

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

PRINTED: 06/13/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/26/2011
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104
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{F 000} INITIAL COMMENTS

An on-site revisit was initiated on 05/24/11 and concluded on 05/26/11 which determined Immediate Jeopardy (IJ) had been removed at 483.20 (F272), 483.25 (F323), and 483.75 (F490 and F498) on 05/05/11 as alleged in the acceptable Allegation of Compliance (AoC) received on 05/23/11. While the IJ was removed continued non-compliance remained at a S/S of an "E" at F272, F323, F490, and F498 as the facility's Quality Assessment and Assurance Committee had not fully implemented a plan to ensure correction of the deficient practice to prevent non-compliance recurrence.

{F 272} 483.20(b)(1) COMPREHENSIVE ASSESSMENTS
SS=E

The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:

- Identification and demographic information;
- Customary routine;
- Cognitive patterns;
- Communication;
- Vision;
- Mood and behavior patterns;
- Psychosocial well-being;
- Physical functioning and structural problems;
- Continence;
- Disease diagnosis and health conditions;
- Dental and nutritional status;

{F 000} The provider wishes this plan of correction to be considered as our allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.

{F 272}



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melanie Egan</i>	TITLE Administrator	(X6) DATE 06/23/2011
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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 000}	INITIAL COMMENTS	{F 000}		
	<p>An on-site revisit was initiated on 05/24/11 and concluded on 05/26/11 which determined Immediate Jeopardy (IJ) had been removed at 483.20 (F272), 483.25 (F323), and 483.75 (F490 and F498) on 05/05/11 as alleged in the acceptable Allegation of Compliance (AoC) received on 05/23/11. While the IJ was removed continued non-compliance remained at a S/S of an "E" at F272, F323, F490, and F498 as the facility's Quality Assessment and Assurance Committee had not fully implemented a plan to ensure correction of the deficient practice to prevent non-compliance recurrence.</p>			
{F 272}	483.20(b)(1) COMPREHENSIVE ASSESSMENTS	{F 272}		
SS=E	<p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p>			
	<p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status;</p>		<p>1. Resident #1 expired. Residents #2, 3, 4, 5 & 6 were assessed utilizing the Comprehensive Mechanical Device Assessment (CMDA), which includes whirlpool use, by the Director of Nursing on 4/25/2011 (Exhibit #1) This process included updating the care plans of all residents related to the findings on the assessment</p>	06/14/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melanie E...</i>	TITLE <i>Administrator</i>	(X6) DATE <i>06/23/2011</i>
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{F 272} Continued From page 1
Skin conditions;
Activity pursuit;
Medications;
Special treatments and procedures;
Discharge potential;
Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and
Documentation of participation in assessment.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined the Immediate Jeopardy identified during the abbreviated survey, concluded on 05/03/11, had been removed related to assessment of mechanical devices; however, non-compliance continued to exist at a S/S of an "E" as the facility's Quality Assessment and Assurance Committee had not fully implemented a plan to ensure correction of the deficient practice to prevent non-compliance recurrence.

The findings include:

Review of the facility's acceptable Allegation of Compliance (AoC), received on 05/23/11, revealed residents requiring the use of a mechanical device for care would first have a Comprehensive Mechanical Device Assessment (CMDA) completed. The process included

{F 272} to include the amount of assistance required. This assessment defines the appropriate devices for each residents use per physical and cognitive abilities, safety requirements and ADL ability.

Utilizing the CMDA, the following is a summary of findings and actions taken:
Resident #2 utilized sit 2 stand with assist of 2 which was already addressed on care plan, whirlpool assist of 1 was removed from care plan due to whirlpool taken out of service, shower with assist of 1 was already addressed care plan, on 05/25/11 shower "lift" chair assist of 1 was added to care plan. Residents #3, #4 utilized whirlpool with assist of 1 which was removed from care plan due to being taken out of service and shower "lift" chair with assist of 1 was added on 05/25/11 to care plan. Set up help with supervision with bathing was already addressed on care plan for Residents #3 and #4.
Residents #5 and #6 utilized whirlpool with assist of 1 which was removed from care plan due to being taken out of service and use of shower "lift" chair with assist of 1 was added on 05/25/11 to care plan. Assist of 1 for bathing was already on care plan for Residents #5 and #6.

2.All residents' charts were reviewed to

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{F 272}	<p>Continued From page 2</p> <p>updating the care plans of all residents related to the findings on the assessment, and the manufacturer's guidelines, to include the amount of assistance required. Review of the CMDA assessment tool revealed the shower chair was listed as a mechanical device. Per the AoC the Director of Nursing would audit all residents' charts monthly for three months for a current CMDA and appropriate care planning of the mechanical devices utilized, with the amount of assistance required.</p> <p>Review of the CMDA completed for twenty-five residents revealed use of the shower chair required the assistance of one (1) staff member. However, review of the residents' care plans and the CNA care plans revealed these care plans had not been revised to include the required assistance of one staff member with the use of the shower chair.</p> <p>Interview with the Director of Nursing (DON), on 05/26/11 at 5:28 PM, revealed although the CMDA assessed the use of the shower chair required the assistance of one staff member, the care plans were not revised. She stated the care plans were reviewed with the shower needs for each resident indicated as a whole, and did not specifically include the use of the "powered shower chair", as the resident needed one staff member in the shower at all times.</p> <p>Interview with the Administrator, on 05/26/11 at 5:35 PM, revealed the failure to review and revise the care plans for use of the shower chair was not identified during the Quality Assessment review as these audits were completed by the DON, who did not view this as a problem.</p>	{F 272}	<p>assure resident comprehensive assessments were complete, correct, and interventions identified were appropriately care planned by the Director of Nursing (DON) on 4/18/2011.</p> <p>All residents were assessed utilizing the Comprehensive Mechanical Device Assessment (CMDA), which includes whirlpool use, by the Director of Nursing and the Clinical Nurse Consultant on 4/25/2011 and 4/26/2011 and again by DON 05/25/2011 and 05/26/2011. This process included updating the care plans of all residents related to the findings on the assessment to include the amount of assistance required. This assessment defines the appropriate devices for each residents use per physical and cognitive abilities, safety requirements and ADL ability.</p> <p>The Comprehensive Mechanical Device Assessment will be completed by the Director of Nursing upon admission, quarterly and with change of condition until the MDS RN has completed MDS 3.0 training and been in-serviced by DON on CMDA form.</p> <p>In addition, Comprehensive Audit (Exhibit #14) was completed on 05/26/11 to review all residents' assessments for cognitive pattern, communication, vision,</p>	

F 272 Continued

physical functioning, continence, nutritional status, skin condition and special treatments/ procedures to assure care plans accurately reflect residents' functional capacity. This audit was completed 05/26/11 by Director of Nursing and will continue monthly for 2 months.

3. The RAI Policy and Procedure(Exhibit# 2) and the Assistive Device Policy and Protocol(Exhibit# 3) were reviewed. The Mechanical Lifts (Device) was reviewed and updated to include the Comprehensive Mechanical Device Assessment and Guidelines on 4/25/2011 (Exhibit # 4). The Whirlpool, Century bath policy was removed from the Policy and Procedures on 4/19/2011 and was determined by the QA committee not to update or replace due to the Facility not reinstating the use of this Whirlpool.

The Century Whirlpool Baths were taken permanently out of use on 4/15/2011 by: the DON signed, dated and placed notices on both tubs and lift chairs reflecting the tubs were not to be used on 4/15/2011; the Maintenance Supervisor turned off the power source to both Century Whirlpool Baths to prevent unintended usage. Christian Health Care has no functioning Whirlpool Baths in place as of 4/15/2011.

The Century Whirlpool Baths will not be reinstated.

The Clinical Nurse Consultant in- serviced the DON on 4/18/2011. This in-service included the need for individualized assessment to identify all risk factors with use of mechanical devices and addressing the supervision needs of each resident with the amount of staff needed on the care plans. The in-service of the DON reviewed job responsibilities to include oversight of resident assessment, supervision/training of staff to include C.N.A.'s and following/implementation of facility policy and procedures.

The IDCT consists of the Dietary Manager, Activities, MDS RN, and Social Services. The Dietary Manager, Activities and the Director of Nursing all attended MDS 3.0 training from an independent contractor not affiliated with the facility and/or organization on 7/15/2010.(Exhibit# 5). The MDS RN, Director of Nursing and Social Services have been registered and completed MDS 3.0 training provided by an independent contractor not affiliated with the facility or Organization on June 6th and 7th, 2011. The MDS RN was registered for this training on 5/5/2011 (Exhibit # 6).

Upon purchase of a new whirlpool for the facility, the Comprehensive Mechanical Device Assessment will still serve as the

assessment tool for appropriate, safe use of the whirlpool for a resident. The guidelines will be updated, if needed, by the QA committee to reflect any features on the whirlpool that is not reflected on the current assessment.

The Director of Nursing will audit monthly for 3 months, with the first one completed already on 05/26/11, all residents' charts for a current Comprehensive Mechanical Device Assessment and appropriate care planning of the mechanical devices utilized. This audit will also review the devices being utilized are in accordance with the care plan monthly for three months (Exhibit # 7). The Director

of Nursing will re-educate staff involved for any errors in assessment or care planning identified through the use of this audit.

The Director of Nursing will audit monthly for 3 months all residents' assessments and care plans with Comprehensive Audit as described above with the first one already completed on 05/26/2011. This audit will be completed monthly for 2 more months. The DON will reeducate staff involved for any errors in assessment or care planning identified through the use of this audit.

4. The Director of Nursing will present CMDA Audit and Comprehensive Audit to the Administrator monthly for 3 months. After reviewing for completion, the Administrator will present the findings to the QA committee monthly for 3 months for recommendation of continued frequency of these audits.



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{F 323} SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the Immediate Jeopardy identified during the abbreviated survey, concluded on 05/03/11, had been removed related to providing appropriate supervision and assistance to prevent accidents; however, non-compliance continued to exist at a S/S of an "E" as the facility's Quality Assessment and Assurance Committee had not fully implemented a plan to ensure correction of the deficient practice to prevent non-compliance recurrence.</p> <p>The findings include:</p> <p>Review of the facility's acceptable Allegation of Compliance (AoC), received on 05/23/11, revealed residents requiring the use of a mechanical device for care would first have a Comprehensive Mechanical Device Assessment (CMDA) completed. The process included updating the care plans of all residents related to the findings on the assessment, and the manufacturer's guidelines, to include the amount of assistance required. Per the AoC the Certified Nursing Assistant (CNA) preceptor would do an</p>	{F 323}	<p>1. Resident #1 expired. Residents #2, 3, 4, 5 & 6 were assessed utilizing the Comprehensive Mechanical Device Assessment (CMDA), which includes whirlpool use, by the Director of Nursing on 4/25/2011(Exhibit #1) This process included updating the care plans of all residents related to the findings on the assessment to include the amount of assistance required. This assessment defines the appropriate devices for each residents use per physical and cognitive abilities, safety requirements and ADL ability.</p> <p>Utilizing the CMDA, the following is a summary of findings and actions taken: Resident #2 utilized sit 2 stand with assist of 2 which was already addressed on care plan, whirlpool assist of 1 was removed from care plan due to whirlpool taken out of service, shower with assist of 1 was already addressed care plan, on 05/25/11 shower "lift" chair assist of 1 was added to care plan. Residents #3, #4 utilized whirlpool with assist of 1 which was removed from care plan due to being taken out of service and shower "lift" chair with assist of 1 was added on 05/25/11 to care plan. Set up help with supervision with bathing was already addressed on care plan for Residents #3 and #4. Residents #5 and #6 utilized whirlpool with assist of 1 which was removed from care plan due to being taken out of service and use of shower "lift" chair</p>	06/14/2011
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{F 323}	<p>Continued From page 4</p> <p>in-service with all CNAs for proper use of mechanical devices monthly for three months that included a return demonstration that followed recommended guidelines of manufacturer and facility policy for use of mechanical devices. The Director of Nursing would monitor 100% of CNA staff utilizing one of these devices, monthly for three months, to verify that the CNA preceptor's verification and review was correct.</p> <p>Review of the CMDA completed for twenty-five residents revealed use of the shower chair required the assistance of one (1) staff member. However, review of the residents' care plans and the CNA care plans revealed these care plans had not been revised to include the required assistance of one staff member with the use of the shower chair.</p> <p>Interview with the Director of Nursing (DON), on 05/26/11 at 5:28 PM, revealed although the CMDA assessed the use of the shower chair required the assistance of one staff member, the care plans were not revised. She stated the care plans were reviewed with the shower needs for each resident indicated as a whole, and did not specifically include the use of the "powered shower chair", as the resident needed one staff member in the shower at all times.</p> <p>Interview with the Administrator, on 05/26/11 at 5:35 PM, revealed the failure to review and revise the care plans for use of the shower chair was not identified during the Quality Assessment review as these audits were completed by the DON, who did not view this as a problem.</p> <p>Review of the facility's audits revealed the first</p>	{F 323}	<p>with assist of 1 was added on 05/25/11 to care plan. Assist of 1 for bathing was already on care plan for Residents #5 and #6.</p> <p>2. All residents' charts were reviewed to assure resident comprehensive assessments were complete, correct, and interventions identified were appropriately care planned by the Director of Nursing (DON) on 4/18/2011.</p> <p>All residents were assessed utilizing the Comprehensive Mechanical Device Assessment (CMDA), which includes whirlpool use, by the Director of Nursing and the Clinical Nurse Consultant on 4/25/2011 and 4/26/2011 and again by DON 05/25/2011 and 05/26/2011. This process included updating the care plans of all residents related to the findings on the assessment to include the amount of assistance required. This assessment defines the appropriate devices for each residents use per physical and cognitive abilities, safety requirements and ADL ability.</p> <p>The Comprehensive Mechanical Device Assessment will be completed by the Director of Nursing upon admission, quarterly and with change of condition until the MDS RN has completed MDS 3.0 training and been in-serviced by DON on CMDA form.</p> <p>In addition, Comprehensive Audit (Exhibit #14) was completed on 05/26/11 to review all</p>	

3. The Assistive Device Policy and Protocol (Exhibit# 3) was reviewed. The C.N.A. Training and In-service Policy and Procedure (Exhibit# 8) was reviewed and revised to include a designated C.N.A. preceptor to train all C.N.A. staff on the use of all mechanical lifts (devices) prior to their use on 4/19/2011. The C.N.A. Preceptor will conduct the orientation and annual skills checks of all new C.N.A.'s on use of resident equipment per facility policy and procedures. A nursing, C.N.A. Preceptor Procedure Guidelines form accompanies this policy (Exhibit # 9). The Mechanical Lifts (Device) was reviewed and updated to include the Comprehensive Mechanical Device Assessment and Guidelines on 4/25/2011 (Exhibit #4).

The Administrator instructed the Director of Nursing to initiate training of all C.N.A.'s and Licensed nurses on safe use of the whirlpool, utilizing the current policy and manufacturer guidelines on safely securing a resident with the lap belt on 4/15/2011 with return demonstration to determine competency. All in-services were completed with the exception of one C.N.A. who was on bereavement leave. This C.N.A. was trained on 4/21/2011.

Effective 4/26/2011 the C.N.A. Preceptor will provide the training of C.N.A. staff for the use of mechanical devices. This training will include return demonstration utilizing the manufacturer provided skills checklist and/or video (whichever is applicable) that is in place in the Lift Manual. The lift manual contains competency checks for all lifts used in the building. The C.N.A. Preceptor will complete this training for all new C.N.A.'s annually and as the need is identified.

The Facility provides annual skills checks of C.N.A. staff with the last completed January of 2011. The C.N.A. preceptor will provide annual skills checks to include operation, use and safety requirements of bathing devices utilized by the facility for resident care, treatment and services.

The Organizations Risk Manager received individual training from the ARJO Representative/ Manufacturer on bathing devices(Carendo) and facility lifts(Maxi Move and Sara Plus)(Exhibit # 10). The Organizations Risk Manager trained the C.N.A. Preceptor (who is a Licensed Nurse), with return demonstration to determine competency, based on manufacturer's guidelines(Exhibit # 11) on all of the mechanical devices currently in use in the facility. The Risk Manager and the C.N.A. Preceptor then trained all nursing staff beginning on 4/26/2011 and completing on 5/3/2011.

The Risk Manager did not train the staff on the Century Whirlpool Bath and SAF Lift chair related to this equipment being taken permanently out of use on 4/15/2011. Actions taken were: the DON signed, dated and placed notices on both tubs and lift chairs reflecting the tubs were not to be used on 4/15/2011; the Maintenance Supervisor turned off the power source to both Century Whirlpool Baths to prevent unintended usage. Christian Health Care has no functioning Whirlpool Baths in place as of 4/15/2011. The Century Whirlpool Baths will not be reinstated.

In the absence of the whirlpool, residents will be receiving showers or bed baths.

The C.N.A. Preceptor and/or the organization's Risk Manager will provide training and written testing for nursing staff on the use of mechanical devices and policy & procedure monthly for 3 months or upon hire of any new nursing staff prior to that employee utilizing the equipment. The training will include return demonstration utilizing the manufacturer provided skills checklist and/or video (whichever is applicable) ensuring that all staff is competent and proficient in operating all equipment utilized for resident care.

The results of this training/ testing will be given to the DON monthly for review for 3 months. The DON will verify and monitor the training was complete by observing 100% of C.N.A. staff utilizing a lift and observe one training session of C.N.A. Preceptor monthly for 3 months.

Upon the purchase of a new whirlpool the nursing staff will be trained by the manufacturer's representative, including the C.N.A. Preceptor, prior to it being placed into service. Thereafter for new hires and annually, C.N.A. staff will be trained in-service and trained by C.N.A. Preceptor utilizing manufacturer provided training material.

The facility only hires certified nursing assistants that have passed the state competency exam. After hire, the facility C.N.A. staff complete Skill Blocks training which is a skills review. In addition the facility provides annual Skills Review checks to assure competency of direct care staff in utilization of resident equipment per policies and procedures. An annual skills review will be conducted for licensed nurses and C.N.A. staff on May 24th and 25th to test competency with use of resident equipment. A list of devices this skills review addresses are attached as "Attachment A." Any staff not able to exhibit competency will require retraining and retesting of competencies by C.N.A. Preceptor. Staff not able to attend this training due to absence from work will be required to complete training within 30 days upon return to work. This review will be conducted annually by facility for C.N.A. staff.

The results of this training will be monitored by C.N.A. Preceptor and DON with daily rounds (5x per week) for 4 weeks to observe staff providing care to residents, utilizing adequate supervision and assistive devices per resident care plan. Staff noted to not follow care plan will be addressed through facility disciplinary process and receive additional training on deficient practice. In addition, any resident falls or incidents will be investigated by DON to include proper assistive devices and supervision was provided to this resident per care plan and to determine if changes are needed in care plan related to incident or possible resident change in condition— change in supervision or assistive device.

4. The Director of Nursing will present CMDA audits and Comprehensive Audit to the Administrator monthly for 3 months. After reviewing for completion, the Administrator will present the findings to the QA committee monthly for 3 months for recommendation of continued frequency of these audits.

The DON will present the results of the testing/training monthly for 3 months to the Administrator and the Clinical Nurse Consultant for review and verification of the staff competency and proficiency with utilization of resident care equipment and knowledge of policy and procedure. The Administrator will present the education results to the QA committee monthly for 3 months for recommendation of continued frequency of training. Training to be at a minimum upon hire and annually thereafter.

The DON will present Daily Rounds Sheets to Administrator weekly for 4 weeks for review and verification of staff competency and proficiency with following care plans for resident required assistive devices and supervision. The Administrator will review and then present these to QA committee weekly for 4 weeks for recommendation of continued frequency of daily rounds, to be at a minimum of weekly ongoing.

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{F 323}	Continued From page 5 month review to verify staff utilization of the mechanical devices had not been completed at the time of the revisit. The facility had verified seven out of nineteen CNAs. Interview with the DON, on 05/25/11 at 10:20 AM revealed the audit to verify 100% of the CNAs utilizing the mechanical devices, was due to be completed on 06/03/11. Interview with the Administrator, on 05/26/11 at 5:35 PM, revealed the monitoring was currently being conducted for the first month and this was due to be completed on 06/03/11.	{F 323}	residents' assessments for cognitive pattern, communication, vision, physical functioning, continence, nutritional status, skin condition and special treatments/ procedures to assure care plans accurately reflect residents' functional capacity. This audit was completed 05/26/11 by Director of Nursing and will continue monthly for 2 months. Continued Next Page.	
{F 490} SS=E	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the Immediate Jeopardy identified during the abbreviated survey, concluded on 05/03/11, had been removed; however, non-compliance continued to exist at a S/S of an "E" as the facility's Quality Assessment and Assurance Committee had not fully implemented a plan to ensure correction of the deficient practice to prevent non-compliance recurrence. The findings include:	{F 490}	F 490 see Next Page.	

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

PRINTED: 06/13/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/26/2011
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104
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{F 490}	<p>Continued From page 6</p> <p>Review of the facility's acceptable Allegation of Compliance (AoC), received on 05/23/11, revealed residents requiring the use of a mechanical device for care would first have a Comprehensive Mechanical Device Assessment (CMDA) completed. The process included updating the care plans of all residents related to the findings on the assessment, and the manufacturer's guidelines, to include the amount of assistance required. Review of the CMDA assessment tool revealed the shower chair was listed as a mechanical devices. Review of the CMDA assessment tool revealed the shower chair was listed as a mechanical devices. Per the AoC the Director of Nursing would audit all residents' charts monthly for three months for a current CMDA and appropriate care planning of the mechanical devices utilized, with the amount of assistance required. Per the AoC the Certified Nursing Assistant (CNA) preceptor would do an in-service with all CNAs for proper use of mechanical devices monthly for three months that included a return demonstration that followed recommended guidelines of manufacturer and facility policy for use of mechanical devices. The Director of Nursing would monitor 100% of CNA staff utilizing one of these devices, monthly for three months, to verify that the CNA preceptor's verification and review was correct.</p> <p>Review of the Comprehensive Mechanical Device Assessment completed for twenty-five residents revealed use of the shower chair required the assistance of one (1) staff member. However, review of the residents' care plans and the CNA care plans revealed these care plans had not been revised to include the required assistance of one staff member with the use of the shower</p>	{F 490}	<p>1. Resident #1 expired. Residents #2, 3, 4, 5 & 6 were assessed utilizing the Comprehensive Mechanical Device Assessment (CMDA), which includes whirlpool use, by the Director of Nursing on 4/25/2011 (Exhibit #1) This process included updating the care plans of all residents related to the findings on the assessment to include the amount of assistance required. This assessment defines the appropriate devices for each residents use per physical and cognitive abilities, safety requirements and ADL ability.</p> <p>Utilizing the CMDA, the following is a summary of findings and actions taken:</p> <p>Resident #2 utilized sit 2 stand with assist of 2 which was already addressed on care plan, whirlpool assist of 1 was removed from care plan due to whirlpool taken out of service, shower with assist of 1 was already addressed care plan, on 05/25/11 shower "lift" chair assist of 1 was added to care plan. Residents #3, #4 utilized whirlpool with assist of 1 which was removed from care plan due to being taken out of service and shower "lift" chair with assist of 1 was added on 05/25/11 to</p>	06/14/2011
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104
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{F 490}	<p>Continued From page 7 chair.</p> <p>Interview with the Director of Nursing (DON), on 05/26/11 at 5:28 PM, revealed although the CMDA assessed the use of the shower chair required the assistance of one staff member, the care plans were not revised. She stated the care plans were reviewed with the shower needs for each resident indicated as a whole, and did not specifically include the use of the "powered shower chair", as the resident needed one staff member in the shower at all times.</p> <p>Interview with the Administrator, on 05/26/11 at 5:35 PM, revealed the review and revision of the care plans was not found during the Quality Assessment review as this was done during the audits by the DON, who did not view this as a problem.</p> <p>Review of the facility's audits revealed the first month review to verify staff utilization of the mechanical devices had not been completed at the time of the revisit. The facility had verified seven out of nineteen CNAs.</p> <p>Interview with the DON, on 05/25/11 at 10:20 AM revealed the audit to verify 100% of the CNAs utilizing the mechanical devices, was due to be completed on 06/03/11.</p> <p>Interview with the Administrator, on 05/26/11 at 5:35 PM, revealed the monitoring was currently being conducted for the first month and this was due to be completed on 06/03/11.</p>	{F 490}	<p>care plan. Set up help with supervision with bathing was already addressed on care plan for Residents #3 and #4. Residents #5 and #6 utilized whirlpool with assist of 1 which was removed from care plan due to being taken out of service and use of shower "lift" chair with assist of 1 was added on 05/25/11 to care plan. Assist of 1 for bathing was already on care plan for Residents #5 and #6.</p> <p>2.All residents' charts were reviewed to assure resident comprehensive assessments were complete, correct, and interventions identified were appropriately care planned by the Director of Nursing (DON) on 4/18/2011.</p> <p>All residents were assessed utilizing the Comprehensive Mechanical Device Assessment (CMDA), which includes whirlpool use, by the Director of Nursing and the Clinical Nurse Consultant on 4/25/2011 and 4/26/2011 and again by DON 05/25/2011 and 05/26/2011. This process included updating the care plans of all residents related to the findings on the assessment to include the amount of assistance required. This assessment defines the appropriate devices for each residents use per physical and cognitive abilities, safety requirements and ADL ability. Continued on next page.</p> <p>F 498 Next Page.</p>	
{F 498} SS=E	483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS	{F 498}		

The Comprehensive Mechanical Device Assessment will be completed by the Director of Nursing upon admission, quarterly and with change of condition until the MDS RN has completed MDS 3.0 training and been in-serviced by DON on CMDA form.

In addition, Comprehensive Audit (Exhibit #14) was completed on 05/26/11 to review all residents' assessments for cognitive pattern, communication, vision, physical functioning, continence, nutritional status, skin condition and special treatments/ procedures to assure care plans accurately reflect residents' functional capacity. This audit was completed 05/26/11 by Director of Nursing and will continue monthly for 2 months.

3. The RAI Policy and Procedure (Exhibit# 2) and the Assistive Device Policy and Protocol(Exhibit# 3) were reviewed with no changes. The Whirlpool, Century bath policy was removed from the Policy and Procedures on 4/19/2011 and was determined by the QA committee not to update or replace due to the Facility not reinstating the use of this Whirlpool. The Administrator initiated daily(5 days a week)Quality Assurance Meetings on 4/15/2011 following Resident #1's fall from the SAF Lift chair attached to the Century Whirlpool bath.

The C.N.A. Training and In-service Policy and Procedure (Exhibit# 8) was reviewed and revised to include a designated C.N.A. preceptor to train all C.N.A. staff on the use of all mechanical lifts (devices) prior to their use on 4/19/2011. A nursing, C.N.A. Preceptor Procedure Guidelines form accompanies this policy (Exhibit # 9). The Mechanical Lifts (Device) was reviewed and updated to include the Comprehensive Mechanical Device Assessment and Guidelines on 4/25/2011 (Exhibit # 4).

The Administrator instructed the Director of Nursing to initiate training of all C.N.A.'s and Licensed nurses on safe use of the whirlpool, utilizing the current policy and manufacturer guidelines on safely securing a resident with the lap belt on 4/15/2011 with return demonstration to determine competency. N 316 continued on next page as Attachment B. All in-services were completed with the exception of one C.N.A. who was on bereavement leave. This C.N.A. was trained on 4/21/2011.

The Clinical Nurse Consultant in- serviced the DON on 4/18/2011. This in-service included the need for individualized assessment to identify all risk factors with use of mechanical devices and addressing the supervision needs of each resident with the amount of staff needed on the care plans. The in-service of the DON reviewed job responsibilities to include oversight of resident assessment, supervision/training of staff to include C.N.A.'s and following/implementation of facility policy and procedures.

The IDCT consists of the Dietary Manager, Activities, MDS RN, and Social Services. The Dietary Manager, Activities and the Director of Nursing all attended MDS 3.0 training from an independent contractor not affiliated with the facility and/or organization on 7/15/2010.(Exhibit# 5). The MDS RN, Director of Nursing and Social Services have been registered and completed MDS 3.0 training provided by an independent contractor not affiliated with the facility or Organization on June 6th and 7th, 2011. The MDS RN was registered for this training on 5/5/2011 (Exhibit # 6).

Effective 4/26/2011 the C.N.A. Preceptor will provide the training of C.N.A. staff for the use of mechanical devices. This training will include return demonstration utilizing the manufacturer provided skills checklist and/or video (whichever is applicable) that is in place in the Lift Manual. The lift manual contains competency checks for all lifts used in the building. The C.N.A. Preceptor will complete this training for all new C.N.A.'s upon hire and all C.N.A.'s annually and as the need is identified.

The Facility provides annual skills checks of C.N.A. staff with the last completed January of 2011. The C.N.A. preceptor will provide annual skills checks to include operation, use and safety requirements of bathing devices utilized by the facility for resident care, treatment and services.

The Organization's Risk Manager received individual training from the ARJO Representative/ Manufacturer on bathing devices(Carendo) and facility lifts(Maxi Move and Sara Plus)(Exhibit # 10). The Organizations Risk Manager trained the C.N.A. Preceptor (who is a Licensed Nurse), with return demonstration to determine competency, based on manufacturer's guidelines(Exhibit # 11) on all of the mechanical devices currently in use in the facility. The Risk Manager and the C.N.A. Preceptor then trained all nursing staff beginning on 4/26/2011 and completing on 5/3/2011.

The Risk Manager did not train the staff on the Century Whirlpool Bath and SAF Lift chair related to this equipment being taken permanently out of use on 4/15/2011. Actions taken were: the DON signed, dated and placed notices on both tubs and lift chairs reflecting the tubs were not to be used on 4/15/2011; the Maintenance Supervisor turned off the power source to both Century Whirlpool Baths to prevent unintended usage. Christian Health Care has no functioning Whirlpool Baths in place as of 4/15/2011. The Century Whirlpool Baths will not be reinstated.

In the absence of the whirlpool, residents will be receiving showers or bed baths.

The C.N.A. Preceptor and/or the organization's Risk Manager will provide training and written testing for nursing staff on the use of mechanical devices and policy & procedure monthly for 3 months or upon hire of any new nursing staff prior to that employee utilizing the equipment. The training will include return demonstration utilizing the manufacturer provided skills checklist and/or video (whichever is applicable) ensuring that all staff is competent and proficient in operating all equipment utilized for resident care.

The facility only hires certified nursing assistants that have passed the state competency exam. After hire, the facility C.N.A. staff complete Skill Blocks training which is a skills review. In addition the facility provides annual Skills Review checks to assure competency of direct care staff in utilization of resident equipment per policies and procedures. An annual skills review will be conducted for licensed nurses and C.N.A. staff on May 24th and 25th to test competency with use of resident equipment. A list of devices this skills review addresses are attached as "Attachment A." Any staff not able to exhibit competency will require retraining and retesting of competencies by C.N.A. Preceptor. Staff not able to attend this training due to absence from work will be required to complete training within 30 days upon return to work. This review will be conducted annually by facility for C.N.A. staff.

The results of this training will be monitored by C.N.A. Preceptor and DON with daily rounds (5x per week) for 4 weeks to observe staff providing care to residents, utilizing adequate supervision and assistive devices per resident care plan. Staff noted to not follow care plan will be addressed through facility disciplinary process and receive additional training on deficient practice. In addition, any resident falls or incidents will be investigated by DON to include proper assistive devices and supervision was provided to this resident per care plan and to determine if changes are needed in care plan related to incident or possible resident change in condition— change in supervision or assistive device.

Upon the purchase of a new whirlpool the nursing staff will be trained by the manufacturer's representative, including the C.N.A. Preceptor, prior to it being placed into service. Thereafter staff will be trained by the C.N.A. Preceptor utilizing facility policy and manufacturer provided training materials.

The Director of Nursing will audit monthly for 3 months all residents' charts for a current Comprehensive Mechanical Device Assessment and appropriate care planning of the mechanical devices utilized. This audit will also review the devices being utilized are in accordance with the care plan monthly for three months (Exhibit # 7). The Director of Nursing will re-educate staff involved for any errors in assessment or care planning identified through the use of this audit.

Director of Older Adults reviewed job description and Administrator responsibilities with Administrator on 04/29/2011 (Exhibit #12) and will conduct onsite visits monthly for 3 months to assure all implemented changes have occurred and continue per this POC.

Systemic changes to ensure facility was effectively administered include: C.N.A. to C.N.A. training was changed to be C.N.A. staff trained by C.N.A. Preceptor only to assure adequate and consistent training of C.N.A. staff upon hire and annually, Annual skills review to include all assistive devices and mechanical lifts, all residents are now assessed with a form "CMDA" for appropriate use of mechanical devices upon admission, quarterly, and with significant change to be reflected on care plan, and any mechanical lift training is required upon hire by C.N.A. Preceptor for staff to demonstrate competency with use.

4.

The Director of Nursing will present CMDA Audit and Comprehensive Audit to the Administrator monthly for 3 months. After reviewing for completion, the Administrator will present the findings to the QA committee monthly for 3 months for recommendation of continued frequency of these audits.

The DON will present the results of nursing staff testing/training monthly for 3 months to the Administrator for review and verification of the staff competency and proficiency with utilization of resident care equipment and knowledge of policy and procedure. The Administrator will present the education results to the QA committee monthly for 3 months for recommendation of continued frequency of training. Training to be at a minimum upon hire and annually thereafter.

The DON will present Daily Rounds Sheets to Administrator weekly for 4 weeks for review and verification of staff competency and proficiency with following care plans for resident required assistive devices and supervision. The Administrator will review and then present these to QA committee weekly for 4 weeks for recommendation of continued frequency of daily rounds, to be at a minimum of weekly ongoing.

The Director of Older Adults will provide onsite visits monthly for 3 months to review that plan of correction for substantial compliance has been implemented and facility continues to be administered as stated. Ongoing support and oversight will be provided beyond this as need is identified.

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{F 498} Continued From page 8

The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

This REQUIREMENT is not met as evidenced by:
 Based on interview and record review, it was determined the Immediate Jeopardy identified during the abbreviated survey, concluded on 05/03/11, had been removed related to nurse aide competency in skills and techniques utilizing mechanical and assistive devices; however, non-compliance continued to exist at a S/S of an "E" as the facility's Quality Assessment and Assurance Committee had not fully implemented a plan to ensure correction of the deficient practice to prevent non-compliance recurrence.

The findings include:

Review of the facility's acceptable Allegation of Compliance (AoC), received on 05/23/11, revealed the Certified Nursing Assistant (CNA) preceptor would provide training of the CNA staff for the use of mechanical devices, with the initial training completed on 05/03/11. This training would utilize the manufacturer provided skills checklist and return demonstration competencies and/or video that were in place in the Lift Manual; which included competency checks for the mechanical lifts utilized by the facility. Per the AoC, the CNA preceptor would do an in-service with all CNAs for proper use of mechanical devices monthly for three months that included a return demonstration that followed recommended

{F 498} 1. Resident #1 expired. Residents #2, 3, 4, 5 & 6 were assessed utilizing the Comprehensive Mechanical Device Assessment (CMDA), which includes whirlpool use, by the Director of Nursing on 4/25/2011(Exhibit #1) This process included updating the care plans of all residents related to the findings on the assessment to include the amount of assistance required. This assessment defines the appropriate devices for each residents use per physical and cognitive abilities, safety requirements and ADL ability.

Utilizing the CMDA, the following is a summary of findings and actions taken:
 Resident #2 utilized sit 2 stand with assist of 2 which was already addressed on care plan, whirlpool assist of 1 was removed from care plan due to whirlpool taken out of service, shower with assist of 1 was already addressed care plan, on 05/25/11 shower "lift" chair assist of 1 was added to care plan. Residents #3, #4 utilized whirlpool with assist of 1 which was removed from care plan due to being taken out of service and shower "lift" chair with assist of 1 was added on 05/25/11 to care plan. Set up help with supervision with bathing was already addressed on care plan for Residents #3 and #4. Residents #5 and #6 utilized whirlpool with assist of 1 which was removed from care plan due to being taken out of service and use of shower "lift" chair

06/14/2011

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{F 498}	<p>Continued From page 9</p> <p>guidelines of manufacturer and facility policy for use of mechanical devices. The Director of Nursing would monitor 100% of CNA staff utilizing one of these devices, monthly for three months, to verify that the CNA preceptor's verification and review was correct.</p> <p>Review of the facility's audits revealed the first month review to verify staff utilization of the mechanical devices had not been completed at the time of the revisit. The facility had verified seven out of nineteen CNAs.</p> <p>Interview with the DON, on 05/25/11 at 10:20 AM revealed the audit to verify 100% of the CNAs utilizing the mechanical devices, was due to be completed on 06/03/11.</p> <p>Interview with the Administrator, on 05/26/11 at 5:35 PM, revealed the monitoring was currently being conducted for the first month and this was due to be completed on 06/03/11.</p>	{F 498}	<p>with assist of 1 was added on 05/25/11 to care plan. Assist of 1 for bathing was already on care plan for Residents #5 and #6.</p> <p>2. All residents' charts were reviewed to assure resident comprehensive assessments were complete, correct, and interventions identified were appropriately care planned by the Director of Nursing (DON) on 4/18/2011.</p> <p>All residents were assessed utilizing the Comprehensive Mechanical Device Assessment (CMDA), which includes whirlpool use, by the Director of Nursing and the Clinical Nurse Consultant on 4/25/2011 and 4/26/2011 and again by DON 05/25/2011 and 05/26/2011. This process included updating the care plans of all residents related to the findings on the assessment to include the amount of assistance required. This assessment defines the appropriate devices for each residents use per physical and cognitive abilities, safety requirements and ADL ability.</p> <p>The Comprehensive Mechanical Device Assessment will be completed by the Director of Nursing upon admission, quarterly and with change of condition until the MDS RN has completed MDS 3.0 training and been in-serviced by DON on CMDA form.</p> <p>In addition, Comprehensive Audit (Exhibit #14) was completed on 05/26/11, to review all</p>	

residents' assessments for cognitive pattern, communication, vision, physical functioning, continence, nutritional status, skin condition and special treatments/ procedures to assure care plans accurately reflect residents' functional capacity. This audit was completed 05/26/11 by Director of Nursing and will continue monthly for 2 months.

3. The Assistive Device Policy and Protocol (Exhibit# 3) was reviewed. The C.N.A. Training and In-service Policy and Procedure (Exhibit# 8) was reviewed and revised to include a designated C.N.A. preceptor to train all C.N.A. staff on the use of all mechanical lifts (devices) prior to their use on 4/19/2011. The C.N.A. Preceptor will conduct the orientation and annual skills checks of all new C.N.A.'s on use of resident equipment per facility policy and procedures. A nursing, C.N.A. Preceptor Procedure Guidelines form accompanies this policy (Exhibit # 9). The Mechanical Lifts (Device) was reviewed and updated to include the Comprehensive Mechanical Device Assessment and Guidelines on 4/25/2011 (Exhibit #4).

The Administrator instructed the Director of Nursing to initiate training of all C.N.A.'s and Licensed nurses on safe use of the whirlpool, utilizing the current policy and manufacturer guidelines on safely securing a resident with the lap belt on 4/15/2011 with return demonstration to determine competency. All in-services were completed with the exception of one C.N.A. who was on bereavement leave. This C.N.A. was trained on 4/21/2011.

Effective 4/26/2011 the C.N.A. Preceptor will provide the training of C.N.A. staff for the use of mechanical devices. This training will include return demonstration utilizing the manufacturer provided skills checklist and/or video (whichever is applicable) that is in place in the Lift Manual. The lift manual contains competency checks for all lifts used in the building. The C.N.A. Preceptor will complete this training for all new C.N.A.'s annually and as the need is identified.

The Facility provides annual skills checks of C.N.A. staff with the last completed January of 2011. The C.N.A. preceptor will provide annual skills checks to include operation, use and safety requirements of bathing devices utilized by the facility for resident care, treatment and services.

The Organizations Risk Manager received individual training from the ARJO Representative/ Manufacturer on bathing devices(Carendo) and facility lifts(Maxi Move and Sara Plus)(Exhibit # 10). The Organizations Risk Manager trained the C.N.A. Preceptor (who is a Licensed Nurse), with return demonstration to determine competency, based on manufacturer's guidelines(Exhibit # 11) on all of the mechanical devices currently in use in the facility. The Risk Manager and the C.N.A. Preceptor then trained all nursing staff beginning on 4/26/2011 and completing on 5/3/2011.

The Risk Manager did not train the staff on the Century Whirlpool Bath and SAF Lift chair related to this equipment being taken permanently out of use on 4/15/2011. Actions taken were: the DON signed, dated and placed notices on both tubs and lift chairs reflecting the tubs were not to be used on 4/15/2011; the Maintenance Supervisor turned off the power source to both Century Whirlpool Baths to prevent unintended usage. Christian Health Care has no functioning Whirlpool Baths in place as of 4/15/2011. The Century Whirlpool Baths will not be reinstated.

In the absence of the whirlpool, residents will be receiving showers or bed baths.

The C.N.A. Preceptor and/or the organization's Risk Manager will provide training and written testing for nursing staff on the use of mechanical devices and policy & procedure monthly for 3 months or upon hire of any new nursing staff prior to that employee utilizing the equipment. The training will include

return demonstration utilizing the manufacturer provided skills checklist and/or video (whichever is applicable) ensuring that all staff is competent and proficient in operating all equipment utilized for resident care.

The results of this training/ testing will be given to the DON monthly for review for 3 months. The DON will verify and monitor the training was complete by observing 100% of C.N.A. staff utilizing a lift and observe one training session of C.N.A. Preceptor monthly for 3 months.

Upon the purchase of a new whirlpool the nursing staff will be trained by the manufacturer's representative, including the C.N.A. Preceptor, prior to it being placed into service. Thereafter for new hires and annually, C.N.A. staff will be trained in-service and trained by C.N.A. Preceptor utilizing manufacturer provided training material.

The facility only hires certified nursing assistants that have passed the state competency exam. After hire, the facility C.N.A. staff complete Skill Blocks training which is a skills review. In addition the facility provides annual Skills Review checks to assure competency of direct care staff in utilization of resident equipment per policies and procedures. An annual skills review will be conducted for licensed nurses and C.N.A. staff on May 24th and 25th to test competency with use of resident equipment. A list of devices this skills review addresses are attached as "Attachment A." Any staff not able to exhibit competency will require retraining and retesting of competencies by C.N.A. Preceptor. Staff not able to attend this training due to absence from work will be required to complete training within 30 days upon return to work. This review will be conducted annually by facility for C.N.A. staff.

The results of this training will be monitored by C.N.A. Preceptor and DON with daily rounds (5x per week) for 4 weeks to observe staff providing care to residents, utilizing adequate supervision and assistive devices per resident care plan. Staff noted to not follow care plan will be addressed through facility disciplinary process and receive additional training on deficient practice. In addition, any resident falls or incidents will be investigated by DON to include proper assistive devices and supervision was provided to this resident per care plan and to determine if changes are needed in care plan related to incident or possible resident change in condition- change in supervision or assistive device.

4. The Director of Nursing will present CMDA audits and Comprehensive Audit to the Administrator monthly for 3 months. After reviewing for completion, the Administrator will present the findings to the QA committee monthly for 3 months for recommendation of continued frequency of these audits.

The DON will present the results of the testing/training monthly for 3 months to the Administrator and the Clinical Nurse Consultant for review and verification of the staff competency and proficiency with utilization of resident care equipment and knowledge of policy and procedure. The Administrator will present the education results to the QA committee monthly for 3 months for recommendation of continued frequency of training. Training to be at a minimum upon hire and annually thereafter.

The DON will present Daily Rounds Sheets to Administrator weekly for 4 weeks for review and verification of staff competency and proficiency with following care plans for resident required assistive devices and supervision. The Administrator will review and then present these to QA committee weekly for 4 weeks for recommendation of continued frequency of daily rounds, to be at a minimum of weekly ongoing.

Attachment A

Air mattress
Alarm – motion sensor, seatbelt, clip, under seat, pressure pad
Alcohol swabs
Antiroll device
Basin – bath, emesis
Bed bolster
Bed – manual
Bed – electric
Bedpan
Brush
Call light
Clothing protector
Comb
Commode – bedside, elevated seat
Cones
Cup – regular, nosey, covered cup, weighted, 2 handled
Cushions – positioning, seat, wheelchair
Denture cup
Denture brush
Emery board
Floor mats
Foley bag and privacy cover
Foot rest/stool
Gait belt
Geri chair
Gloves
Grab bar
Graduated pitcher
Hand rolls
Ice chest
Ice scoop
Leg bag
Linen
Lip lubricant
Mattress overlays
Nail clipper
Orange stick
Pillow
Placemat
Plastic bag
Plate – regular, bowl, guard, divided, weighted, scoop, suction
Plate guard

Privacy curtain
Pulse oximeter
Razor
Scale
Shaving cream
Shower bench
Shower chair – pvc
Shower chair – lift
Side rails
Side rail pads
Sit 2 Stand lift
Slings
Soap
Splints
Sphygmomanometer
Stethoscope
Straw
Thermometer
Toilet hat
Toothbrush
Toothettes
Total lift
Towel
Trapeze bar
Urinal
Utensils – regular, weighted, built up
Walker – standard, rollater, wheeled
Washcloth
Water pitcher
Wheelchair
Wheelchair scale

Exhibit # 1

COMPREHENSIVE MECHANICAL DEVICE ASSESSMENT

Resident _____ Room _____ Date _____

Medical Diagnosis _____

Medications: _____

- | | |
|--|--|
| <input type="checkbox"/> Reposition self in bed or chair | <input type="checkbox"/> Uses upper body to reposition self in bed |
| <input type="checkbox"/> Stands without assistance | <input type="checkbox"/> Able to bear own weight |
| <input type="checkbox"/> Ambulates with or without assist
walker <input type="checkbox"/> one assist <input type="checkbox"/> | <input type="checkbox"/> Able to pull up into standing position |
| <input type="checkbox"/> Adequate lower body control
weakness <input type="checkbox"/> right <input type="checkbox"/> left | <input type="checkbox"/> Totally dependent for transfers |
| <input type="checkbox"/> Adequate upper body control
weakness <input type="checkbox"/> right <input type="checkbox"/> left | <input type="checkbox"/> Able to sit upright in w/c without device |

Mechanical Devices:

- Sit to stand lift
- Total lift
- Shower chair
- Whirlpool chair
- Trapeze bar

Summary of assessment finding:

Signature

Date

Exhibit #2

Christian Care Communities
Bowling Green
RAI

Policy and Procedure

NURSING

RAI 16.1

Developed by: Clinical Consultant	Facility: Bowling Green
Approved by: L. Johnson	Accepted by : MDE
Original	Effective date: 10/2010

POLICY:

The facility will complete the Resident Assessment Instrument in accordance with the PPS and OBRA time requirements.

PROCEDURE:

1. The MDS Coordinator will maintain the calendars for both PPS and OBRA assessments.
2. The interdisciplinary team will complete the assessments according to the calendars.
3. Assessments will be completed by utilizing;
 - a. Written assessments
 - b. Resident interviews
 - c. Staff interviews
 - d. Family or significant other interviews
 - e. Nursing notes
 - f. Other written documentation located in the residents record.

Exhibit # 3

Christian Care Communities

Bowling Green

Policy and Protocol on Assistive Devices

1. The use of assistive devices by residents to promote independence, create greater comfort with transfers and improve self performance of ADL's will be identified and encouraged.
2. Assistive devices can help prevent accidents, improve mobility, increase independence and help residents feel more secure. Assistive devices include but are not limited to mobility devices, etc.
3. Residents will be assessed by the appropriate member of the Interdisciplinary Care Team (ICDT) for the use of assistive devices to promote self performance of ADL's and promote safety.
4. Comprehensive device assessments are completed on all admissions, significant changes, new devices added/removed and updated quarterly.
5. The proper use of the assistive devices will be monitored for correctness and improved self performance by an appropriate member of the IDCT.
6. The ICDT will evaluate at least quarterly and as needed for continued use.

Revised 08/20/2008

Revised 04/22/2009

Mechanical Lifts (Device), Use of for Resident Care

12.8

All residents requiring use of mechanical device for care will first have Comprehensive Mechanical Device Assessment completed by licensed nurse.

Use of Mechanical devices for resident care will follow individualized Care Plan and C.N.A. Care Plan consistent with manufacturer guidelines for use of device, including amount of assistance required.

Mechanical Device use will be assessed upon admission, quarterly and with significant changes by licensed nurse.

Exhibit # 5
page 1 of 3



Kentucky Association of Homes & Services for the Aging, Inc.

KAHSA Certificate of Attendance

Shelia Coffey

has successfully completed the requirements for

MDS 3.0 Ready or Not! Prepare the Whole Team!

Bowling Green, Kentucky

Location

5-0014-01-2013-8620

Provider/Ordering Number

N/A

Expiration Date

23.0

Contact Hours

07/15/10

Date

Kentucky Association of Homes & Services for the Aging, Inc.

Exhibit # 5

page 2 of 3



KAHSA

Kentucky Association of Homes & Services for the Aging, Inc.

Certificate of Attendance

Allison Cash

has successfully completed the requirements for

MDS 3.0 Ready or Not! Prepare the Whole Team!

Bowling Green, Kentucky

5-0014-01-2013-8620

N/A

23.0

Provider-Offering Number

Expiration Date

Contact Hours

07/15/10

Date

Arne H. Vans, RN

Kentucky Association of Homes & Services for the Aging, Inc.

Exhibit # 5
Page 3 of 3



Kentucky Association of Homes & Services for the Aging, Inc.
KAHSA Certificate of Attendance

Donna Howard

has successfully completed the requirements for

MDS 3.0 Ready or Not! Prepare the Whole Team!

Bowling Green, Kentucky

Location

5-0014-01-2013-8620

N/A

Provider-Offering Number

Expiration Date

Contact Hours

23.0

07/15/10

Date

Gene H. Vans, Jr.

Kentucky Association of Homes & Services for the Aging, Inc.

Exhibit # 6

Page 1 of 2

Melanie Eaton

From: Rhonda Hoyer [mailto:RHoyer@KAHSA.com]
Sent: Friday, May 13, 2011 2:13 PM
To: Melanie Eaton
Subject: MDS 3.0 Competency Confirmation

This will **CONFIRM** the registration for the people below for the KAHSA MDS 3.0 Review & Competency Testing scheduled June 6 & 7, 2011 at Crown Plaza in Louisville, Kentucky.

1. Donovan Dame, Social Services
2. Donna Howard, Director of Nursing
3. Heather Zeller, MDS RN

I have attached a registration form for you that includes all of the details on the time and place of the seminar.

Please let me know if you need anything.

Thanks!

Rhonda

Rhonda M Hoyer
Executive Assistant &
Membership Services Coordinator
Kentucky Association of Homes
And Services for the Aging, Inc.
2501 Nelson Miller Parkway
Louisville, KY 40223
Phone: (502) 992-4380
Fax: (502) 992-4390
www.kahsa.com

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Exhibit - 6

Page 2 of 2

Kentucky Association of Homes and Services for the Aging Foundation



MDS 3.0 Review & Competency Testing

June 6 - 7, 2011

Program Description:

The MDS 3.0 assessment process and data base create a new focus for long term care providers, regulators and federal payment systems. The data that is created from the assessment will now have a more universal impact on outcomes both payment and regulatory. All professionals involved in the operational, clinical and financial management of care delivery and facility process need to understand the content of the data base, the definitions that create and identify the issues and the fiscal implications of a portion of the data on overall success. All levels of practice and management are now involved and must understand the process, the definitions that will impact practice and the content of the data identifying the facility and its outcomes in the federal and state data bases.

This program includes instruction on the implementation of the assessment process, timing and completion requirements for transmission, definitions in the MDS 3.0 process that have been amended or changed so facilities can update their policies, forms and formats for data collection. The basic principles of data analysis used by the regulatory and payment agencies will also be discussed. This is a highly interactive interdisciplinary presentation that will stimulate and challenge even the most experienced professionals. The operational focus will discuss the common problems and solutions facilities and operational platforms see today. A must do session for the entire team. The program includes an optional competency tool that leads to a competency certificate with an 80% performance.

Presenter:

Leah M. Klusch, RN, BSN, FACHCA
Nurse, Educator, Consultant, Speaker
Executive Director, The Alliance Training Center

Leah Klusch is the founder and Executive Director of The Alliance Training Center. As an educator and consultant, she has extensive experience in presenting motivating programs for a variety of health care professionals. Her dynamic style, sense of humor, and innovative ideas make her a highly sought after speaker and recognized nurse leader in the health care industry. She has completed the CMS MDS 3.0 Train the Trainer course and serves as an operational consultant to many providers and ownership groups throughout the country as well as many industry associations.

Agenda:

- | | |
|--|---|
| <ul style="list-style-type: none"> ■ Monday, June 6, 2011 Registration
7:30 a.m. - 8:00 a.m. Program
8:00 a.m. - 5:30 p.m. | <ul style="list-style-type: none"> ■ Tuesday, June 7, 2011 Registration
7:30 a.m. - 8:00 a.m. Program
8:00 a.m. - 4:00 p.m. |
|--|---|

Breaks and lunch times will be at the speakers discretion.

A 1 hour lunch break will be allowed each day - attendees will be on their own for lunch

Continuing Education:

- Approved for NCCAP #2835210 for 11 hours
- Approved for Social Service RSX019103 for 11 hours
- Approved by NAB# for 11 hours (each site has its own approval number)

This workshop has been approved for 12 contact hours for nursing and 11 facility administrators by the Kentucky Board of Licensure for Nursing Home Administrators and by the Kentucky Board of Nursing for RN/LPNs.

(Kentucky Board of Nursing approval of an individual nursing continuing education provider does not constitute endorsement of offering content.)

Location:

Crown Plaza (Formerly Executive West)
830 Phillips Lane - Louisville, Kentucky 40209-1387
KAHSA has blocked sleeping rooms for June 5 & 6
(at a rate of: \$99 standard king or double)
Call 1-800-626-2708, mention KAHSA to make reservations.

For more information:

Jennifer D. Allen
Director of Administration and Education, KAHSA
Phone: 502-992-4380
E-mail: jallen@kahsa.com

Exhibit 8 04/19/2011

**Christian Health Center, Bowling Green
C.N.A. Training and In-Service Policy and Procedure**

Purpose: To assure C.N.A. staff of this facility is trained consistently and accurately on policy and procedures of this facility for resident care and use of mechanical devices.

Policy:

1. C.N.A. Preceptor designated by Director of Nursing and approved by Human Resources (or designee). This designation dated and kept in personnel file.
2. C.N.A. Preceptor trained by Director of Nursing on how to appropriately in-service, train and audit performance of C.N.A. staff
3. C.N.A. Preceptor conducts all training in accordance with facility policies and C.N.A. standards of practice.
4. C.N.A. Preceptor can provide training of new hires and annual in-services as required.
5. All C.N.A. 's will have upon hire and minimum of annual in-service and return demonstration on use of mechanical lift equipment.



Nursing, CNA Preceptor Procedure Guidelines
C.N.A. Training and In-Service

Christian Health Center of Bowling Green only hires certified nursing assistants as verified with Kentucky Board of Nursing validation. C.N.A. Preceptor is designated and trained by the Director of Nursing, is a direct report to Director of Nursing and must sign Nursing, CNA Preceptor job description supplement to be placed in personnel folder. This position:

1. Utilizes "Textbook for LTC Nursing Assistants" and CNA Preceptor Binder to provide skills training per facility policy of C.N.A. staff.
2. Assures completion of CNA Orientation Checklist for all new hires.
3. Conducts training, competency testing and in-services annually or as identified by Director of Nursing or other designee.
4. May assist in interviewing, hiring and disciplinary process with C.N.A. staff as directed by Director of Nursing or other designee.
5. Is evaluated annually by skills review and/or competency testing by Director of Nursing, or as needed, to assure competency to train C.N.A. staff. C.N.A. staff failure to perform or receive consistent training may reflect or identify need for further education and training of C.N.A. Preceptor as determined by Director of Nursing or designee.

6. Trains C.N.A. staff on use of Mechanical Devices, referencing to lift Manual and/or CNA Preceptor Binder prior to use solo for 1st time. Utilize skills/competency testing form. 06/19/2011 JWE DH

ARJOHUNTLEIGH
GETINGE GROUP

To: Christian Health Centers KY
Re: ArjoHuntleigh Product Training
Date: May 15, 2011

Risk Manager Byron Morris has attended formal in-service training twice on our Maximove, Sara Plus, Maxi-slide and Carino/Carendo products prior to April 1, 2011. The training provided was sufficient for him to competently train staff on the use of the above mentioned equipment. We have also worked together several times in demonstrating the products to potential and existing users, as well as reviewing in-servicing videos and training checklists.

John Baldwin
ArjoHuntleigh Senior Account Executive
Kentucky, Southern Indiana

ARJO

Skills Check-off Sheet – Carendo

Employee Name Jamie Moore
 Transfer/Mobility Coach B. Morris (RM) (Performing Check-off)

Unit Name _____ Date 4/26/11

Safety-related questions that require Employees answered correctly!

- What is the maximum weight capacity for the Carendo - 350 lbs. or 300 lbs? 1
- The Carendo can be used on all residents? TRUE FALSE

Please answer the following questions with a Yes or NO

- The Carendo is a fixed height shower chair.
- The Carendo can lift the resident from the bed.
- The caregiver can perform routine hygiene activities such as showering, toileting, hair washing, foot care, dental care, changing incontinent pads and removing or putting on clothes while the resident is in the Carendo.
- The Carendo can assist the resident from a sitting to a standing position.

The CARENDO	Completed
1. Demonstrate the various power functions of the Handset control. (e.g. Care Raiser, Reclined, Hi/Lo)	✓
2. Demonstrate the procedure for undressing/dressing a Transfer Mobility Coach while he/she is sitting in the Carendo. (e.g. changing incontinence pads)	✓
3. Demonstrate how to remove and replace the chargeable battery pack.	✓
4. Identify the following parts of the Carendo: Emergency Lower Switch, Emergency Stop, Brakes, Transport Handles, Safety Straps	✓

I have successfully completed the procedures for operating the Carendo. I have demonstrated the tasks and understand that the Carendo is to be used to comply with the policy and procedures for the "Safe Resident Handling" program.

SIGNED: Jamie Moore

DATE: 4/26/11

ARJO

Skills Check-off Sheet – Maxi Move

Employee Name Jamie Moore
 Key Coach B. Morris (RN) (Performing Check-off)

Unit Name _____ Date 4/26/11

Safety-related questions that require Employees answer correctly!

- Do you use the *Maxi Move* for Limited, Extensive or Total Assist patients?
- What is the maximum weight capacity for the *Maxi Move* - 440 lbs. or 500 lbs.? 500

Please answer the following questions with a Yes or NO

- The patient must be able to understand directions to use the *Maxi Move*?
- Using a sling that is a different color than the sling the patient was assessed for is okay to do?
- Considering the risk of cross-contamination to yourself and your patients, should you inspect the sling before and after each use?
- A reclined position while in the *Maxi Move* will reduce pressure on the patient's legs?
- A patient on the floor should be assessed for injury (spinal, head or hip) prior to using a lift to pick them up?

Please answer the following questions with a True or False

- It is important to always check that the sling attachment clips are fully in position before and during the lift cycle?

Maxi Move Lift	Completed
1. Demonstrate how to lock and unlock the wheels & replace the batteries	<input checked="" type="checkbox"/>
2. Point out the following parts of the <i>Maxi Move</i> : Emergency Lower Switch, Battery Light Indicator, Mast Control Buttons & Hand Control	<input checked="" type="checkbox"/>
3. Show how to remove and replace the plastic "stays" of the sling (for head support)	<input checked="" type="checkbox"/>
4. Apply a sling to the Key Coach in a sitting position, verify the clips are positioned correctly at the shoulders and legs, position hanger bar, hook sling to the <i>Maxi Move</i> , transfer Key Coach to a bed and remove the sling	<input checked="" type="checkbox"/>
5. Apply a sling to the Key Coach in a laying position, verify clips are positioned correctly, hook it to the <i>Maxi Move</i> , transfer to a chair and remove the sling	<input checked="" type="checkbox"/>
6. Lift the Key Coach off the floor	<input checked="" type="checkbox"/>

I have successfully completed the procedures for operating the *Maxi Move*. I have demonstrated the tasks and understand that the *Maxi Move* is to be used to comply with the policy and procedures for the "Safe Patient Handling" program.

SIGNED: Jamie Moore
 DATE: 4/26/11

Arjo, Inc.
 50 North Gary Avenue
 Roselle, IL 60172
 Phone: (630) 307-2758
 Toll Free: (800) 323-1245
 Fax: (888) 684-ARJO (2766)
 www.arjo.com



Return Demonstration Check-off – Sara Plus

Employee Name Jamie Moore
Key Coach B. Morris (LHM) (Performing Check-off)

Unit Name _____ Date 4/26/11

ALL the questions below are safety-related and must be answered correctly!

- Do you use the Sara Plus for Limited, Extensive or Total Assist patients? 420 * CARE PLAN.
- What is the maximum weight capacity for the Sara Plus - 350 lbs. or 420 lbs.?
- Can I use the Sara Plus on a patient that is unconscious? Yes No
- Is the Sara Plus appropriate for a stroke patient under most situations? Yes No ASSIST
- Should I have the wheels locked on the bed when using the Sara Plus? Yes No
- Should the castors (wheels) be locked prior to lifting the patient? Yes No
- Is the Sara Plus designed to lift a patient off the floor? Yes No
- When lifting the patient, is standing next to them to lend a comforting hand and watching their posture the best place to be? Yes No
- The Sara Plus can be used for a SINGLE amputee so long as the one leg has appropriate strength. True False
- The knee support can be moved up or down to increase comfort. True False

Sara Plus Lift	Completed
1. Explain who the appropriate individual is for the Sara Plus.	✓
2. Demonstrate explaining the lift to the patient.	✓
3. Demonstrate how to lock and unlock the wheels & replace the batteries.	✓
4. Point out the following parts of the Sara Plus: Emergency Lower Switch, Battery Light Indicator, Mast Control Buttons, and Hand Control.	✓
5. Show how to attach and detach the sling from the rope (cord).	✓
6. Show tips for helping to insure that the sling does ride up the back of the patient.	✓
7. Apply the sling to the Coach while in a chair, position the Sara Plus for hookup, attach the sling, raise & transfer the Coach to bed, remove sling.	✓
8. Show how to reposition the knee support and the most common position for it.	✓

I have successfully completed the procedures for operating the Sara Plus. I have demonstrated the tasks and understand that the Sara Plus is to be used to comply with the policy and procedures for the "Safe Patient Handling" program.

SIGNED: Jamie Moore

DATE: 4/26/11

Arjo, Inc.
50 North Gary Avenue
Rosefield, IL 60172
Phone: (630) 307-2758
Toll Free: (800) 323-1245
Fax: (888) 594-ARJO (2756)
www.arjo.com

Exhibit #12

Job Title: Executive Director of Bowling Green
Division: Programs for Older Adults
Facility Name: Bowling Green
Location: Bowling Green, Kentucky

JOB DESCRIPTION ACKNOWLEDGEMENT

I have received a copy of my job description and state that I have read or have been provided accommodations to comprehend and fully understand the requirements of this description and agree to abide by its requirements and will perform all duties and responsibilities to the best of my ability.

I understand this description is intended to be a general statement concerning this position and is not to be considered a detailed assignment. It may be modified by my employer as need of my employer arises.

I certify that at this time I know of no limitations which would prevent me from performing these functions with or without accommodation. I further understand that it is my responsibility to inform my supervisor at any time that I am unable to perform these activities.

I further certify that this job description was orally reviewed with me and I have been given the opportunity to ask questions of my employer concerning these matters and that this job description will be a basis for evaluating my performance.

I accept the position of **Executive Director of Bowling Green.**

M. Eaton

Signature of Employee

12/01/05
Date

Jerry Rogers

Signature of Supervisor

12-1-05
Date

Reviewed in detail + all responsibilities of the Administrator are understood by Mrs. Melanie Eaton.

Jerry Rogers 4/29/11 VERIFIED M. Eaton 4/29/11

Exhibit #14

COMPREHENSIVE AUDIT

DATE _____

COGNITIVE PATTERN	
COMMUNICATION	
VISION	
PHYSICAL FUNCTIONING	
CONTINENCE	
SKIN	
SPECIAL TREATMENT AND PROCEDURES	