

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

PRINTED: 05/02/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/25/2012
NAME OF PROVIDER OR SUPPLIER  FRANCISCAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3625 FERN VALLEY ROAD LOUISVILLE, KY 40219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An abbreviated health survey was initiated on 04/23/12 and concluded on 04/25/12 to investigate KY18214. The Division of Health Care unsubstantiated the allegation due to lack of sufficient evidence. However, a unrelated deficiency was cited.	F 000		05-01-12	
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, record review and facility policy review, it was determined the facility failed to follow the plan of care on one (1) of four (4) sampled residents. The facility did not follow the plan of care for Resident #1 and transferred him/her without the use of a lift.  The findings include:  Review of facility policy, Guidelines for Resident Transfers, revealed the purpose of the transfer policy was to ensure the safety of residents and staff when performing mobility/transfer tasks. The total lift would be used when a resident could not reliably bear weight on at least one leg, could not follow simple directions, could not grip with at least one hand, could undergo a semi-reclined position and weighed less than 420 pounds.  Review of the facility's initial report dated	F 282	1. Resident #1 reassessed post-injury to ensure that appropriate safety issues were addressed. Care plans and assignments sheets updated. 2. All residents requiring lifts were reviewed to ensure that no other residents were affected. Resident care plans reviewed on 04-27-12 to ensure being followed as written. DHS and ADHS observed 5 residents on 4-27-12 to insure care being provided is the care outlined on care plan and assignment sheets. Any non-compliance corrected at the time of care. 3. Nursing staff in-serviced on 04-27-12 by DHS with the emphasis on following plan of care for residents. Lift training was also re-emphasized with with nursing staff. Care plans for individuals requiring mechanical lifts will be reviewed weekly for three		

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OFFICE OF INSPECTOR GENERAL  
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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

*x Henry Adkins III*

TITLE

*x Exec. Dir.*

(X6) DATE

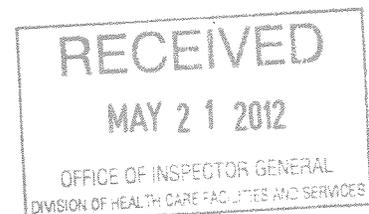
*x 5-21-12*

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

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F 282	<p>Continued From page 1</p> <p>03/18/12 and the 5 day report dated 04/20/12 revealed Resident #1 was transferred by two nursing assistants using the pivot method from the shower chair to the ger-chair. The resident complained of pain and upon xray a fracture to the right ankle and a C2 fracture were confirmed.</p> <p>Clinical record review for Resident #1, revealed the facility admitted Resident #1 on 10/23/11 with diagnoses of Persistent Mental Disorders, Arthropathy, Muscle Disorders, Osteoarthritis, Asthma, Anemia, and Dysphagia. The Minimum Data Set (MDS), dated 02/03/12, revealed Resident #1 was assessed as totally dependent with the assist of one person for transfer, dressing, eating, toilet use, personal hygiene and bathing. The MDS also assessed Resident #1 as being severely cognitively impaired. The care plan, dated 02/13/12, indicated a mechanical lift should be used for lifts and staff had been educated on the Maxi Lift. The Resident Lift Assessment Profile was last completed on 03/22/12 and indicated Resident #1 should be transferred using the Maxi Lift.</p> <p>Interview with CNA #1, on 04/24/12 at 2:51 PM, revealed she had assisted Resident #1 with a shower on 04/14/12. After the shower she and Restorative Aide #1 were going to transfer the resident from the shower chair to the geri chair. CNA #1 stated she knew Resident #1 was careplanned to be transferred using the Maxi Lift. She stated there was not a lift pad available so she asked RN #1, who was in the same room if it was okay to perform a two person lift to transfer the resident. According to CNA #1, RN #1 stated she didn't care how they transferred her she just needed to get the dressing change for Resident</p>	F 282	<p>months until substantial compliance is obtained. Changes in condition will be reviewed in morning CQI which includes changes in care plan interventions. These changes will be reviewed by the IDT and monitored by nurses as part of daily rounds during medication pass and provision of direct care. It is also the responsibility of Charge Nurses and DHS/ADHS that assignment sheets are current and Staff are following careplans. 4. DHS will observe staff based on care plan review and development to insure lifts are being used as designated. Non-compliance will be addressed in quarterly assurance (QA) Meetings which will require QA action plans (AP) to ensure no trends continue. AP will remain in place until such time compliance is achieved times three months. Staff not following care plans related to lift use will be coached and or counseled as necessary.</p>		



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F 282	<p>Continued From page 2</p> <p>#1 completed. CNA #1 stated she and Restorative #1 completed the two person lift transfer without incident and placed the resident in a geri chair and placed the chair in the hall in front of the nurse's station.</p> <p>Interview with Restorative Aide #1, on 04/24/12 at 1:35 PM, revealed she did assist CNA #1 with the transfer of Resident #1 on 04/14/12. She stated she just assisted and relied on what CNA #1 told her to do. She did not look at the CNA care plan prior to transferring Resident #1. She stated there was a lift pad in the geri chair but CNA #1 did not use it and she was unsure why it was not used. Restorative Aide #1 stated she and CNA #1 were in the middle of a two person lift transfer when RN #1 walked in to the room. She stated the transfer was completed without incident and Resident #1 was seated in the geri chair in front of the nurse's station.</p> <p>Interview with the Director of Health Services (DHS), on 04/24/12 at 4:00 PM, revealed the aides in question should have used the Maxi Lift as indicated in the Plan of Care. She stated Resident #1 had been assessed for safe transfers and it was determined the safest mode of transfer was the Maxi Lift. She stated that was the safest for both the resident as well as the staff. She further stated the expectation was for staff to follow the plan of care for a resident.</p>	F 282			

