

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

PRINTED: 12/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/26/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GEORGETOWN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 GAGEL AVENUE LOUISVILLE, KY 40216</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 000  F 253 SS=E	<p>INITIAL COMMENTS</p> <p>A Recertification Survey was initiated on 11/24/14 and concluded on 11/26/14 with deficiencies cited at the highest scope and severity of an "E".</p> <p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure a clean, sanitary environment during two (2) meal services on two (2) of three (3) resident hallways (Central and Northeast Halls). Two (2) housekeeping staff were observed mopping floors, using air blowers and cleaning resident rooms during the breakfast meal service on 11/25/14 on the Northwest Hall and the Central Hall and one (1) housekeeper was observed cleaning floors and dusting on the Central Hall during the lunch meal service on 11/26/14.</p> <p>The findings include: The facility did not provide a policy regarding cleaning during resident meal service.</p> <p>Observation, on 11/25/14 at 8:20 AM, revealed Housekeeper #3 was mopping the floor and using an air blower on the Central Hall outside the dining room while residents were eating their breakfast.</p>	F 000  F 253	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider 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/or state law. The plan of correction constitutes our credible allegation of compliance.</p> <p><b>F-253 s/s=E</b></p> <p>I. Cleaning carts and air blowers were immediately removed from the hallways (Central and Northeast Halls).</p> <p>II. The Housekeeping Supervisor, Housekeeping Assistant and/or Administrator inspected hallways during meal service for the removal of any cleaning carts and air blowers present on 11/26/2014.</p> <p>III. On 11/26/2014 the Housekeeping Supervisor was in-serviced by the Administrator on removal of cleaning carts/air blowers during meal service and that dietary will announce to residents and staff when the meal service is ready to begin. The Housekeeping Supervisor in-serviced the housekeeping staff on removal of cleaning carts/air blowers during meal service and dietary will announce to residents and staff when meal service is ready to begin.</p> <p>continued next page</p>	

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

*X David Sell*

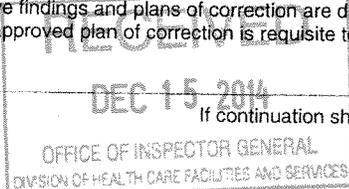
TITLE

*X Administrator X*

(X6) DATE

*12/15/14*

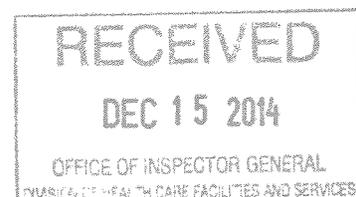
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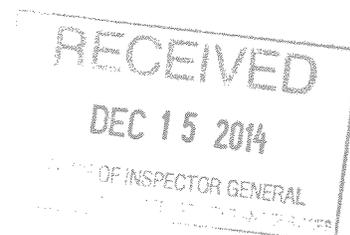
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F 253	<p>Continued From page 1</p> <p>Interview with Housekeeper #3, on 11/26/14 at 9:10 AM, revealed it was his understanding he could clean the halls and use the blower while residents were eating, but he had been informed today to no longer do that. Housekeeper #3 could not explain why there should be no cleaning during the residents' meal service.</p> <p>Observation, on 11/25/14 at 8:40 AM, revealed Housekeeper #1 was cleaning the hallway floors and resident rooms on the Northeast Hall during the breakfast meal service.</p> <p>Interview with Housekeeper #1, on 11/26/14 at 8:00 AM, revealed she had been trained to put her housekeeping cart up during all residents' meal services. However, she was not always aware of when the meal service began in the dining room.</p> <p>Observation, on 11/26/14 at 11:40 AM, revealed Housekeeper #2 was cleaning on the Central Hall during the residents' lunch meal service.</p> <p>Interview with Housekeeper #2, on 11/26/14 at 9:00 AM, revealed she had been trained to put her cart up during resident meal service, but she was cleaning an office and was not aware resident food service had begun. She stated she would wait until she saw a food cart going down the hall to put up her housekeeping cart.</p> <p>Interview with the Housekeeping Supervisor, on 11/26/14 at 10:00 AM, revealed she trained her staff not to clean during resident meal service. However, she could not state how the housekeepers knew when the initial meal service started. She indicated the housekeepers were to put their carts up in the closets when the meal</p>	F 253	<p>IV. The Housekeeping Supervisor, Housekeeping Assistant, Night Shift Housekeeper and or Administrator will audit for no cleaning carts or air blowers being on the hallways during 1 of 3 meal services 3 times per week for 2 months, then quarterly for two quarters. The results of the audits will be reviewed at the Quality Assurance meeting for revisions as needed.</p> <p>V. Date of Completion:</p>	12/17/2014	



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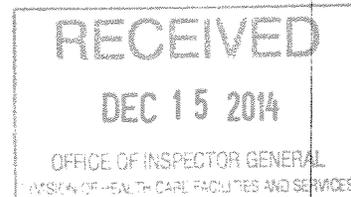
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F 253	Continued From page 2 services began and not clean until the completion of each meal service. The Housekeeping Supervisor further stated no cleaning was to occur during residents' meal service due to the strong odors of the cleaning chemicals and the stirring of dust.  Interview with the Administrator, on 03/06/14 at 11:30 AM, revealed he had not noticed housekeeper's cleaning during meal service. He stated there was no policy about not cleaning during meal service because it was a 'given' that housekeeping carts should be put up with no cleaning occurring during meal service.	F 253		
F 282 SS=D	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 and record review, it was determined the facility failed to consistently implement the care plan approach regarding Nepro shake supplements for one (1) of twenty-two (22) sampled residents, Resident #15. The facility failed to provide Nepro shake supplements to Resident #15 as care planned.  The findings include:  The facility did not provide a policy on care plan implementation.	F 282	F-282 s/s=D  I. The Director of Nursing has reviewed Resident #15's care plan for current care needs. Interventions are being followed as per plan of care.  II. Care plans for the residents receiving Nepro shakes have been reviewed by the Dietary Supervisor and the Director of Nursing. Interventions are being followed as per plan of care.  III. The Staff Development Coordinator, Director of Nursing and the Dietary Supervisor have re-educated staff on the importance of following the plan of care in regards to Nepro shakes on 12/12/2014.  continued on next page	



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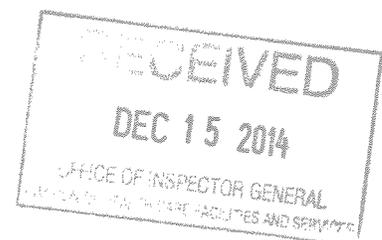
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F 282	<p>Continued From page 3</p> <p>Interview with Resident #15, on 11/26/14 at 8:50 AM, revealed he/she did not receive the Nepro shake supplements consistently. Resident #15 stated he/she received Nepro shakes on the meal trays when they were available.</p> <p>Review of Resident #15's Care Plan, dated 07/19/14, and amended 11/24/14, revealed the care plan addressed the potential for malnutrition/dehydration to be approached by Nursing and Dietary to ensure nutritional supplements and/or snacks were administered as ordered. The Care Plan addressed the potential for skin breakdown to be approached by the multi-disciplinary team to encourage adequate nutrition/hydration, through the use of the Nepro shakes.</p> <p>Interview with the Minimum Data Set (MDS) Coordinator, on 11/26/14 at 1:25 PM, revealed the dietary portion of the care plan was completed by the Dietary Supervisor. She indicated nurses were to follow all portions of the care plan and Resident #15 was to receive Nepro shakes for protein additives as ordered.</p> <p>Interview with the Registered Dietician, on 11/26/14 at 1:33 PM, revealed Resident #15 was added to the Nutritional Assessment Risk List due to a recent amputation and having been placed on renal dialysis. Resident #15 was prescribed two (2) Nepro shakes daily.</p> <p>Interview with the Dietary Supervisor, on 11/26/14 at 1:43 PM, revealed she was, more than likely, responsible for the dietary care planning of Resident #15. She was unaware the resident was not receiving Nepro shakes as per his/her care plan. She stated the Dietary Department had a</p>	F 282	<p>IV. The Director of Nursing, Staff Development Coordinator and the Dietary Director will complete audits of care plans for residents with Nepro shake orders weekly for 4 weeks, monthly for 2 months, then quarterly for 2 quarters. The results of the audits will be reviewed at the Quality Assurance meeting for revisions as needed.</p> <p>Date of Completion:</p>	12/17/2014	



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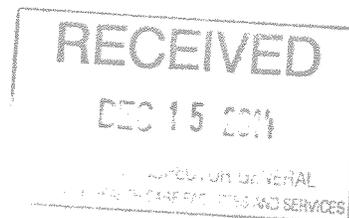
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F 282	Continued From page 4 two check system to ensure the accuracy of each resident's meal tray. The Dietary Manager also stated the Dietary Department stocked the unit medication room refrigerators with Nepro shakes and other supplements. The Dietary Manager stated the care plan was not being followed if Resident #15 was not receiving all ordered Nepro shakes.  Interview with Licensed Practical Nurse (LPN) #2, on 11/26/14 at 1:56 PM, revealed care plans were developed by the desk nurse after the admission assessment was completed and all nurses were responsible to update care plans. LPN #2 was unaware Resident #15 had not received all of his/her Nepro shakes. She stated she documented on the Medication Administration Record (MAR) when the resident received the supplement. LPN #2 indicated if the MAR was not signed the supplement was not given and the care plan was not followed.  Interview with Director of Nursing (DON), on 11/26/14 at 2:05 PM, revealed she was unaware of the complete specific care planning process; however, she spot checked care plans for accuracy and reviewed all care plans when a care plan meeting was due. Review of the MARS was not included in care plan meetings. The DON was not aware Resident #15 was not receiving his/her Nepro shakes and she was also unaware of the unsigned MARS. The DON expected staff to follow care plans to ensure needs were met for all of the residents.	F 282			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must	F 309	See next page		



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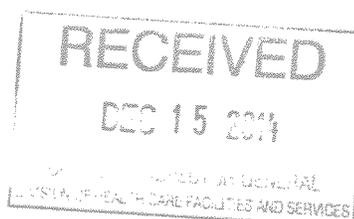
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F 309	<p>Continued From page 5</p> <p>provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure one (1) of twenty-two (22) sampled residents, Resident #15, received Nepro Shakes as prescribed by the physician.</p> <p>The findings include:</p> <p>The facility did not provide a policy regarding following physician orders.</p> <p>Interview with Resident #15, on 11/26/14 at 8:50 AM, revealed he/she had not been receiving Nepro shakes as ordered by the physician. Resident #15 indicated he/she had requested the Nepro shakes on more than one occasion in the past month and he/she did not receive them. Resident #15 stated staff would indicate the shakes were not available as the reason he/she did not receive the shakes.</p> <p>Review of the physician orders, dated November 2014, revealed the physician ordered Nepro eight (8) ounces twice a day.</p> <p>Review of Resident #15's November 2014 Medication Administration Record (MAR) revealed from 11/01/14 through 11/26/14 the</p>	F 309	<p>F-309 s/s=D</p> <p>I. Resident #15 is receiving Nepro shakes as per physician orders and is being recorded on the MAR (Medication Administration Record). Resident #15's weight has remained stable.</p> <p>II. Residents receiving Nepro shakes have been audited by the Director of Nursing and the Staff Development Coordinator and are receiving Nepro shakes as ordered by the physician and being documented on the MAR,</p> <p>III. The Director of Nursing and/or the Staff Development Coordinator have provided re-education to the nursing staff on 12/12/2014, on following physician orders for Nepro shakes and documentation of the Nepro shakes.</p> <p>IV. The Director of Nursing, Staff Development Coordinator, Unit Managers and/or the House Supervisors will complete audits for compliance on residents receiving Nepro shakes weekly for 4 weeks, monthly for 2 months, then quarterly for 2 quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.</p> <p>V. Date of Completion:</p>	12/17/2014	



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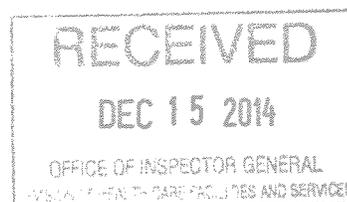
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F 309	<p>Continued From page 6</p> <p>nursing staff did not administer Resident #15 seven (7) of twenty-six (26) Nepro shakes as ordered.</p> <p>Interview with RN #4, on 11/26/14 at 9:00 AM, revealed Resident #15's Nepro shakes were delivered to the resident with his/her meal trays. RN #4 stated Nepro shakes were also stored in the West medication room refrigerator. RN #4 stated the MAR was signed by nursing after the resident's administration of Nepro. She further stated she was unsure why nurses' signatures were missing from the MAR, but she had never known Nepro shakes to be unavailable.</p> <p>Observation of the West medication room refrigerator, on 11/26/14 at 9:05 AM, revealed thirteen (13) cans of Nepro Shakes stored on the bottom shelf.</p> <p>Interview with RN #1, on 11/26/14 at 9:09 AM, revealed the nurse passing medications was responsible for ensuring the resident received Nepro shakes. RN #1 had never known shakes to be unavailable. RN #1 was not aware Resident #15 was not getting Nepro shakes consistently, but would expect any issues obtaining the supplement to be reported to her. RN #1 was unaware and unsure why there were missing signatures on the MAR, but she was not responsible for auditing MARs.</p> <p>Interview with the Director Of Nursing (DON), on 11/26/14 at 9:20 AM, revealed all supplements were ordered by the residents' physician. The DON stated there was no auditing process in place to ensure physician orders were followed but there probably should be. The DON stated nurses were trained to follow physician orders</p>	F 309		



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F 309	Continued From page 7 and she was unaware that some of the physician orders were not followed.  Interview with Dietary Manager, on 11/26/14 at 9:36 AM, revealed all supplements were ordered by the physician. She stated all supplements were kept in dietary stock to a par level and stored in the kitchen and medication room refrigerators. The Dietary Manager had no knowledge of Nepro shakes being unavailable to residents.  Interview with Resident #15's physician, on 11/26/14 at 11:06 AM, revealed he ordered dietary supplements per dietary recommendations or with a resident's weight change. The physician indicated the Nepro shakes were chosen for Resident #15 based on albumin levels and weight loss. He explained the risk factors for a resident not receiving supplements as ordered might be increased weight loss and decreased vitamin levels. The physician further indicated the purpose of the Nepro shakes was to increase caloric intake in an effort to prevent metabolic break down. and he would expect the facility to ensure residents' received supplements as ordered.	F 309		



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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1968</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF DP</p> <p>TYPE OF STRUCTURE: One (1) story, with a partial Basement, Type V (111).</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete, automatic dry sprinkler system.</p> <p>GENERATOR: Type II, 60 KW generator. Fuel source is natural gas.</p> <p>A Recertification Life Safety Code Survey was conducted on 11/25/14. The facility was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kayed Bell* TITLE: Administrator (X6) DATE: 12/15/14

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