 that a tornado warning had been issued. SRNA #6 also stated the ED informed them not to evacuate, that she (the ED) would "let them know," and until further notice to "go on and feed."</p>	F 323		

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F 323	<p>Continued From page 6</p> <p>Interview with the Director of Nursing (DON) on 03/08/12, at 2:41 PM, revealed on 02/29/12, between 11:45 AM and 1:15 PM, she was on the South side of the facility and was "paged" by the ED to call the North side of the building. The DON stated she went to the North side of the building and observed facility staff evacuating residents into the hall. Continued interview revealed the DON was asked by the ED if she had called a "code wind" to alert staff of a tornado warning. According to the DON, she informed the ED she was not aware a tornado warning had been issued. The DON stated she was instructed by the ED to "leave everything the way it was" and not evacuate the South side of the building.</p> <p>Interview with the ED on 03/07/12, at 12:50 PM, revealed on 02/29/12, between 11:45 AM and 1:15 PM, she went to the North side of the building and observed facility staff evacuating residents into the hallway. The ED asked facility staff "what is going on, who called the warning, because no one had informed me and that is the chain of command." Further interview revealed facility staff told her they had been informed from various people that a tornado warning had been called for the community and were evacuating the residents to safety. The ED further stated, "I explained to them that there was a chain of command that had to be followed and not just anyone could call a warning." Interview further revealed the ED did find out "later" a tornado warning had been called at the time facility staff on the North side of the building was evacuating residents. The ED stated a call from the National Weather Service had been received by someone in the front office, and they informed "someone" from the North side but had not called a "code</p>	F 323		

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F 323	<p>Continued From page 7 wind" to alert all staff of the warning.</p> <p>A joint interview was conducted on 03/07/12, at 3:15 PM, with the ED and Admissions staff member #1. Admissions staff member #1 reiterated she had informed the ED immediately after she had received the call from the Weather Service that a tornado warning had been issued. At that time the ED stated, "I do remember her calling," "if she says she did she did." However, further interview revealed the ED did not call a "code wind" upon learning of the tornado warning and had failed to alert staff that the National Weather Service had issued a tornado warning for the community. The ED stated facility staff did not follow facility policies/procedures and should have alerted staff by paging a "code wind" when they became aware a tornado warning had been issued. However, review of the tornado warning policy revealed no instructions or procedures related to a "code wind."</p> <p>Interviews conducted with facility staff on 03/07/12 and 03/08/12 revealed staff was not knowledgeable of the facility's policies and procedures and/or gave conflicting statements related to their responsibilities when a tornado warning had been issued.</p> <p>Interview conducted on 03/07/12, at 1:58 PM, 2:07 PM, 2:51 PM, 1:25 PM, 3:43 PM, and 3:54 PM, with LPN #1, LPN #2, Housekeeper #2, Admissions staff member #1, SRNA #3, and SRNA #6 revealed if staff became aware the facility was under a tornado warning, they were to notify the ED or DON.</p> <p>Interview with SRNA #5 on 03/07/12, at 2:16 PM,</p>	F 323		

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F 323	<p>Continued From page 8 revealed SRNAs do not call a "code wind" when a tornado warning was issued but were to inform the charge nurse.</p> <p>Interview on 03/07/12, at 2:25 PM, 2:34 PM, 3:08 PM, and 3:38 PM, with LPNs #3 and #4 and Dietary staff members #1 and #2 revealed staff was to page a "code wind" to alert staff a tomado warning had been issued.</p> <p>Interview on 03/08/12, at 1:57 PM and 12:57 PM, with LPN #6 and SRNA #8 revealed if a tornado warning was issued a "code wind" was to be paged overhead.</p> <p>Interview with SRNA #9 on 03/08/12, at 1:18 PM, revealed she did not know whether to page a "code wind" or to inform the ED or a nurse.</p> <p>--A review of the AOC revealed the following:</p> <p>On 03/09/12 an all staff in-service was initiated, including Nursing, Laundry, Dietary, Housekeeping, Therapy, and Administration. The in-service included the difference in a tornado watch and warning and the procedures to follow for a watch and warning. In-servicing was completed by the ED, DON, Assistant Director of Nursing (ADON), Director of Clinical Education, and Department Head Managers. All staff completed a post test for validation of their understanding and knowledge. Any staff members on leave of absence will be educated before they are allowed to work.</p> <p>A tornado watch and warning drill was completed during the 3:00 PM-11:00 PM shift on 03/08/12, and the 7:00 AM-3:00 PM and 11:00 PM-7:00 AM</p>	F 323		
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F 323	<p>Continued From page 9</p> <p>shifts on 03/09/12, to validate staff compliance and working knowledge of the tornado watch and warning procedures. Drills were monitored by the ED, DON, ADON, Director of Clinical Education, and the Maintenance Director.</p> <p>All resident families and/or responsible parties were notified on 03/07/12 and 03/08/12 of the policy and procedures the facility follows for a tornado watch and warning, by the Business Office Manager, Admissions Director, Social Services, Activities Director, and the Minimum Data Set (MDS) Coordinator.</p> <p>A resident council meeting was held on 03/08/12 to inform the residents of the tornado watch and warning policy and procedures and to answer their questions and/or concerns.</p> <p>Alert and oriented residents who did not attend the resident council, with a brief interview for mental status (BIM) score of 13-15, were informed of the facility's policy and procedures for tornado watch and warning by the MDS Coordinator.</p> <p>The Medical Director was made aware of the 02/29/12 event and the Immediate Jeopardy on 03/08/12.</p> <p>On 03/07/12 the District Clinical Nurse (DCN) re-educated the ED, DON, ADON, and the Director of Clinical Education on the tornado watch and warning policy and procedure.</p> <p>On 03/07/12 the Education Director re-educated the Dietary, Housekeeping, and Rehabilitation Managers on the tornado watch and warning</p>	F 323		
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F 323	<p>Continued From page 10 policy and procedure.</p> <p>A Quality Assurance meeting was held on 03/09/12 to review for compliance and completion of the above, attendance by the ED, DON, ADON, and Director of Clinical Education, Department Head Managers, District Clinical Nurse, and the Director of Operations.</p> <p>On 03/08/12 and 03/09/12 the staff was given a post test to assure a uniform understanding of the tornado watch and warning policy and procedures by the DON, ADON, Director of Clinical Education, and Department Head Managers.</p> <p>The Corporate tornado warning and watch policy for the facility was not revised. However, on 03/07/12 an addendum was made to the facility's procedures that emphasized notification of the center throughout in the event of a tornado watch and warning before notification of the ED or DON. Also, the code "wind" was reflected in procedure for staff notification of tornado warning so as not to alarm residents. A Quality Assurance meeting was held on 03/08/12 to review revisions of the procedure with the ED, DON, Medical Director, and Life Safety.</p> <p>--The surveyor validated the corrective actions taken by the facility as follows:</p> <p>Interview on 03/13/12 with facility staff and review of facility in-service dated 03/07/12 revealed staff had been in-serviced and taken a post test on tornado watch and warning and the procedures to follow for each.</p> <p>Interview on 03/13/12 with facility staff and review</p>	F 323		

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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER-GREEN HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>213 INDUSTRIAL ROAD GREENSBURG, KY 42743</b>
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F 323	<p>Continued From page 11</p> <p>of tornado drill documentation revealed tornado drills were completed and monitored on 03/08/12 during the 3:00 PM-11:00 PM shift, and again on 03/09/12 during the 11:00 PM-7:00 AM shift and the 7:00 AM-3:00 PM shift.</p> <p>Interview on 03/13/12 with resident family members/responsible parties and facility staff revealed the family/responsible parties had been notified of the policy and procedures the facility followed in the event of a tornado watch or warning.</p> <p>Interview on 03/13/12 with the resident council president and the Activities Director revealed a resident council meeting was held on 03/08/12 and the procedures for a tornado watch and warning were discussed.</p> <p>Interview on 03/13/12 with alert and oriented residents and facility staff revealed the residents were informed of the facility's policy and procedures for a tornado watch and warning.</p> <p>Interview with the ED on 03/13/12, at 1:45 PM, revealed she had spoken with the Medical Director on 03/08/12 and informed him of the events related to the tornado warning.</p> <p>A review of the facility's in-service and interview on 03/13/12, at 7:44 PM, with the ED, at 7:41 PM with the DON, and at 2:55 PM with the Education Director revealed the District Clinical Nurse did re-educate them on the facility's tomado watch and warning policy and procedures.</p> <p>A review of facility's in-service and interview on 03/13/12, at 6:41 PM, with the Rehabilitation</p>	F 323		
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER-GREEN HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743
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F 323	<p>Continued From page 12</p> <p>Manager, at 2:44 PM with the Housekeeping Manager, and at 2:47 PM with the Dietary Manager revealed they had been re-educated on the facility's tornado watch and warning policy and procedures.</p> <p>Tornado drills were conducted on 03/08/12 and 03/09/12.</p> <p>A review of the 03/09/12 Quality Assurance (QA) meeting minutes and interviews conducted on 03/13/12, at 7:44 PM, with the ED, at 7:41 PM with the DON, at 2:55 PM with the Education Director, and at 7:36 PM with the District Clinical Nurse revealed a QA meeting was held and the Jeopardy tags were reviewed along with a review for completion and compliance with the AOC.</p> <p>A review of the 03/08/12 QA meeting minutes and interview on 03/13/12, at 7:44 PM, with the ED, and at 7:41 PM with the DON, revealed a QA meeting had taken place and the revisions of the procedures for tornado watch and warning were reviewed.</p> <p>A review of the facility's policy addendum from 03/07/12 revealed in the event of a tornado warning facility staff was to page a "code wind" overhead, begin evacuation of the residents to safety, and notify the ED and DON.</p>	F 323		
F 490 SS=K	<p>483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING</p> <p>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p>	F 490	Please see Attached	3/22/12

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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER-GREEN HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743
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F 490	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of the facility policy it was determined the facility failed to be administered in a manner which enabled resources to be used effectively and efficiently to ensure the residents' highest practicable physical, mental, and psychosocial well-being was attained or maintained. The facility failed to ensure detailed policies and procedures were in place and implemented to provide supervision to residents when a tornado warning was issued for the community where the facility was located. This failure resulted in all residents not being evacuated to safe areas of the building. The failure of the facility to have an effective system to provide appropriate interventions and supervision for residents caused or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy and Substandard Quality of Care (SQC) were determined to exist on 02/29/12.</p> <p>An Allegation of Compliance (AOC) was received on 03/11/12 which alleged removal of Immediate Jeopardy on 03/10/12. The State Agency determined the Immediate Jeopardy was removed on 03/10/12 as alleged, which lowered the scope and severity to "E" while the facility monitors the effectiveness of the systemic changes and quality assurance activities.</p> <p>The findings include: A review of the facility's policy entitled "Tornado,"</p>	F 490		
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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER-GREEN HILL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>213 INDUSTRIAL ROAD GREENSBURG, KY 42743</b>		
(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 490	<p>Continued From page 14</p> <p>(undated) revealed in all cases of a tornado warning all employees should remain calm and follow the instructions of the Executive Director (ED), shift supervisor, or charge nurse, who would provide assignments to employees.</p> <p>Interview with the National Weather Service on 03/08/12, at 3:40 PM, revealed a tornado warning had been issued on 02/29/12, from 12:40 PM through 1:15 PM, for the facility's community. However, interviews revealed staff was not alerted of the tornado warning and all residents were not evacuated to safety.</p> <p>Interview with Admissions staff member #1 on 03/07/12, at 1:25 PM, revealed a nurse called her on 02/29/12 to inform her a tornado warning had been shown on the television. As soon as she ended the call with the nurse, she received an automated call from the National Weather Service regarding the tornado warning on 02/29/12 and immediately notified the ED.</p> <p>An interview on 03/07/12, at 3:26 PM, with Licensed Practical Nurse (LPN) #5, the facility charge nurse on 02/29/12, revealed a staff member informed her that a tornado warning had been shown on the television for the community. LPN #5 stated she called the Admissions office and was informed by Admissions staff member #1 that the facility had not received notification of warnings. According to LPN #5, at that time she called the 911 non-emergency number and was told a tornado warning had "just" been issued for the community. Interview further revealed the LPN instructed staff to begin evacuating residents into the halls away from windows and she called the other side of the facility (South side) to alert</p>	F 490			

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F 490	<p>Continued From page 15</p> <p>facility staff of the tornado warning. Interview with LPN #5 on 03/08/12, at 1:45 PM, revealed she was informed by the Director of Nursing on 02/29/12, after the tornado warning was over, "when anything like this happens you need to tell [the ED]; if she isn't here tell me; if I'm not here tell [the Assistant Director of Nursing]."</p> <p>Interview with the Director of Nursing (DON) on 03/08/12, at 2:41 PM, revealed on 02/29/12, between 11:45 AM and 1:15 PM, she was on the South side of the facility and was "paged" by the ED to call the North side of the building. The DON stated she went to the North side of the building and observed facility staff evacuating residents into the hall. Continued interview revealed the DON was asked by the ED if she had called a "code wind" to alert staff of a tornado warning. According to the DON, she informed the ED she was not aware a tornado warning had been issued and had not "paged" a "code wind." The DON stated she was instructed by the ED to "leave everything the way it was" and not evacuate the South side of the building.</p> <p>Interview with the ED on 03/07/12, at 12:50 PM, revealed on 02/29/12, between 11:45 AM and 1:15 PM, she went to the North side of the building and facility staff was evacuating residents into the hallway. Further interview revealed facility staff told her they had been informed from various people that a warning had been called for the community and had therefore started evacuating the residents to safety. The ED further stated, "I explained to them that there was a chain of command that had to be followed and not just anyone could call a warning." Interview further revealed the ED did find out "later" a</p>	F 490		

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F 490	<p>Continued From page 16</p> <p>tornado warning had been called at the time facility staff on the North side of the building was evacuating residents but a "code wind" to alert all staff of a warning was not issued. A joint interview was conducted on 03/07/12, at 3:15 PM, with the ED and Admissions staff member #1. Admissions staff member #1 reiterated she had informed the ED immediately after she had received the call from the Weather Service that a tornado warning had been issued. At that time, the ED stated, "I do remember her calling," "if she says she did she did." However, further interview revealed the ED did not call a "code wind" upon learning of the tornado warning and had failed to alert staff that the National Weather Service had issued a tornado warning for the community.</p> <p>—A review of the AOC revealed the following:</p> <p>On 03/09/12 an all staff in-service was initiated, including Nursing, Laundry, Dietary, Housekeeping, Therapy, and Administration. The in-service included the difference in a tornado watch and warning, and the procedures to follow for a watch and warning. In-servicing was completed by the ED, DON, Assistant Director of Nursing (ADON), Director of Clinical Education, and Department Head Managers. All staff completed a post test for validation of their understanding and knowledge. Any staff members on leave of absence will be educated before they are allowed to work.</p> <p>A tornado watch and warning drill was completed during the 3:00 PM-11:00 PM shift on 03/08/12, and during the 7:00 AM-3:00 PM and 11:00 PM-7:00 AM shifts on 03/09/12, to validate staff compliance and working knowledge of the</p>	F 490		

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F 490	<p>Continued From page 17</p> <p>tornado watch and warning procedures. Drills were monitored by the ED, DON, ADON, Director of Clinical Education, and the Maintenance Director.</p> <p>All resident families and/or responsible parties were notified on 03/07/12 and 03/08/12 of the policy and procedures the facility follows for a tornado watch and warning, by the Business Office Manager, Admissions Director, Social Services, Activities Director, and the Minimum Data Set (MDS) Coordinator.</p> <p>A resident council meeting was held on 03/08/12 to inform the residents of the tornado watch and warning policy and procedures and to answer their questions and/or concerns.</p> <p>Alert and oriented residents who did not attend the resident council, with a brief interview for mental status (BIM) score of 13-15, were informed of the facility's policy and procedures for tornado watches and warnings by the MDS Coordinator.</p> <p>The Medical Director was made aware of the 02/29/12 event and the Immediate Jeopardy on 03/08/12.</p> <p>On 03/07/12 the District Clinical Nurse (DCN) re-educated the ED, DON, ADON, and the Director of Clinical Education of the tornado watch and warning policy and procedure.</p> <p>On 03/07/12 the Education Director re-educated the Dietary, Housekeeping, and Rehabilitation Managers on the tornado watch and warning policy and procedures.</p>	F 490		

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F 490	Continued From page 18  A Quality Assurance meeting was held on 03/09/12 to review for compliance and completion of the above, attended by the ED, DON, ADON, and Director of Clinical Education, Department Head Managers, District Clinical Nurse, and the Director of Operations.  On 03/08/12 and 03/09/12 the staff was given a post test to assure a uniform understanding of the tornado watch and warning policy and procedure by the DON, ADON, Director of Clinical Education, and Department Head Managers.  The Corporate tornado warning and watch policy for the facility was not revised. However, on 03/07/12 an addendum was made to the facility's procedures that emphasized notification of the facility throughout in the event of a tornado watch and warning before notification of the ED or DON. Also, the code "wind" was reflected in procedure for staff notification of a tornado warning, so as not to alarm residents. A Quality Assurance meeting was held on 03/08/12 to review revisions of the procedure with the ED, DON, Medical Director, and Life Safety.  --The surveyor validated the corrective actions taken by the facility as follows:  Interview on 03/13/12 with facility staff and review of facility in-service dated 03/07/12 revealed staff had been in-serviced and taken a post test on tornado watch and warning and the procedures to follow for each.  Interview on 03/13/12 with facility staff and review of tornado drill documentation revealed tornado	F 490		

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F 490	<p>Continued From page 19</p> <p>drills were completed and monitored on 03/08/12 during the 3:00 PM-11:00 PM shift, and again on 03/09/12 during the 11:00 PM-7:00 AM shift and the 7:00 AM-3:00 PM shift.</p> <p>Interview on 03/13/12 with resident family members/responsible parties and facility staff revealed the family/responsible parties had been notified of the policy and procedures the facility followed in the event of a tornado watch or warning.</p> <p>Interview on 03/13/12 with the resident council president and the Activities Director revealed a resident council meeting was held on 03/08/12 and the procedures for a tornado watch and warning were discussed.</p> <p>Interview on 03/13/12 with alert and oriented residents and facility staff revealed the residents were informed of the facility's policy and procedures for a tornado watch and warning.</p> <p>Interview with the ED on 03/13/1,2 at 1:45 PM, revealed she had spoken with the Medical Director on 03/08/12 and informed him of the events related to the tomado warning.</p> <p>A review of the facility's in-service and interview on 03/13/12, at 7:44 PM, with the ED, at 7:41 PM with the DON, and at 2:55 PM with the Education Director revealed the District Clinical Nurse did re-educate them on the facility's tomado watch and warning policy and procedures.</p> <p>A review of the facility's in-service and interview on 03/13/12, at 6:41 PM, with the Rehabilitation Manager, at 2:44 PM with the Housekeeping</p>	F 490		

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F 490	<p>Continued From page 20</p> <p>Manager, and at 2:47 PM with the Dietary Manager revealed they had been re-educated on the facility's tornado watch and warning policy and procedures.</p> <p>Tornado drills were conducted on 03/08/12 and 03/09/12.</p> <p>A review of the 03/09/12 Quality Assurance (QA) meeting minutes and interviews conducted on 03/13/12, at 7:44 PM, with the ED, at 7:41 PM with the DON, at 2:55 PM with the Education Director, and at 7:36 PM with the District Clinical Nurse revealed a QA meeting was held and the Jeopardy tags were reviewed along with a review for completion and compliance with the AOC.</p> <p>A review of the 03/08/12 QA meeting minutes and interview on 03/13/12, at 7:44 PM, with the ED, and at 7:41 PM with the DON, revealed a QA meeting had taken place and the revisions of the procedures for tornado watch and warning were reviewed.</p> <p>A review of the facility's policy addendum from 03/07/12 revealed in the event of a tornado warning facility staff was to page a "code wind" overhead, begin evacuation of the residents to safety, and notify the ED and DON.</p>	F 490		
F 517 SS=K	<p>483.75(m)(1) WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS</p> <p>The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.</p>	F 517	Please See Attached	322-12

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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER-GREEN HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743	
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F 517	Continued From page 21  This REQUIREMENT is not met as evidenced by: Based on interview and review of facility policy it was determined the facility failed to have detailed written plans and procedures in place to meet all potential emergencies and disasters, such as severe weather. The facility failed to have an effective system in place to alert all staff and provide supervision of residents when a tornado warning was issued on 02/29/12. This failure resulted in all residents not being evacuated to safe areas of the building. The facility's failure caused, or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy and Substandard Quality of Care (SQC) were determined to exist on 02/29/12.  An Allegation of Compliance (AOC) was received on 03/11/12, which alleged removal of Immediate Jeopardy on 03/10/12. The State Agency determined the Immediate Jeopardy was removed on 03/10/12 as alleged, which lowered the scope and severity to "E" while the facility monitors the effectiveness of the systemic changes and quality assurance activities.  The findings include:  A review of the facility's policy entitled "Tornado," (undated) revealed in all cases of a tornado warning all employees should remain calm and follow the instructions of the Executive Director (ED), shift supervisor, or charge nurse, who would provide assignments to employees. The policy failed to provide detailed procedures for staff to follow in the event of a tornado warning.	F 517		

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F 517	Continued From page 22  An interview with Admissions staff member #1 revealed the National Weather Service's automated voice recording called the facility on 02/29/12 to issue a tornado warning for the community. Admissions staff member #1 stated she immediately notified the Executive Director (ED) as outlined in the facility's policy. Interview further revealed Admissions staff member #1 was informed after 02/29/12 that she should have called a "code wind" upon notification of a tornado warning to alert all staff of a tornado warning. Admissions staff member #1 stated she was not aware of how long "code wind" had been in effect.  An interview on 03/07/12, at 3:26 PM, with Licensed Practical Nurse (LPN) #5, the facility charge nurse, revealed she learned of the tornado warning on 02/29/12 from a staff person that had overheard the warning on a television or radio. According to the LPN, she instructed staff to begin evacuation of residents to safety and she also called staff on the other side of the building to alert them of the warning. LPN #5 stated when facility staff was made aware of a tornado warning they always called staff on the other side of the building to ensure all staff was aware. Per interview, LPN #5 thought she followed facility procedures when she alerted staff on the other side of the building of the tornado warning. However, after 02/29/12 she was instructed by the DON that when facility staff became aware a tornado warning had been issued they were to notify the ED or the Director of Nursing (DON), and then use the overhead paging system and call a "code wind."  Interview with the ED on 03/07/12, at 12:50 PM,	F 517		

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F 517	<p>Continued From page 23</p> <p>revealed on 02/29/12, between 11:45 AM and 1:15 PM, the staff person that received the call issuing a tornado warning had told "someone" from the North side that a tornado warning had been issued but did not call a "code wind" to alert all staff a warning had been issued. The ED stated facility staff did not follow facility policy/procedures and should have alerted staff by paging a "code wind" when they became aware a tornado warning had been issued. However, review of the tornado warning policy revealed no instructions or procedures related to a "code wind."</p> <p>Additional interviews conducted with facility staff on 03/07/12 and 03/08/12 revealed staff was not knowledgeable of the facility's policies and procedures and/or gave conflicting statements related to their responsibilities when a tornado warning had been issued.</p> <p>Interview on 03/07/12 at 1:58 PM, 2:07 PM, 2:51 PM, 1:25 PM, 3:43 PM, and 3:54 PM, with LPN #1, LPN #2, Housekeeper #2, Admissions staff member #1, State Registered Nurse Aide (SRNA) #3, and SRNA #6 revealed if staff became aware the facility was under a tornado warning, they were to notify the ED or DON. Interview with SRNA #5 on 03/07/12, at 2:16 PM, revealed SRNAs do not call a "code wind" when a tornado warning has been issued but were to inform the charge nurse. Interview on 03/07/12, at 2:25 PM, 2:34 PM, 3:08 PM, and 3:38 PM, with LPNs #3 and #4, and Dietary staff members #1 and #2, revealed staff was to page a "code wind" to alert staff a tornado warning had been issued.</p> <p>Interview on 03/08/12, at 1:57 PM and 12:57 PM,</p>	F 517			

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F 517	<p>Continued From page 24 with LPN #6 and SRNA #8 revealed if a tornado warning was issued a "code wind" was to be paged overhead. Interview with SRNA #9 on 03/08/12, at 1:18 PM, revealed she did not know whether to page a "code wind" or inform the ED or a nurse.</p> <p>--A review of the AOC revealed the following:</p> <p>The Medical Director was made aware of the 02/29/12 event and the Immediate Jeopardy on 03/08/12.</p> <p>The Corporate tornado warning and watch policy for the facility was not revised. However, on 03/07/12 an addendum was made to the facility's procedures that emphasized notification of the facility throughout in the event of a tornado watch and warning before notification of the ED or DON. Also, the code "wind" was reflected in procedure for staff notification of a tornado warning, so as not to alarm residents.</p> <p>A Quality Assurance meeting was held on 03/08/12 to review revisions of the procedure with the ED, DON, Medical Director, and Life Safety.</p> <p>On 03/07/12 the District Clinical Nurse (DCN) re-educated the ED, DON, ADON, and the Director of Clinical Education of the tornado watch and warning policy and procedures.</p> <p>--The surveyor validated the corrective actions taken by the facility as follows:</p> <p>A review of the facility's policy addendum from 03/07/12 revealed in the event of a tornado warning facility staff was to page a "code wind"</p>	F 517		

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F 517	Continued From page 25 overhead, begin evacuation of the residents to safety, and notify the ED and DON.  Interview with the ED on 03/13/12, at 1:45 PM, revealed she had spoken with the Medical Director on 03/08/12 and informed him of the events related to the tornado warning.  A review of the facility's in-service and interview on 03/13/12, at 7:44 PM, with the ED, at 7:41 PM with the DON, and at 2:55 PM with the Education Director revealed the District Clinical Nurse did re-educate them on the facility's tornado watch and warning policy and procedures.  A review of the 03/08/12 QA meeting minutes and interview on 03/13/12, at 7:44 PM, with the ED, and at 7:41 PM with the DON, revealed a QA meeting had taken place and the revisions of the procedures for tornado watch and warning were reviewed.	F 517			
F 518 SS=K	483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS  The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures.  This REQUIREMENT is not met as evidenced by: Based on interview, facility policy review, and review of facility in-services it was determined the facility failed to have an effective system in place to ensure employees were trained on emergency procedures. A tornado warning was issued on	F 518	Please See Attached	3/22/12	

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F 518	<p>Continued From page 26</p> <p>02/29/12; however, facility staff lacked knowledge of the proper procedures to follow and as a result all residents were not evacuated to safety. The facility's failure to have an effective system in place to ensure all staff was trained and knowledgeable of emergency procedures caused or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy and Substandard Quality of Care (SQC) were determined to exist on 02/29/12.</p> <p>An Allegation of Compliance was received on 03/11/12, which alleged removal of Immediate Jeopardy on 03/10/12. The State Agency determined the Immediate Jeopardy was removed on 03/10/12 as alleged, which lowered the scope and severity to "E" while the facility monitors the effectiveness of the systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>A review of the facility's policy entitled "Tomado," (undated) revealed in all cases of a tornado warning all employees should remain calm and follow the instructions of the Executive Director (ED), shift supervisor, or charge nurse, who would provide assignments to employees. However, the policy did not detail who would announce the warning and how all facility staff would be made aware that a warning was issued to provide safety for the residents.</p> <p>A review of training records revealed staff had received a computerized in-service training in June 2011. A review of the computerized in-service training revealed staff was provided</p>	F 518			

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F 518	<p>Continued From page 27</p> <p>information related to the definition of a tornado, the difference between a tornado watch and a tornado warning, and what to do in the event a tornado warning was issued. Continued review of the training revealed staff was trained to go to the basement or safe area of the facility, to cover the patients with thick padding, and to move residents/themselves away from glass. Documentation also revealed after staff had completed the training they were given a "quiz" to confirm their knowledge of the training. However, it could not be determined by a review of the computerized in-service training that staff had been provided direction on who would provide the facility with information related to a tornado warning, who was to be informed of the warning after it was received, and on what procedures to take to ensure safety of residents.</p> <p>A review of minutes from a monthly "huddle in-service" meeting conducted by the Education Director revealed on 08/01/11, prior to the start of each shift, staff was instructed that the yellow "code" tags were to be worn at all times when the staff was on duty. Continued review of the minutes of the meeting revealed the yellow tags listed codes to "call" in the event of an emergency. Meeting minutes revealed staff was also in-serviced on how to use the overhead paging system to announce a "code." However, there was no documentation provided that staff had been trained on who was to page the codes, when to page the codes, or on what procedures to follow when a code had been called.</p> <p>Interview with Admissions staff member #1 on 03/07/12, at 1:25 PM, revealed on 02/29/12 a tomado warning was issued for the community</p>	F 518		

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F 518	<p>Continued From page 28</p> <p>and Admissions staff member #1 notified the ED immediately upon receipt of the information. Interview on 03/07/12, at 3:15 PM, with Admissions staff member #1 revealed after she had informed the ED of the tornado warning, other facility staff was notified by "word of mouth." Interview with Admissions staff member #1 further revealed when the tornado warning ended on 02/29/12, she was informed that she should have announced a "code wind" over the loud speaker to alert all staff of the warning. A review of the June 2011 computerized in-service and the August 2011 "huddle in-service" revealed Admissions staff member #1 had attended the in-services. However, Admissions staff member #1 stated she had never been in-serviced related to "code wind."</p> <p>Interview on 03/07/12, at 3:25 PM, with Licensed Practical Nurse (LPN) #5 revealed she became aware a tornado warning had been issued for the community on 02/29/12 from a staff person that had overheard the warning on a television or radio and confirmed the information by calling the 911 non-emergency number. LPN #5 instructed staff on the North side of the building to start evacuating residents to safety while she called staff on the South side of the building to alert them of the warning. LPN #5 stated in the past when a tornado warning was issued the charge nurse would call from side to side of the building and alert all staff of the warning. Interview further revealed LPN #5 was informed on 02/29/12, after the tornado warning, that she should have paged a "code wind" over the loudspeaker after she had informed the ED/DON that a tornado warning had been issued. A review of the June 2011 in-service revealed LPN #5 had taken the test on</p>	F 518			

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F 518	<p>Continued From page 29</p> <p>the tornado material. However, a review of the August 2011 "huddle in-service" revealed LPN #5 had not been in-serviced on the "code" badges. An interview with LPN #5 on 03/08/12, at 1:45 PM, revealed there was a "code wind" on the yellow badge; she understood what it meant, but stated she had "never used it before."</p> <p>Additional interviews conducted with facility staff on 03/07/12 and 03/08/12 revealed staff was not knowledgeable of the facility's policies and procedures and/or gave conflicting statements related to their responsibilities when a tornado warning had been issued.</p> <p>Interview on 03/07/12, at 1:58 PM, with LPN #1, at 2:07 PM with LPN #2, at 2:51 PM with Housekeeper #2, at 1:25 PM with Admissions staff member #1, at 3:43 PM with State Registered Nurse Aide (SRNA) #3, and at 3:54 PM with SRNA #6 revealed if staff became aware the facility was under a tornado warning they were to notify the ED or DON. Interview with SRNA #5 on 03/07/12, at 2:16 PM, revealed SRNAs do not announce a tornado warning and were to inform the charge nurse.</p> <p>Interview on 03/07/12, at 2:25 PM, with LPN #3, at 2:34 PM with LPN #4, at 3:08 PM with Dietary staff member #1, and at 3:38 PM with Dietary staff member #2 revealed staff was to page a "code wind" to alert staff that a tornado warning had been issued.</p> <p>Interviews on 03/08/12, at 1:57 PM, with LPN #6 and at 12:57 PM with SRNA #8 revealed if a tornado warning was issued a "code wind" was to be paged overhead. Interview with SRNA #9 on</p>	F 518		

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F 518	<p>Continued From page 30</p> <p>03/08/12, at 1:18 PM, revealed she did not know if she was to page a "code wind," inform the ED, or inform a nurse that a tornado warning had been issued.</p> <p>Interview with the Education Director on 03/07/12, at 5:18 PM, revealed staff was in-serviced on emergency preparedness on an annual basis and at other times throughout the year if needed. The Education Director confirmed the facility provided staff education on "codes" and had provided all staff with yellow "code" badges in August 2011. Further interview revealed staff was instructed that the yellow "code" tags were to be worn at all times when the staff was on duty and was also in-serviced on how to use the overhead paging system to announce a "code." Interview further revealed staff had been instructed that they were to announce a "code wind" as soon as they became aware a tornado warning had been issued. The Education Director further stated SRNAs were instructed to inform the charge nurse if they became aware a warning had been issued and the charge nurse could send another staff member to alert the ED/DON that a warning had been issued. However, although the Education Director stated staff had received in-service training related to "code wind," the Education Director could not provide documentation that facility staff had been in-serviced on the details of a "code wind" such as who could announce the "code" and whether to announce the "code" first or notify the ED/DON first.</p> <p>Interview with the ED on 03/07/12, at 12:50 PM, revealed she became employed at the facility in August 2011 and had been in-serviced on the</p>	F 518		

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F 518	Continued From page 31 policy and procedures of the facility. The ED stated she became aware a tornado warning was issued when staff on the North side of the building was evacuating residents to safety. The ED stated by the time she went to her office and confirmed a tornado warning had been issued the warning had been removed. However, a joint interview on 03/07/12, at 3:15 PM, with Admissions staff member #1 and the ED revealed Admissions staff member #1 called the ED immediately upon notification that a warning was issued for the facility. Interview with the ED revealed she did not call a "code wind" nor did she inform staff of the warning in order for the staff to evacuate residents to safety. Interview further revealed "we did not follow procedure on Wednesday when the warning came," "code wind' should have been called overhead three times."  --A review of the AOC revealed the following:  On 03/09/12 an all staff in-service was initiated, including Nursing, Laundry, Dietary, Housekeeping, Therapy, and Administration. The in-service included the difference in a tornado watch and warning and the procedures to follow for a watch and warning. In-servicing was completed by the ED, DON, Assistant Director of Nursing (ADON), Director of Clinical Education, and Department Head Managers. All staff completed a post test for validation of their understanding and knowledge. Any staff members on leave of absence will be educated before they are allowed to work.  A tornado watch and warning drill was completed during the 3:00 PM-11:00 PM shift on 03/08/12.	F 518			

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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER-GREEN HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
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F 518	<p>Continued From page 32</p> <p>and again during the 7:00 AM-3:00 PM and 11:00 PM-7:00 AM shifts on 03/09/12, to validate staff compliance and working knowledge of the tornado watch and warning procedures. Drills were monitored by the ED, DON, ADON, Director of Clinical Education, and the Maintenance Director.</p> <p>The Medical Director was made aware of the 02/29/12 event and the Immediate Jeopardy on 03/08/12.</p> <p>On 03/07/12 the District Clinical Nurse (DCN) re-educated the ED, DON, ADON, and the Director of Clinical Education on the tornado watch and warning policy and procedures.</p> <p>On 03/07/12 the Education Director re-educated the Dietary, Housekeeping, and Rehabilitation Managers on the tornado watch and warning policy and procedures.</p> <p>A Quality Assurance meeting was held on 03/09/12 to review for compliance and completion of the above, attended by the ED, DON, ADON, Director of Clinical Education, Department Head Managers, District Clinical Nurse, and the Director of Operations.</p> <p>On 03/08/12 and 03/09/12 the staff was given a post test to assure a uniform understanding of the tornado watch and warning policy and procedure by the DON, ADON, Director of Clinical Education, and Department Head Managers.</p> <p>--The surveyor validated the corrective actions taken by the facility as follows:</p>	F 518		

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

PRINTED: 03/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/13/2012
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER-GREEN HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
(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 518	<p>Continued From page 33</p> <p>Interviews on 03/13/12 with facility staff and a review of facility in-service dated 03/07/12 revealed staff had been in-serviced and taken a post test on tornado watch and warning and the procedures to follow for each.</p> <p>Interviews on 03/13/12 with facility staff and review of drill documentation revealed tornado drills were completed and monitored on 03/08/12 during the 3:00 PM-11:00 PM shift, and again on 03/09/12 during the 11:00 PM-7:00 AM shift and the 7:00 AM-3:00 PM shift.</p> <p>Interview with the ED on 03/13/12, at 1:45 PM, revealed she had spoken with the Medical Director on 03/08/12 and informed him of the events related to the tornado warning.</p> <p>A review of the facility in-services and interview on 03/13/12, at 7:44 PM, with the ED, at 7:41 PM with the DON, and at 2:55 PM with the Education Director revealed the District Clinical Nurse did re-educate them on the facility's tornado watch and warning policy and procedures.</p> <p>A review of facility in-services and interview on 03/13/12, at 6:41 PM, with the Rehabilitation Manager, at 2:44 PM with the Housekeeping Manager, and at 2:47 PM with the Dietary Manager revealed they had been re-educated on the facility tornado watch and warning policy and procedure.</p> <p>A review of the 03/09/12 Quality Assurance (QA) meeting minutes and interview on 03/13/12, at 7:44 PM, with the ED, at 7:41 PM with the DON, at 2:55 PM with the Education Director, and at 7:36 PM, with the District Clinical Nurse revealed</p>	F 518			

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

PRINTED: 03/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/13/2012
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER-GREEN HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 213 INDUSTRIAL ROAD GREENSBURG, KY 42743		
(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 518	Continued From page 34 a QA meeting was held and the Jeopardy tags were reviewed along with review for completion and compliance with the AOC.  Tornado drills were conducted on 03/08/12 and 03/09/12.	F 518			

This Plan of Correction is the center's credible allegation of Compliance.

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.

F 323 E

**Corrective Actions for Targeted Residents:**

South Wing residents that were not evacuated during the tornado warning were included in the additional drills conducted by the facility.

**Identification of Other Residents with Potential to Be Affected:**

All residents have a potential to be affected by this alleged deficient practice.

**Systemic Changes:**

- 1) The Clinical Services Consultant (CSC) reviewed the Policy and Procedures for Tornado Watch/Warning with the Executive Director, Director of Nursing Services (DNS), Assistant Director of Nursing Services (ADNS), and Director of Clinical Education (DCE) on March 7, 2012., via phone.
- 2) The CSC Completed training with the ED on P/P for Tornado Watches and Warning on March 8, 2012. This included Competency/Post Test/Monitoring.
- 3) ED reviewed the P/P for tornado Watch/Warning with Department Managers on 3/7/12, to include but not limited to, Director of Dietary, Therapy Manager, Director of Housekeeping, Director of Admission, Social Worker, Activities Director and MDS Assessment Coordinators
- 4) All Staff was inserviced on policy and procedures relating to Tornado Watch/Warning. This inservice was conducted by the ED, DNS, ADNS, Director of Clinical Education (DCE) and Department Managers. The in service was initiated on March 7, 2012 and completed on March 9, 2012. Staff members currently on a Leave of Absence (LOA) will not be able to return to work without completing this inservice
- 5) Alert and oriented residents with a BIMS of 13-15 were instructed on the differences between a tornado watch/warning evacuation procedures (taken into the hallways) and what to expect when they hear "Code Wind" on

the overhead. This was initiated and completed by the MDS Assessment Coordinators on March 7, 2012 and completed on March 8, 2012.

6) Responsible parties for each resident, unless the resident is their own self responsible person, were reminded of the differences between tornado watch/warning and educated on the evacuation (moving into the hallways) procedures for the facility. This was initiated on March 7, 2012 and completed on March 8, 2012, via phone.

7) A resident council meeting was held on March 8, 2012 to inform the residents on the tornado watch and warning policy and procedures and to answer their questions and or concerns. This was completed by the Social Worker.

8) The Medical Director was made aware of the February 29, 2012 event and the immediate jeopardy. This was completed by the ED, on March 8, 2012 and again on March 12, 2012..

9) A tornado watch and warning drill was completed on the 3-11 shift March 8th, and on 7-3 and 11-7 shift March 9, 2012, to ensure compliance. These drills were monitored by the ED/DNS/ADNS/DCE and the Maintenance Director. No concerns noted.

10) The facility receives emergency information from our emergency radio or by 911 calls. Any staff member can receive the 911 call or receive the information from the emergency radio. Once the facility staff has been made aware that a tornado warning has been issued for the facility community, this staff member will then page overhead three times, "Code "Wind." Once the "Code Wind" has been announced overhead the facility will then move residents to safety according to the facility policy. The ED/DNS will be made aware of the tornado warning by the paging overhead "Code Wind" or notified via phone if not in facility at the time "Code Wind" has been announced when possible. Charge nurse will call or direct any staff member to call the ED/DNS, after the residents are safe. The same procedures will be followed as above based on the "Code" on the badges and the staff will follow the procedures according to the Disaster Manual for the particular "Code" announced. The facility has emergency codes for the following: fire, medical emergency, tornado warning, bomb threat, elopement, armed person, dangerous/suspicious person, bioterrorism threat, radiation/haz mat, employee needs help, outside facility response, community disaster, RACE and PASS.

**Monitoring:**

- 1) On March 8, 2012 and March 9, 2012 the staff was given the post test to assure a uniform understanding of the Tornado Watch and Warning policy and procedure by the DON/ADON/DCE and Department Managers. All staff completed the post test satisfactory.
- 2) On March 8, 2012 a tornado drill was conducted by the ED/DNS/ and Director of Maintenance, with OIG surveyor observing on 7-3 Shift. No concerns were noted.
- 3) On March 9, 2012 a tomado drill was conducted by the ED/DNS and Director of Maintenance with the Director of Operations observing for compliance on 7-3 shift. No concerns were noted.
- 4) On March 9, 2012 a tomado simulated drill was conducted on 11-7 shift, with the ED and Director of Maintenance observing. No concerns were noted. Tornado drills will be conducted yearly on all shifts. Any concerns will be provided to the Quality Assurance Committee for follow up. Tornado drills will be conducted yearly on all shift. Any concerns will be provided to the Quality Assurance Committee for follow-up.
- 5) On March 8, 2012 Monitoring of the understanding of the facility's disaster protocol for tornados watch/warning to be completed by department managers/ supervisors/ with 5 nursing staff every shift, 2 dietary staff per shift, 4 housekeeping/laundry staff per shift by use of a questionnaire. The monitoring was initiated on March 9, 2012 and completed on March 15, 2012. No concerns were noted.
- 6) On March 9, 2012 thru March 15, 2012 additional staff were added to the monitoring of the understanding of staff on the facility's disaster protocol beginning March 9, 2012, 5 nursing staff, 2 dietary staff, 2 Hsk/laundry and 2 ancillary staff per shift. This was completed by the ED, DNS, ADNS, DCE, and Department Managers. Additional training will be provided by the DCE, (Director of Clinical Education), to staff members not completing the monitoring questionnaire satisfactory.
- 7) On March 16, 2012 thru March 22, 2012 Monitoring has been conducted daily on the staff members as mentioned in #5. Additional training will be provided by the DCE (Director of Clinical Educations) to staff members not completing the monitoring questionnaire satisfactory.
- 8) ED/Nurse Administration will monitor compliance on the accuracy and completion of daily tasks/monitoring

utilizing the monitoring tool as mentioned above.

9) On 3/12/12 the ED/DNS/Dept. Managers conducted audits on the following policies/procedures for compliance: Smoking, Safety of equipment/devices, and Restraints. This was initiated and completed on March 12, 2012. No concerns were noted from these audits.

10) On 3/12/12 an audit was conducted by the DCE/DNS on nursing competencies as it relates to the Disaster Preparedness Training/Education and completed on 3/13/12. No concerns were noted.

11) Policy/Procedures to include the Post Test/Monitoring Questions/Competencies Disaster Manual Badge Codes will be a part of the new hire orientation process.

12) Additional Training/Education was conducted on 3/14/12 by the DNS/DCE/ADNS on the Disaster Manual and the employee badges (codes) and completed on 3-21-2012. This training was provided to all staff including but not limited to: administration, nursing, office, dietary, housekeeping/laundry, and therapy.

13) ED will lead daily QA&A meeting to monitor compliance until March 30, 2012, and then monthly for 6 months and quarterly there after. Opportunities and any noted concerns from drills, monitoring questions or post text will be reviewed during the QA&A meeting and further action plans will be developed as needed. Further actions can include but will not be limited to additional training, additional drills or monitoring. QA&A members are, but are not limited to: Executive Director, Director of Nursing, Medical Director, Director of Maintenance, Director of Housekeeping/Laundry, Dietary Manager, Social Services, Director of Activities, Director of Admission, Assistant Director of Nursing, Director of Clinical Education, Charge Nurses, Dietician, Pharmacist and Therapy Manager.

**Correction Date:**

March 22, 2012

**This Plan of Correction is the center's credible allegation of Compliance.**

**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.**

**F 490 E**

**Corrective Actions for Targeted Residents:**

South Wing residents that were not evacuated during the tornado warning were included in the additional drills conducted by the facility.

**Identification of Other Residents with Potential to Be Affected:**

All residents have a potential to be affected by this alleged deficient practice.

**Systemic Changes:**

- 1) The Clinical Services Consultant (CSC) reviewed the Policy and Procedures for Tornado Watch/Warning with the Executive Director, Director of Nursing Services (DNS), Assistant Director of Nursing Services (ADNS), and Director of Clinical Education (DCE) on March 7, 2012, via phone.
- 2) The CSC Completed training with the ED on P/P for Tornado Watches and Warning on March 8, 2012. This included Competency/Post Test/Monitoring.
- 3) ED reviewed the P/P for tornado Watch/Warning with Department Managers on 3/7/12, to include but not limited to, Director of Dietary, Therapy Manager, Director of Housekeeping, Director of Admission, Social Worker, Activities Director and MDS Coordinators Assessment Coordinators
- 4) Staff was in serviced on policy and procedures relating to Tornado Watch/Warning. This in service was conducted by the ED, DNS, ADNS, Director of Clinical Education (DCE) and Department Managers. The in service was initiated on March 7, 2012 and completed on March 9, 2012. Staff members currently on a Leave of Absence (LOA) will not be able to return to work without completing this in service
- 5) Alert and oriented residents with a BiMS of 13-15 were instructed on the differences between a tornado watch/warning evacuation procedures (taken into the hallways) and what to expect when they hear "Code Wind" on

the overhead. This was initiated and completed by the MDS Assessment Coordinators on March 7, 2012 and completed on March 8, 2012.

6) Responsible parties for each resident, unless the resident is their own self responsible person, were reminded of the differences between tornado watch/warning using the facility's Tornado Watch/Warning Guideline tool and educated on the evacuation (moving into the hallways) procedures for the facility. Notification to Responsible Parties were initiated on March 7, 2012 and completed on March 8, 2012. This was completed via phone.

7) A resident council meeting was held on March 8, 2012 to inform the residents on the tornado watch and warning policy and procedures and to answer their questions and or concerns. This was completed by the Social Worker.

8) The Medical Director was made aware of the February 29, 2012 event and the immediate jeopardy. This was completed by the ED, on March 8, 2012 and again on March 12, 2012.

9) A tornado watch and warning drill was completed on the 3-11 shift March 8th, and on 7-3 and 11-7 shift March 9, 2012, to ensure compliance. These drills were monitored by the ED/DNS/ADNS/DCE and the Maintenance Director.

**Monitoring:**

1) On March 8, 2012 and March 9, 2012 the staff was given the post test to assure a uniform understanding of the Tornado Watch and Warning policy and procedure by the DON/ADON/DCE and Department Managers. All staff completed the post test satisfactory.

2) On March 8, 2012 a tornado drill was conducted by the ED/DNS/ and Director of Maintenance, with OIG surveyor observing on 7-3 Shift. No concerns were noted.

3) On March 8, 2012 a tornado drill was conducted by the ED/DNS and Director of Maintenance on the 3-11 shift. No concerns were noted.

4) On March 9, 2012 a tornado simulated drill was conducted on 11-7 shift by the ED/Director of Maintenance. No concerns were noted.

5) On March 9, 2012 a tornado drill was conducted by the ED/DNS and Director of Maintenance with the Director of Operations observing for compliance on 7-3 shift. No concerns were noted.

6) On March 8, 2012 Monitoring of the understanding of the facility's disaster protocol for tornados watch/warning to be completed by department managers/

supervisors/ with 5 nursing staff every shift, 2 dietary staff per shift, 4 housekeeping/laundry staff per shift by use of a questionnaire. The monitoring was initiated on March 9, 2012 and completed on March 15, 2012. No concerns were noted.

7) On March 9, 2012 thru March 15, 2012 additional staff were added to the monitoring of the understanding of staff on the facility's disaster protocol beginning March 9, 2012, 5 nursing staff, 2 dietary staff, 2 Hsk/laundry and 2 ancillary staff per shift. This was completed by the ED, DNS, ADNS, DCE, and Department Managers. No concerns were noted.

8) On March 16, 2012 thru March 22, 2012 Monitoring has been conducted daily on the staff members as mentioned in #5. No concerns were noted.

9) On 3/12/12 an audit was conducted by the DCE/DNS on nursing competencies as it relates to the Disaster Preparedness Training/Education and completed on 3/13/12. No concerns were noted.

10) Policy/Procedures to include the Post Test/Monitoring Questions/Competencies Disaster Manual Badge Codes will be a part of the new hire orientation process.

11) ED will lead daily QA&A meeting to monitor compliance of Survey until March 30, 2012, and then monthly for 6 months and quarterly there after. Opportunities and any noted concerns from drills, monitoring questions or post text will be reviewed during the QA&A meeting and further action plans will be developed as needed. Further actions can include but will not be limited to additional training, additional drills or monitoring. QA&A members are, but are not limited to: Executive Director, Director of Nursing, Medical Director, Director of Maintenance, Director of Housekeeping/Laundry, Dietary Manager, Social Services, Director of Activities, Director of Admission, Assistant Director of Nursing, Director of clinical Education, Charge Nurses, Dietician, Pharmacist and Therapy manager.

**Correction Date:**

March 22, 2012

This Plan of Correction is the center's credible allegation of Compliance.

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.

F 517 E

**Corrective Actions for Targeted Residents:**

South Wing residents that were not evacuated during the tornado warning were included in the additional drills conducted by the facility.

**Identification of Other Residents with Potential to Be Affected:**

All residents have a potential to be affected by this alleged deficient practice.

**Systemic Changes:**

1) The Clinical Services Consultant (CSC) reviewed the Policy and Procedures for Tornado Watch/Warning with the Executive Director, Director of Nursing Services (DNS), Assistant Director of Nursing Services (ADNS), and Director of Clinical Education (DCE) on March 7, 2012., via phone.

2) The CSC Completed training with the ED on P/P for Tornado Watches and Warning on March 8, 2012. This included Competency/Post Test/Monitoring.

3) ED reviewed the P/P for tornado Watch/Warning with Department Managers on 3/7/12, to include but not limited to, Director of Dietary, Therapy Manager, Director of Housekeeping, Director of Admission, Social Worker, Activities Director and MDS Coordinators Assessment Coordinators

4) All Staff was in serviced on policy and procedures relating to Tornado Watch/Warning. This in service was conducted by the ED, DNS, ADNS, Director of Clinical Education (DCE) and Department Managers. The in service was initiated on March 7, 2012 and completed on March 9, 2012. Staff members currently on a Leave of Absence (LOA) will not be able to return to work without completing this in service

5) Alert and oriented residents with a BIMS of 13-15 were instructed on the differences between a tornado watch/warning evacuation procedures (taken into the hallways) and what to expect when they hear "Code Wind" on the overhead. This was initiated and completed by the MDS Assessment

Coordinators on March 7, 2012 and completed on March 8, 2012.

6) A resident council meeting was held on March 8, 2012 to inform the residents on the tornado watch and warning policy and procedures. This was completed by the Social Worker.

7) The Medical Director was made aware of the February 29, 2012 event and the immediate jeopardy. This was completed by the ED, on March 8, 2012 and again on March 12, 2012.

8) A tornado watch and warning drill was completed on the 3-11 shift March 8th, and on 7-3 and 11-7 shift March 9, 2012, to ensure compliance. These drills were monitored by the ED/DNS/ADNS/DCE and the Maintenance Director.

#### Monitoring:

1) On March 8, 2012 and March 9, 2012 the staff was given the post test to assure a uniform understanding of the Tornado Watch and Warning policy and procedure by the DON/ADON/DCE and Department Managers. All staff completed the post test satisfactory.

2) On March 8 and 9th, 2012 tornado drills were conducted by the ED/DNS/and Director of Maintenance, with OIG surveyor observing on 7-3 Shift. No concerns were noted.

3) A monitoring of the understanding of the facility's disaster protocol for tornados watch/warning will be completed by department managers/supervisors staff members with 5 nursing staff every shift, 2 dietary staff per shift, 4 housekeeping/laundry per shift by use of a questionnaire for. The monitoring was initiated on March 9, 2012 and was completed March 15, 2012. No concerns were noted.

4) On 3/12/12 an audit was conducted by the DCE/DNS on nursing competencies as it relates to the Disaster Preparedness Training/Education and completed on 3/13/12. No concerns were noted.

5) Tornado Policy/Procedures to include the Post Test/Monitoring Questions/Competencies/Disaster Manual will be part of the new orientation process and will be covered annually as a review with staff. The facility will initiate disaster drills on various shifts quarterly for 3 quarters. The results of these drills will be reviewed at the quarterly QAA meeting.

6) ED will lead daily QA&A meeting to monitor compliance until March 30, 2012, and then monthly for 6 months and quarterly there after. Opportunities and any noted concerns from drills, monitoring questions or post text will be further discussed at the QA&A meeting and

further action plans will be developed as needed. Further actions can include but will not be limited to additional training, additional drills or monitoring. If no concerns are noted the QA&A Committee will determine the facility is in compliance. The P and P for disasters will be reviewed by the IDT annually. The QA&A members but are not limited to: Executive Director, Director of Nursing, Medical Director, Director of Maintenance, Director of Housekeeping/Laundry, Dietary Manager, Social Services, Director of Activities, Director of Admission, Assistant Director of Nursing, Director of Clinical Education, Charge Nurses, Dietician, Pharmacist and Therapy Manager.

Correction Date:

March 22, 2012

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#### **F 518 E**

#### **Corrective Actions for Targeted Residents:**

South Wing residents that were not evacuated during the tornado warning were included in the additional drills conducted by the facility.

#### **Identification of Other Residents with Potential to Be Affected:**

All residents have a potential to be affected by this alleged deficient practice.

#### **Systemic Changes:**

1) The Clinical Services Consultant (CSC) reviewed the Policy and Procedures for Tornado Watch/Warning with the Executive Director, Director of Nursing Services (DNS), Assistant Director of Nursing Services (ADNS), and Director of Clinical Education (DCE). This included Competency/Post Test/Monitoring.

2) ED reviewed the P/P for tornado Watch/Warning with Department Managers on 3/7/12, to include but not limited to, Director of Dietary, Therapy Manager, Director of Housekeeping, Director of Admission, Social Worker, Activities Director and MDS Coordinators Assessment Coordinators

3) Staff was in serviced on policy and procedures relating to Tornado Watch/Warning. This in service was conducted by the ED, DNS, ADNS, Director of Clinical Education (DCE) and Department Managers. The in service was initiated on March 7, 2012 and completed on March 9, 2012. Staff members currently on a Leave of Absence (LOA) will not be able to return to work without completing this in service

4) A resident council meeting was held on March 8, 2012 to inform the residents on the tornado watch and warning policy and procedures. This was completed by the Social Worker.

5) The Medical Director will review with the ED and accept the policy and procedure for tornado watch/warning

6) A tornado watch and warning drill was completed on the 3-11 shift March 8th, and on 7-3 and 11-7 shift March 9, 2012, to ensure compliance.

**Monitoring:**

- 1) On March 8, 2012 and March 9, 2012 the staff was given the post test to assure a uniform understanding of the Tornado Watch and Warning policy and procedure by the DON/ADON/DCE and Department Managers. All staff completed the post test satisfactory.
- 2) On March 8 and 9th, 2012 tornado drills were conducted by the ED/DNS/and Director of Maintenance, with OIG surveyor observing on 7-3 Shift. No concerns were noted.
- 3) Monitoring of the understanding of the facility's disaster protocol was completed by department managers/supervisors staff members with 5 nursing staff every shift, 2 dietary staff per shift, 4 housekeeping/laundry staff per shift by use of a questionnaire. The monitoring was initiated on March 9, 2012 and completed on March 15, 2012. No concerns were noted.
- 4) On 3/12/12 an audit was conducted by the DCE/DNS on nursing competencies as it relates to the Disaster Preparedness Training/Education and completed on 3/13/12. No concerns were noted.
- 5) Tornado Policy/Procedures to include the Post Test/Monitoring Questions/Competencies/Disaster Manual will be part of the new orientation process and will be covered annually as a review with staff. The facility will initiate disaster drill on various shifts quarterly for 3 quarters. The results of these drills will be reviewed at the quarterly QAA meeting.
- 6) ED will lead daily QA&A meeting to monitor compliance of Survey until March 30, 2012, and then monthly for 6 months and quarterly thereafter. Opportunities and any noted concerns from drills, monitoring questions or post test will be further discussed at the QA&A meeting and further action plans will be developed as needed. Further actions can include but will not be limited to additional training, additional drills or monitoring. If no concerns noted the QA&A Committee will determine the facility is in compliance. The P and P for disasters will be reviewed by the IDT annually. QA&A members but are not limited to: Executive Director, Director of Nursing, Medical Director, Director of Maintenance, Director of Housekeeping/Laundry, Dietary Manager, Social Services, Director of Activities, Director of Admissions, Assistant of Clinical Education, Charge Nurses, Dietician, Pharmacist and Therapy Manager.

**Correction Date:**

March 22, 2012