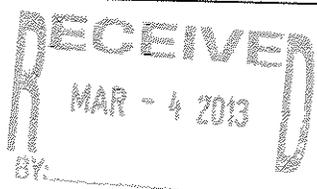


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS An abbreviated survey investigating KY#00019614 and KY#00019634 was conducted 01/15/13 through 01/18/13. KY#00019614 was substantiated with related deficiencies cited. KY#000634 was unsubstantiated with a related deficiency cited.	F 000		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure it was determined the facility failed to implement their abuse policy procedures and report two (2) allegations of abuse for two (2) of three (3) sampled residents (Resident #1 and Resident #3). The facility failed to report two (2) allegations of abuse to the proper state agencies. On 01/01/13, Resident #1 was reported by staff to have left arm pain. The resident had an x-ray on 01/02/13 which revealed a Supracondylar Humeral Fracture of his/her left arm. The facility's investigation concluded the cause of the injury could be not be determined, it was an injury of unknown origin, but failed to follow their procedure and report the injury of unknown origin to the proper state agencies. On 01/08/13, Resident #3 attended a Resident Council meeting	F 226	Immediate Corrective Action For Residents Found To Be Affected ♦ Family and MD were notified at time of incident for Resident #1. Resident #1 also had already received care and treatment prior to investigation. No further interventions were required for resident #1. Resident #3 had immediate interventions to assure resident did not feel threatened. Resident #3 call light was assured to be in place and staff immediately (January 08, 2013) inserviced by the Administrator, DON (Director of Nursing), SSD (Social Services Director), ADON (Assistant Director of Nursing), RNM (Restorative Nurse Manager), NNM (Night Nurse Manager) or MDSN (Minimum Data Set Nurse) as requirement to have call light in place at all times.	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* DATE: *03/01/13*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226 Continued From page 1
 and alleged a staff member purposely moved his/her roommate's call light out of reach and threatened to move his/her call light. When interviewed by facility staff, later on 01/08/13, Resident #3 denied the allegations reported but only wanted the facility to know staff sometimes forgot to move the call light back in place after care. The facility failed to notify the proper state agencies of the allegation of abuse per their policy and state regulations.

The findings include:

Review of the facility's policy titled: "Abuse, Neglect, and Misappropriation, effective date 01-2012, revealed it was the intent of the facility to immediately report and thoroughly investigate all allegations of mistreatment, neglect, and abuse. Further review of the policy's Reporting Procedures section revealed the Administrator/designated person will make an immediate report to the local Department of Social Services and Licensing and Regulation as required regarding an allegation of abuse or any injury of unknown origin.

1. Review of Resident #3's Medical Record revealed the resident was admitted to the facility on 07/23/12 with diagnoses which included Unsteady Gait, Debility, Depression, Peripheral Neuropathy, and Coronary Artery Disease. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 10/23/12, revealed the resident's Brief Interview For Mental Status Assessment identified the resident was cognitively intact.

Review of Resident #2's Medical Record revealed

F 226 **Identification of Other Residents With The Potential to be Affected**

- ◆ An audit for proper call light placement for 100% of the resident population was completed on January 08, 2013 by the Administrator, DON, SSD, ADON, RNM, NNM or MDSN with no additional residents identified.
- ◆ All alert and oriented residents were interviewed January 16 thru January 18, 2013 by the Administrator, DON, SSD, ADON, RNM, NNM or MDSN to assure that no other residents had any allegation of abuse. None were identified. However, it is assumed that all other residents have the potential to be affected.

Measures Taken To Assure There Will Not Be a Recurrence

- ◆ All staff was educated by the DON, ADON, RNM, NNM or MDSN on January 16, 2013 regarding the facility policy on abuse and neglect.

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F 226 Continued From page 2

the resident was admitted to the facility on 09/16/08 with diagnoses which included Psychosis, Dementia, Schizophrenia, and Depression. Review of the Quarterly MDS Assessment, dated 12/10/12, revealed the resident was cognitively impaired.

Review of the facility's Resident Council Meeting notes, dated 01/08/13, revealed Resident #3 reported on 01/08/13, an aide answered his/her roommate's (Resident #2) call button three (3) times, after breakfast, and when they came in the third time, the aide placed the roommate's call light out of reach. Resident #3's roommate asked him/her to use their call light and then was told by the aide if he/she called for their roommate the aide would take the call button away.

Interview, on 01/14/13 at 4:15 PM, with the Ombudsman revealed she attended the Resident Council Meeting on 01/08/13 and Resident #3 reported an aide had come into their room and moved his/her roommate's (Resident #2) call light out of reach. The Ombudsman also revealed Resident #3 stated the aide had threatened to move his/her call light out of reach if he/she used it to call for their roommate. Continued interview with the Ombudsman revealed she went, with the Activity Director, to the Administrator and reported what Resident #3 had revealed.

Interview, on 01/15/13 at 3:35 PM, with the Activities Director (AD) revealed she had attended the Resident Council Meeting on 01/08/13 and Resident #3 reported that morning his/her roommate used the call light three (3) times after breakfast and after the third time the aide moved the call light out of reach but did not

F 226 ♦ Call light audits for 10% of the resident population will be conducted by the SSD, Administrator, DON, ADON, RNM, NNM, MDSN or Nursing Shift Supervisor weekly x4 weeks, biweekly x2 weeks, monthly x1 month then quarterly beginning January 08, 2013 with report to QA Committee monthly.

♦ Abuse/Neglect audit (Residents/responsible parties attending care plan conferences shall be asked if they have encountered any concerns with potential abuse or neglect since their last care plan conference) shall be performed during care plan conferences by the Interdisciplinary Team (IDT) which consists of a blend of the MDSN, SSD, QoLD (Quality of Life Director), DSM (Dietary Services Manager), ADON, Chaplain, RSM (Rehabilitation Services Manager), RNM weekly beginning February 15, 2013 with report (any concerns identified by Residents/responsible parties relative to abuse/neglect) to the QA committee monthly.

Mar. 4. 2013 10:24AM

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

No. 2135 PFP, 6D: 02/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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F 226 Continued From page 3

Indicate whether the aide had done it intentionally. The AD further revealed Resident #3 reported when he/she rang the call light for their roommate the aide came in and told the resident she would take the call light if they continued to call. The AD stated Resident #3 refused to identify the aide because he/she did not want to get anyone in trouble. The AD stated the alleged event would be considered abuse because the aide had threatened to take the call light away and the resident needed it to communicate with staff.

Continued interview with the AD, revealed she and the Ombudsmen went to the Administrator and reported what Resident #3 had stated at the meeting. The AD further revealed she was informed, by the Administrator, Resident #3 had changed his/her story from what was told at the Resident Council Meeting when the resident was interviewed the same day.

Interview, on 01/16/13 at 9:50 AM, with State Registered Nurse Aide (SRNA) #7 revealed call bells were to be place in reach of the resident. Continued interview with SRNA #7 revealed if a resident reported a staff person had threatened to take a call bell from the resident she would report it to the nurse because it would be considered a form of abuse.

Interview, on 01/16/13 at 1:40 PM, with Licensed Practical Nurse (LPN) #3 revealed call bells were supposed to be within reach of the residents. The LPN stated they made rounds to ensure call lights were in reach of the residents. Continued interview with LPN #3 revealed it would be considered abuse if a staff person threatened to move a resident's call light out of reach and

F 226 **Monitoring Changes To Assure Continuing Compliance**

- ◆ Reports of the weekly call light audits as well as weekly abuse/neglect audits will be presented to the Quality Assurance Committee (consisting of a blend of the Medical Director, Administrator, DON, ADON, MDSN, RNM, HRD (Human Resources Director), DSM, RSM, BOM (Business Office Manager), AD (Admissions Director), SSD, QoLD, POD (Plant Operations Director), ESD (Environmental Services Director), PSC (Pharmacy Services Consultant), LSM (Lab Services Manager), MRD (Medical Records Director), SDC (Staff Development Coordinator) and Chaplain) for review monthly and follow up until at such time consistent substantial compliance has been achieved as determined by the committee.

Date of Completion: 02-28-13

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F 226	Continued From page 4 should be reported. Interview, on 01/18/13 at 9:15 AM, with the Director of Nursing (DON) revealed if their was any alleged abuse it was to be reported up the chain of command and if it met the criteria of abuse would be reported to the appropriate outside agencies. The DON stated call lights were a line of communication for residents and there was an allegation an employee had threatened to move a resident's call light and had moved their roommate's call light. Further interview with the DON revealed the alleged abuse incident was unsubstantiated, but per the facility's abuse policy the allegation of the abuse should have been reported to the state agency. Interview, on 01/18/13 at 10:00 AM, with the Administrator revealed the Ombudsman and the Activities Director had reported an alleged abuse event. The Administrator stated they were unable to substantiate any abuse and had assumed since the resident denied any abuse shortly after the allegation was made at the council meeting, the abuse had not occurred and was not reportable. 2. Review of Resident #1's Medical Record revealed the resident was admitted by the facility on 06/15/10 and had Diagnoses which included Dementia and Depression. Review of the Quarterly MDS Assessment, dated 10/27/12, revealed the resident was cognitively impaired and had impaired memory. Continued review of the resident's medical record revealed on 01/02/13 the resident had an x-ray and was transferred to a local hospital with an admission diagnosis of a left arm supracondylar	F 226			

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F 226	<p>Continued From page 5</p> <p>humeral fracture. The medical record had no documentation of how the resident's left arm was fractured.</p> <p>Interview, on 01/15/13 at 12:40 PM, with SRNA #4 revealed the aide worked with Resident #1 and was unaware of what caused the injury to the resident's left arm and had not heard of any falls or accidents. Continued interview with the SRNA revealed injuries of unknown origin were supposed to be reported to the nurse and the facility would investigate.</p> <p>Interview, on 01/16/13 at 10:30 PM, with Registered Nurse (RN) #1 revealed she was working the night Resident #1 had complained of pain and an x-ray was ordered and no one reported any type of any accident related to the injury. Continued interview with the RN revealed staff was supposed to report any accident type of event.</p> <p>Interview, on 01/18/13 at 9:15 AM, with the DON revealed she was notified, on 01/02/13, that Resident #1 had redness, swelling, and complaints of pain to his/her left arm. The DON stated they got an x-ray and the resident had a fractured left arm. The DON further stated they performed an investigation and talked to thirty (30) some staff who had worked on the day, evening and night shift from the day before and staff denied knowledge of any type of accident. Continued interview with the DON revealed through the investigation, they were unable to identify the cause of the fracture so it would be considered an injury of unknown origin and should have been reported to the Office of Inspector General and Adult Protective Services.</p>	F 226		
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F 226 Continued From page 6

Interview, on 01/18/13 at 10:00 AM, with the Administrator revealed he was on vacation when the DON reported to him the injury to Resident #1 on the morning of 01/02/13. The Administrator stated when the DON called later and reported the investigative findings, he understood her to indicate they had identified the cause of the injury. Continued interview with the Administrator revealed injuries of unknown origin were supposed to be reported but because he thought they had identified the cause of the injury, he did not report this to the appropriate state agencies.

F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced by:
 Based on interview, record review, and policy review it was determined the facility failed to ensure resident care was provided in accordance with each resident's written plan of care for one (1) of three (3) sampled residents (Resident #1). Resident #1 was care planed for being at risk for pain and had an intervention to monitor and report to the nurse any signs of pain. On 01/01/13, Resident #1 was noted to have been in pain (left arm) and staff failed to monitor and report the pain. The day shift nurse (Licensed Practical Nurse (LPN) #2) performed a partial

F 226

F 282 F 282

Immediate Corrective Action For Residents Found To Be Affected

- ◆ Family and MD were notified at time of incident for Resident #1. Resident #1 also had already received care and treatment for pain prior to investigation. No further interventions were required for resident #1.

Identification of Other Residents With The Potential to be Affected

- ◆ Skin assessments as well as head to toe assessments performed by licensed nursing staff were reviewed on January 21, 2013 by DON, ADON,

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F 282	<p>Continued From page 7</p> <p>pain assessment, but failed to communicate the reported pain for further follow-up and monitoring. Aides who worked the second shift also failed to report the resident's complaint of pain to the nurse.</p> <p>In addition, Resident #1 had been care planned to be safely transferred using a mechanical lift with the assistance of two (2) staff. Interview with the facility's State Registered Nursing Assistants (SRNA) revealed not all staff who cared for Resident #1 followed the plan of care when transferring the resident. Interview with SRNAs #5 and #10, who both cared for the resident, revealed they transferred the resident with assistance of another aide, but did not always use the mechanical lift for the transfer. On 01/02/13 Resident #1 was diagnosed with a Supracondylar Humeral Fracture of the left arm and the facility's investigation determined it was an injury of unknown origin.</p> <p>The findings include:</p> <p>Review of the facility's policy: "Care Plan", effective date 12/2010, revealed the resident's care plan provided guidance to all staff caring for the resident and communicated changes in care to all direct care staff.</p> <p>Interview, on 01/17/13 at 6:40 PM and on 01/18/13 at 9:15 PM, with the Director of Nursing (DON) revealed care plans were individualized to that resident and it was important to follow the plan of care to meet the needs of the resident.</p> <p>Review of Resident #1's Medical Record revealed the resident was admitted by the facility on 06/15/10 with diagnoses which included</p>	F 282	<p>RNM, NNM or MDSN to ascertain if any additional fractures or skin issues of concern existed, with no additional residents identified.</p> <ul style="list-style-type: none"> All alert and oriented residents were interviewed January 16 thru January 18, 2013 by the Administrator, DON, SSD, ADON, RNM, NNM or MDSN to assure that no other residents had any allegation of abuse. None were identified. However, it is assumed that all other residents have the potential to be affected. <p>Measures Taken To Assure There Will Not Be a Recurrence</p> <ul style="list-style-type: none"> All staff was educated by the SSD, DON, ADON, RNM, NNM or MDSN on January 16 through January 18, 2013 regarding the facility policy on abuse and neglect, <i>following care plans as well as utilization of lifts and appropriate transfers per care plan.</i> Care plans are reviewed in clinical meeting daily M-F beginning February 28, 2013 for those residents triggering for clinical monitoring by 	
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Mar. 4, 2013, 10:25AM

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

No. 2135 PRF. 11: 02/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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F 282 Continued From page 8

Degenerative Joint Disease, History of Right Femur Fracture, Dementia and Depression. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 10/27/12, revealed the resident was assessed as being cognitively impaired and had impaired memory. Under the Functional Status section of the MDS Resident #1 was assessed to need extensive assistance of two persons for transfers.

Review of Resident #1's Comprehensive Care Plan revealed the resident was care planned to be at risk for Pain, date 08/18/11, due to History of Femur Fracture and the care plan included an intervention to monitor and report to the nurse any signs/symptoms of pain such as: crying, facial grimace, guarding, and complaints of pain.

Interview, on 01/17/13 at 5:13 PM, with the MDS Coordinator revealed Resident #1's Comprehensive Care Plan included the intervention to report to the nurse any signs and/or symptoms of pain. The MDS Coordinator stated if the resident had complaints of pain the aides were to report this to the nurse. Continued interview with the MDS Coordinator revealed if the aides did not report any complaints of pain, they did not follow the care plan.

Interview, on 01/15/13 at 11:05 AM and 01/17/13 at 12:35 PM, with SRNA #3 revealed she worked the day shift on 01/01/13 and cared for Resident #1. The SRNA stated the facility's process is to inform the nurse whenever there was a change of condition with a resident, this included if the resident complained of pain. She stated Resident #1 first complained of pain to his/her left arm when she took the resident to the bathroom in the

F 282

the DON, ADON, MDSN, RNM, MRD, DSM, SSD and SDC. Rounds of a minimum of 10% of the resident population shall be performed beginning February 28, 2013 by the IDT members weekly x4 weeks, biweekly x2 weeks, monthly x1 month then quarterly to ensure care plans are being followed.

- ◆ Abuse/Neglect audit shall be performed during care plan conferences weekly beginning February 15, 2013 with report to the QA committee monthly.
- ◆ Skin assessments as well as head to toe assessments performed by licensed nursing staff will be reviewed daily M-F beginning January 21, 2013 by DON, ADON, RNM, NNM or MDSN to ascertain if any additional fractures or skin issues of concern exist with report to QA committee monthly.

Monitoring Changes To Assure Continuing Compliance

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F 282	Continued From page 9 morning. The SRNA reported she failed to inform the nurse immediately when the resident first complained of pain because she went to help someone else and then forgot about it. Further interview with SRNA #3 revealed after lunch when assisting the resident to the bathroom, the resident again reported his/her left arm hurt. SRNA #3 further stated she then informed Licensed Practical Nurse (LPN) #2 about the resident's complaint of pain. Continued interview with SRNA #3 revealed she could not recall if she passed on the resident's complaint of pain to the next shift, but this should have been reported. Interview, on 01/16/13 at 2:20 PM and 01/17/13 at 1:18 PM, with SRNA #13 revealed if there was a change in the resident condition, such and pain they were to report this immediately to the nurse and would be expected to inform the aides on the next shift. SRNA #13 stated she worked the day shift on 01/01/13 and assisted SRNA #3 with toileting Resident #1 and the resident complained of pain. SRNA #13 stated they reported the complaint of pain to LPN #2 and the nurse went to assess. Further interview with SRNA #13 revealed when the nurse assessed the resident, Resident #1 complained of pain to his/her left arm and would not let the nurse look at the arm. She stated Resident #1 told the nurse it (left arm) was stiff. Interview, on 01/16/13 at 5:00 PM, with SRNA #6 revealed he cared for Resident #1 on 01/01/13 during the evening shift. SRNA 6 stated he did not get a report of the resident complaining of pain from aides on day shift. He also stated when getting the resident ready for bed and transferring them to the bed the resident	F 282	<ul style="list-style-type: none"> ◆ Rounds of a minimum of 10% of the resident population shall be performed beginning February 28, 2013 by the IDT members weekly x4 weeks, biweekly x2 weeks, monthly x1 month then quarterly to ensure care plans are being followed. ◆ Skin/head-toe assessments as well as weekly abuse/neglect audits will be presented to the Quality Assurance Committee for review monthly and follow up until at such time consistent substantial compliance has been achieved as determined by the committee. <p>Date of Completion:</p>	02-28-13

Mar. 4. 2013 10:26AM

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

No. 2135 PRP. 13: 02/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517
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(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 282	<p>Continued From page 10</p> <p>complained of a lot of pain when they moved/touched his/her left arm. He further stated they did not use the stand-up lift device to transfer the resident because of his/her left arm pain. Continued interview with SRNA #6 revealed when he checked on the resident about an hour later, the resident complained it hurt to touch his/her arm. SRNA #6 stated he thought he reported the first complaint of pain to the nurse, he was unable to identify which nurse, but did not report the resident's later complaint of pain.</p> <p>Interview, on 01/16/13 at 4:30 PM, with SRNA #10 revealed she assisted with getting Resident #1 transferred to bed and ready for bed after dinner on 01/01/13. SRNA #10 stated the resident seemed in a lot of discomfort/pain at this time and stated his/her arm was hurting. She further stated if the resident complained of pain staff was supposed to report it to the nurse and she thought SRNA #6 had told the nurse. Further interview with the SRNA revealed they did not use the stand-up lift for the transfer due to the resident's pain.</p> <p>Interview, on 01/17/13 at 4:00 PM, with SRNA #11 revealed she assisted with getting Resident #1 ready for bed on 01/01/13 and the resident complained of left arm pain. She stated if there was a change in the resident's condition such as a report of pain you were supposed to tell the nurse. Further interview revealed she did not know if anyone had reported the resident's pain to the nurse.</p> <p>Interview, on 01/16/13 at 8:00 PM and on 01/17/13 at 1:55 PM, with LPN #2 revealed if Resident #1 was in pain, the aides were</p>	F 282		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517
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F 282	<p>Continued From page 11</p> <p>supposed to report it to the nurse. LPN #2 stated she cared for the resident on 01/01/13 from 7:00 AM to 7:00 PM shift and at approximately 2:30 PM, SRNA #3 and SRNA #13 reported the resident was complaining of pain in her left arm. The nurse stated she did a partial assessment, but was unable to observe the left arm because the resident had refused; however, she palpated the arm and had the resident perform some arm motions. LPN #2 stated the resident did not complain of any pain at that time and only reported the arm was stiff. LPN #2 further stated she did not report the resident's complaint of pain to the next shift or put this on the twenty-four (24) hour report for continued monitoring because no further problems with pain were reported and she had forgotten about it.</p> <p>Interview, on 01/17/13 at 2:36 PM, with LPN #1 revealed he worked on 01/01/13 from 7:00 PM until 7:00 AM the next morning and cared for Resident #1. The LPN stated he was unaware the resident had complained of pain on the prior shift because the nurse did not put this on the 24 hour report or report it to him. The LPN further stated it should have been reported to the next shift so it could have been followed up on and monitored. In addition, the LPN stated if the second shift aides were aware the resident was in pain, they should reported this to the nurse. Further interview with LPN #1 revealed he was unaware the resident was in pain until the night shift aide, on 01/02/13 at about 1:30 AM, reported Resident #1 was complaining of pain. LPN #1 reported he assessed the resident and noted the arm was red/swollen and got an order for an x-ray.</p>	F 282		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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F 282

Continued From page 12

Interview, on 01/17/13 at 3:30 PM, with the Assistant Director of Nursing (ADON) and Unit Manager revealed aides were supposed to report Resident #1's complaints of pain right away to the nurse per the facility process and the care plan. She stated if the aides could not follow the plan of care of using the lift as care planned because of a change in the resident's condition this should have been reported to the nurse so the nurse could evaluate. Further interview with the ADON revealed the day shift nurse should have reported the residents pain to the next shift for further monitoring/follow-up.

Continued interview, on 01/17/13 at 6:40 PM, with the DON revealed the interventions of the pain care plan were put in place to ensure the resident's pain is assessed/ monitored by staff to make sure the resident was not in pain or if pain was noted treatment could be provided. She stated if the resident was complaining of pain the aides should have notified the nurse per the care plan and the facility's expectation. In addition, the DON stated the day shift nurse should have informed the next shift of the reported pain noted during her shift for follow-up and re-assessment for treatment of the resident if needed. The DON further stated there was a lack of communication by staff related to the resident's complaint of pain.

2. Continued review of Resident #1's Comprehensive Care Plan revealed care plans for: Potential Risk for Falls (dated 06/09/12) and Activities of Daily Living (08/18/11) both care plans included the intervention of when the resident was transferred it required two (2) persons and a lift. Resident #1's SRNA Care Plan Record for January 2013 had, under

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Mar. 4. 2013 10:26AM

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

No. 2135 P.P. 16D: 02/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517
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F 282	<p>Continued From page 13</p> <p>Transfers, checked assist of two (2) with stand up lift written off to the side. The Mechanical Lift with two was not checked.</p> <p>Continued interview, on 01/17/13 at 6:10 PM, with SRNA #10 revealed they were supposed to follow the aide plan of care when caring for residents. The SRNA stated Resident #1 was care planned to be transferred using the stand up lift with all transfers, but it was passed on to her from day shift aides to do a two person transfer and use the lift if the resident was being difficult. Further interview with SRNA #10 revealed she did not ask the nurse about the care plan and most of the time they were able to do a two person transfer of the resident.</p> <p>Interview, on 01/15/13 at 3:10 PM and on 01/17/13 at 6:30 PM, with SRNA #5 revealed staff was supposed to follow the plan of care for the safety of the resident. The SRNA stated she transferred Resident #1 using the gait belt with another aide most of the time, but used the lift when needed a couple of times. After reviewing the Jan 2013 aide plan of care, SRNA #5 revealed transfers were to be done with two aides or were done with the lift and two aides, if determined it was needed. She stated the aide care plan, under mobility/transfer, listed two person transfer and had stand up lift written off to the side which meant the aides would determine if it was needed. Further interview with SRNA #5 revealed if they were to use the stand-up lift only, they would have put that on the care plan.</p> <p>Interview, on 01/17/13 at 11:10 AM, with the MDS Coordinator revealed prior to the fracture, Resident #1 was care planned to be a two (2)</p>	F 282		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) OATE SURVEY COMPLETED C 01/18/2013
NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517		
(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 282	Continued From page 14 person transfer using the stand-up lift because it was the safest way to transfer the resident. She stated it was expected staff was to follow the care plan and use the stand up lift when attempting to transfer the resident. Continued interview with the MDS Coordinator revealed it was not up to the aides to decide to use the lift. Further interview, on 01/17/13 at 6:40 PM and on 01/18/13 at 9:15 PM, with the DON revealed Resident #1 was care planned to use the stand up lift when the resident was transferred. The DON stated the intervention was put in place because, based on assessment, it was determined to be the safest way to transfer the resident. The DON further stated the aides needed to follow the care plan and should have used the stand up lift when performing transfers, if for some reason a change were needed, it should have been re-evaluated. Continued interview with the DON revealed they do rounds in the facility to ensure resident care plans were followed.	F 282			
F 309 SS-D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by:	F 309	F 309 Immediate Corrective Action For Residents Found To Be Affected ♦ Family and MD were notified at time of incident for Resident #1. Resident #1 also had already received care and treatment for pain prior to investigation. Resident #1 was assessed for injury and referred to		

Mar. 4. 2013 10:26AM

CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 2135 PP. 180: 02/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517
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F 309 Continued From page 15

Based on interview and record review, it was determined the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical well being for one (1) of three (3) sampled residents (Resident #1). The facility failed to monitor and assess Resident #1 after the resident had complained of left arm pain during the day shift on 01/01/13. The day shift nurse (Licensed Practical Nurse (LPN) #2) performed a partial pain assessment, but failed to communicate the reported pain for further follow-up and monitoring. In addition, aides on second shift reported the resident had left arm pain, but failed to notify the nurse for evaluation. On 01/02/13 Resident #1's left arm pain was assessed, an x-ray was ordered and the resident was diagnosed with a Supracondylar Humeral Fracture of the left arm.

The findings include:

Interview, on 01/17/13 at 6:40 PM and on 01/18/13 at 9:15 AM, with the Director of Nursing (DON) revealed the facility did not have a change of condition policy, but it was her expectation if there was any change in the status of a resident it should be reported to the nurse in order to assess and monitor the resident

Review of Resident #1's Medical Record revealed the resident was admitted by the facility on 06/15/10 and had Diagnoses which included Degenerative Joint Disease, History of Right Femur Fracture, Dementia and Depression. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 10/27/12, revealed the resident was cognitively impaired and had impaired memory. Under the Functional Status

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hospital for further evaluation and treatment. Staff was inserviced on reporting change of status as well as when current treatment is not affective to notify MD and if care plan requires change relative to transfer care, etc. to communicate to nurse for interventions and request involvement of therapy department. Resident returned from hospital with splint application and change of MD orders which were implemented with care plan updated and staff inserviced accordingly. No further interventions were required for resident #1.

Identification of Other Residents With The Potential to be Affected

- ◆ A review of 100% of the resident care plans were completed on January 18, 2013 by DON, ADON, RNM, NNM or MDSN to ascertain if any additional non-compliance existed for other residents, with no additional residents identified.
- ◆ All residents care planned for potential for pain were assessed for signs and symptoms of pain on

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F 309 Continued From page 16
 section of the MDS Resident #1 was assessed to need extensive assistance of two persons for transfers. Review of the MDS pain assessment revealed the resident was not identified as having pain, but was care planned for the potential for pain (08/18/11). As apart of the the pain care plan interventions, staff was to report to the nurse any signs/symptoms of pain such as facial grimace, guarding, complaints of pain, restlessness, and change of behavior.

Interview, on 01/15/13 at 11:05 AM and 01/17/13 at 12:35 PM, with SRNA #3 revealed she worked the day shift on 01/01/13 and cared for Resident #1. The SRNA stated the facility's process is to inform the nurse whenever there was a change of condition with a resident, this included if the resident complained of pain. She stated Resident #1 first complained of pain to his/her left arm when taking the resident to the bathroom in the morning, which was something the resident had not previously complained about. SRNA #3 stated the resident would not let them touch/move his/her left arm or pull up the long sleeve to look. SRNA #3 stated as long as the resident did not move his/her arm he/she did not complain of pain. She further stated she had failed to inform the nurse immediately of the pain because she went to help someone else and then forgot about it. Further interview with SRNA #3 revealed after lunch when they took the resident to the bathroom, the resident again reported his/her left arm hurt and the aide then informed LPN #2 about the resident's complaint of pain. In addition, SRNA #3 stated she could not recall if she passed on the resident's complaint of pain to the next shift, but this should have been reported.

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 January 18, 2013 by DON, ADON, RNM, NNM or MDSN to ascertain if any additional non-compliance existed for other residents, with no additional residents identified.

- ◆ As to following the plan of care unilaterally, it must be assumed that all residents could be affected by this alleged deficient practice.

Measures Taken To Assure There Will Not Be a Recurrence

- ◆ All nursing staff was educated by the DON, ADON, RNM, NNM or MDSN January 16 through 18, 2013, regarding importance of following care plan as well as reporting any infractions thereof. Also included education as to abuse/neglect and utilization of lifts and appropriate transfer of residents.
- ◆ All nursing staff was educated by the DON, ADON, RNM, NNM or MDSN January 16 through 18, 2013, regarding importance of reporting any change of condition, including pain,

CENTERS FOR MEDICARE & MEDICAID SERVICES
LAND AND HUMAN SERVICES

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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517		
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F 309	Continued From page 17 Interview, on 01/16/13 at 2:20 PM and 01/17/13 at 1:18 PM, with SRNA #13 revealed it there was a change in the resident condition, such as pain they were to report this immediately to the nurse and inform the aides coming on the next shift of the change. SRNA #13 stated she worked the day shift on 01/01/13 and assisted SRNA #3 with toileting Resident #1 and the resident complained of pain. Continued interview with SRNA #13 revealed they reported the complaint of pain to LPN #2 and the when the nurse went to assess, the resident complained of pain to his/her left arm. Further interview with the SRNA revealed the resident would not let the nurse look at the arm and told the nurse it (left arm) was stiff. Interview, on 01/16/13 at 5:00 PM, with SRNA #6 revealed he cared for Resident #1 on 01/01/13 during the evening shift. SRNA #6 stated he did not get a report Resident #1 had complained of pain from day shift; however, when transferring/getting the resident ready for bed, with SRNAs #10 and #11, the resident complained of a lot of pain when they moved/touched his/her left arm. SRNA #6 also stated they did not use the stand-up lift device to transfer the resident because of the resident's left arm pain. The SRNA further stated when he checked on the resident about an hour later if you touched his/her arm the resident complained it was hurting. Further interview with SRNA #6 revealed he thought he reported the pain to the nurse when the resident first complained of pain, but was unable to identify which nurse. The SRNA stated he did not report the resident's complaint of pain to the nurse after he checked on the resident later.	F 309	in order for the resident to be assessed and treated appropriately. ♦ All licensed nursing staff was educated by the DON, ADON, RNM, NNM or MDSN January 18, 2013, regarding importance of utilizing the 24 hour report to communicate any change of condition, including pain, to oncoming shifts in order for the resident to receive continuity in care. ♦ As listed in previous bullets within this criteria, all nursing staff were educated on January 16 through 18, 2013 by the DON, ADON, RNM, NNM or MDSN on communication by use of physical rounds, verbal communication, written communication by use of shift report, change of condition, nurses notes, clinical record or 24 hour report relative to any change in resident condition as well as any resident complaint of discomfort. ♦ Beginning January 21, 2013 SDC, DON, ADON, RNM, NNM, or MDSN shall monitor the 24 hour report as well as MD orders daily M-F		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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F 309

Continued From page 18

Interview, on 01/16/13 at 4:30 PM, with SRNA #10 revealed she assisted with getting Resident #1 transferred to/ready for bed after dinner on 01/01/13. SRNA #10 stated the resident seemed in a lot of discomfort/pain at this time and stated his/her arm was hurting. Continued interview with SRNA #10 revealed if the resident complains of pain you are supposed to report it to the nurse and thought SRNA #6 had told the nurse. Further interview with SRNA #10 revealed they did not use the stand-up lift for the transfer due to the resident's pain.

Interview, on 01/17/13 at 4:00 PM, with SRNA #11 revealed she assisted with getting Resident #1 ready for bed on 01/01/13 and the resident complained of left arm pain. Continued interview with the aide revealed if there was a change in the resident's condition such as a report of pain you were supposed to tell the nurse. Further interview with SRNA #11 revealed she did not know if anyone reported the resident's pain to the nurse.

Interview, on 01/16/13 at 8:00 PM and on 01/17/13 at 1:55 PM, with LPN #2 revealed if Resident #1 was in pain, the aides were supposed to report it to the nurse. She further stated if there was a change in the resident's status they have a change of condition form, document in the nursing note, put on the twenty-four (24) hour report to monitor and follow up. LPN #2 stated she cared for the resident on 01/01/13 from 7:00 AM to 7:00 PM shift and at approximately 2:30 PM SRNA #3 and SRNA #13 reported the resident was complaining of pain in her left arm. The LPN stated when she performed a pain assessment at a site, she would

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to assure compliance with the change of condition monitoring. Any discrepancies shall be reported to the QA committee monthly.

- ◆ Care Plan compliance audit shall be performed during care plan conferences weekly beginning February 15, 2013 with report of any discrepancies to the QA committee monthly.

Monitoring Changes To Assure Continuing Compliance

- ◆ Reports of the daily 24 hour report/MD order audits will be presented to the Quality Assurance Committee for review monthly and follow up until at such time consistent substantial compliance has been achieved as determined by the committee.
- ◆ Reports of the weekly care plan audits will be presented to the Quality Assurance Committee for review monthly and follow up until at such time consistent substantial compliance

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 309	<p>Continued From page 19</p> <p>look at the site for any signs of trauma, palpate the area, ask them to rate their level of pain if able, perform range of motion, if appropriate, and look for any signs or symptoms of pain. LPN #2 further stated she was unable to observe the left arm because the resident refused, but palpated the arm, had the resident perform some arm motions. She stated the resident did not complain of any pain at that time, but reported his/her left arm was stiff. LPN #2 further stated she had told the aides to inform her if there were further complaints of pain. Continued interview with LPN #2 revealed she did not report the resident's complaint of pain to the next shift or put this on the twenty-four hour report for continued monitoring because no further problems with pain were reported, based on her assessment had not considered it a change of condition and forgotten about it.</p> <p>Interview, on 01/17/13 at 2:36 PM, with LPN #1 revealed he worked on 01/01/13 from 7:00 PM until 7:00 AM the next morning and cared for Resident #1. LPN #1 stated he was unaware the resident had complained of pain on the prior shift because the nurse did not put this on the 24 hour report or report it to him. Continued interview with LPN #1 revealed it should have been reported to the next shift to monitor/followed up. In addition, the LPN stated if the second shift aides were aware the resident was in pain they should have reported it to the nurse so the nurse could evaluate the resident. He stated it was a breakdown in communication. Further interview with LPN #1 revealed he was unaware the resident was in pain until the night shift aide reported he/she was complaining of pain at about 1:30 AM on 01/02/13. LPN #1 reported he</p>	F 309	<p>has been achieved as determined by the committee.</p> <p>Date of Completion:</p>	02-28-13
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2013
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517
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F 309	<p>Continued From page 20</p> <p>assessed the resident and noted the arm was red/swollen and got an order for an x-ray.</p> <p>Interview, on 01/17/13 at 3:30 PM, with the Assistant Director of Nursing (ADON) and Unit Manager revealed aides were supposed to report Resident #1's complaints of left arm pain right away to the nurse so they could evaluate/assess and determine if they needed to notify the Physician. She further stated if aides notice any change in a resident it was to be reported right away. The ADON stated she does round on the hall to see if there were any changed in the resident and then talk to the nurse to see if they were aware. When asked about the assessment of Resident #1's arm pain, the ADON stated the expectation was part of the assessment was to have observed the resident's left arm even if the nurse had the resident perform range of motion and the resident had stated it was stiff. The ADON further stated the resident had dementia and if they initially refused to let the LPN look at his/her left arm to assess, the nurse should have tried again or should have gotten another person to see if the resident would have allowed them to observe the arm. Further interview with the ADON revealed the day shift nurse should have put the reported pain on the twenty-four (24) hour report, regardless of the LPN's assessment finding, for further monitoring/follow-up. The LPN did not follow the facility's twenty-four hour report process to monitor the change and make sure there was nothing wrong with the resident's arm.</p> <p>Continued interview, on 01/17/13 at 6:40 PM and on 01/18/13 at 9:15, with the DON revealed the day shift nurse who had assessed Resident #1's complaint of arm pain should have informed the</p>	F 309		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/18/2013
NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517		
(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 309	Continued From page 21 nurse on the next shift of the pain for follow-up/re-assessment to determine if treatment was needed. The nurse (LPN #2) did not use the communication tools in place to report the resident's complaint of pain. In addition, the DON stated it was the facility's expectation if the resident complained of pain, the aides should have notified the nurse so the pain could have been evaluated and the Physician notified if appropriate. Further interview revealed there was a lack of communication by staff related to the residents complaint of pain.	F 309			