

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

PRINTED: 08/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/28/2015
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NAME OF PROVIDER OR SUPPLIER RICHMOND PLACE REHABILITATION AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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{F 000} INITIAL COMMENTS

An offsite survey was conducted and based on the acceptable Plan of Correction (POC) the facility was deemed to be in compliance as alleged on 08/22/15.

{F 000}

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 000 INITIAL COMMENTS

An Abbreviated Survey, investigating KY00023376, KY00023451, and KY00023427, was initiated on 07/02/15 and concluded on 07/09/15. KY00023376, KY00023451, and KY00023376 were all unsubstantiated; however, unrelated deficient practice was identified and cited at a Scope and Severity of a "D".

F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative, and periodically reviewed and revised by a team of qualified persons after each assessment.

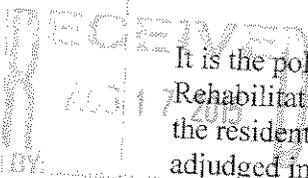
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, record review and review of the facility's policy and procedure, it

F 000 I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies dated 7/23/2015. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.

F 280 In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors.

It is the policy of Richmond Place Rehabilitation and Health Center that the resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. It is also the policy that a comprehensive care plan be developed within 7 days after the

8-22-15



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Bernadine Dickerson</i>	TITLE Healthcare Administrator	(X6) DATE 8/17/15
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1</p> <p>was determined the facility failed to ensure staff accurately revised the Comprehensive Care Plan to reflect the problem, goal and interventions per the primary physician's orders for physical transfer assistance by two (2) persons for one (1) of six (6) sampled residents (Resident #3).</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Care Plans-Comprehensive" dated October 2010, revealed an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. It further stated with regard to revisions, an assessment of residents are ongoing and care plans are revised as information about the resident and the resident's condition change.</p> <p>Observation of Resident #3, on 07/02/15 at 4:10 PM, revealed the resident resting in his/her recliner. Certified Nursing Assistant (CNA) #10 passed by the resident's room and stated that she was to get the resident up for dinner. She shut the resident's door and proceeded to transfer the resident from the recliner to the wheel chair. The Quality Assurance (QA) Nurse came to the room and opened the door. She stated CNA #10 was positioning the resident wrong and closed the door back without assistance. CNA #10 opened the door to the resident's room and it was revealed the resident was using the restroom. CNA #10 stated she was not the resident's normal care person and she knew the resident's Activities of Daily Living (ADL) needs by use of the "KIOSK". She stated the resident was a one (1) person assist with the</p>	F 280	<p>completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff based upon resident need.</p> <p>On 7/6/15, Resident #3 was screened by the Rehab Manager. The therapy screen recommended a continuation of assist of 2(two) with transfers for safety and the Nurse Aide care plan was updated to reflect the recommendation. The comprehensive care plan was reviewed and updated as need on 7/6/15 by MDS Coordinator #1.</p> <p>The (3) three Unit Managers will review the Nurse Aide Care Plans for accuracy including transfer status for all Current Residents and revise the Nurse Aide Care Plan as needed by August 22, 2015. The (3) MDS Coordinator will review all comprehensive care plans by August 22, 2015 for accuracy including transfer status and revise as needed for all current residents.</p>	

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F 280	Continued From page 2 use of a gait belt. Review of Resident #3's clinical record revealed the facility admitted the resident on 02/11/11 with diagnoses which included Contracture of Hand Joint, Osteoporosis, History of Falls, Paralysis Agitans, Abnormal Involuntary Movements and Pain in Thoracic Spine. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 04/21/15 revealed the resident's assessment for Activities for Daily Living (ADLs) Self Performance with regard to transfers required Extensive Assistance with the physical support of two (2) or more persons. Review of Resident #3's physician orders for 06/04/15 and 06/11/15 revealed the resident was ordered to receive Transfer assistance by two (2) as it related to his/her tremors. However, upon review of the Nurse Aide Care Plans last updated on 04/25/15 on the "KIOSK" revealed the resident was care planned for transfer with one (1) person assist. In addition, the Comprehensive Care Plans did not indicate transfer assistance interventions as ordered by the physician. Interview with the QA Nurse, on 07/02/15 at 5:45 PM, revealed she tried to encourage Resident #3 to do as many ADLs as possible on his/her own. She stated she was not sure if the resident was a two (2) person physical assist for transfers. She stated the KARDEX, also stated as KIOSK, should match the MDS and the resident's comprehensive care plan. She stated the KARDEX was like the nurse's care plan for the resident. She stated based on her observation of the resident, he/she should have been a transfer assist of two (2) persons. Interview with Licensed Practical Nurse (LPN) #9,	F 280	The Interdisciplinary Team (Director of Clinical Services, Assistant Director of Clinical Services, (2) Social Service Coordinators, (3) MDS Coordinators, Activities Director, Therapy Manager, Dietary Manager) will be educated to review the Nurse Aide Care Plan and the Comprehensive Care Plan including transfer status for accuracy following admission, quarterly, annually, and with change of condition during the weekly Quality of Care meeting by the Healthcare Administrator before August 22, 2015. The Unit Managers/ADON/DON will audit a minimum of three (3) Nurse Aide Care Plans per unit for 4 weeks to ensure accuracy. The (3) MDS Coordinators will audit a minimum of three (3) comprehensive care plans for 4 weeks to ensure accuracy. The results of the audit will be forwarded monthly to the Quality Assurance Committee, (Medical Director, Director of Nursing, Administrator, Quality Assurance Coordinator, and Pharmacy Consultant) for review to maintain compliance.		

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F 280 Continued From page 3
on 07/02/15 at 5:48 PM, revealed the physician's order for Resident #3 with regard to a two (2) person physical assist was not on the resident Comprehensive Care Plans or Nurse Aide Care Plans. She stated she was unable to locate a physician's order for one (1) person assist and was unsure why the resident was indicated as one (1) assist.

Interview with MDS Coordinator, on 07/02/15 at 6:00 PM, revealed she did not normally put physical assist numbers on the Comprehensive Care Plans. She stated on the care plan it stated "as directed".

Further interview with LPN #9, on 07/02/15 at 6:00 PM, revealed the facility did not always have physician orders for assists. She agreed the physician's order should have been added to the Comprehensive Care Plan and the Nurse Aide Care Plan to include the resident's intervention for two (2) person physical assistance for transfers.

Interview with MDS Coordinator, on 07/08/15 at 4:10 PM, revealed the KARDEX system was changed to Point Click Care on 05/05/15. Prior to that date the nurse aide care plan was handwritten. She stated she did not review the KARDEX system. She stated it was the responsibility of the nurses and/or nurse managers to ensure the resident received the appropriate level of care as ordered by the physician. She stated if the order was changed it would be the responsibility of the nurses to update the KARDEX. She stated because it was physician ordered it should have been on the KARDEX and the Comprehensive Care Plan.

Interview with the Administrator, on 07/08/15 at

F 280 Date of Compliance: August 22, 2015

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F 280	Continued From page 4 2:45 PM, revealed it was her expectation that nursing staff follow the orders of the physician. She also stated the care plan should reflect the physician's orders for the resident.	F 280		