

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

PRINTED: 04/22/2014
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185389 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 04/09/2014 |
| NAME OF PROVIDER OR SUPPLIER EDGEMONT HEALTHCARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 323 WEBSTER AVENUE CYNTHIANA, KY 41031 | | |
| (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 offsite revisit was conducted and based on the acceptable Plan of Correction (POC) the facility was deemed to be in compliance as alleged on 03/21/14. | {F 000} | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | (X6) DATE | |

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

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| F 000 | INITIAL COMMENTS An Abbreviated Survey investigating KY #00021418 was initiated on 03/12/14 and concluded on 03/13/14. KY #00021418 was unsubstantiated with unrelated deficiencies cited. Deficiencies were cited with the highest Scope and Severity at a "D". | F 000 | See Attached | 3/21/14 |
| 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 review of facility's policies, it was determined the facility failed to provide care by qualified persons in accordance with the resident's written plan of care for one (1) of five (5) sampled residents (Resident #1). Resident #1 was transferred without the use of a mechanical lift and two (2) person assist, as directed by the Care Plan. The findings include: Review of the facility's policy titled "Care Plans - Comprehensive," undated, revealed it was the policy of the facility to develop a comprehensive care plan for each resident that included measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs. Review of the policy titled "Using the Care Plans", | F 282 | See Attached | 3/21/14 |

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

Deborah Zeel

Administrator

TITLE

(X5) DATE

4/22/14

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| F 282 | Continued From page 1 undated, revealed daily care was to be consistent with the resident's care plan. Review of the medical record revealed Resident #1 was admitted by the facility on 09/13/12 with diagnoses which included Osteoarthritis, Rheumatoid Arthritis, Joint pain, Obesity, Insomnia and Depression. Review of the current comprehensive Care Plan, revised January 2014, revealed Resident #1 could be transferred by the use of a Hoyer lift with the assistance of two (2) staff. (A Hoyer lift is a mechanical lift machine designed to execute a full body lift for the resident who is unsafe or unable to transfer otherwise.) Review of the Nurse Aide Care Plan for the month of February 2014 revealed Resident #1 was non-ambulatory and required two (2) person assist for transfers. Continued review revealed staff could use a Hoyer lift with two (2) person assist. Review of the Nurse's Note, dated 02/22/14 at 5:00 AM, revealed Resident #1 had "large knot to left inner thigh with slight discoloration". Continued review revealed the resident had been combative and resistive to transfer during a shower on 02/21/14. Review of the subsequent Nurse's Note, dated 02/22/14 at 6:20 AM, revealed Resident #1 was sent to the hospital per ambulance. Review of the hospital Discharge Summary revealed Resident #1 was discharged on 03/06/14 after Open Reduction and Internal Fixation (ORIF) of a Left Femur Fracture and an Intermedullary Nailing (IMN) of a Right | F 282 | <i>See attached</i> | <i>3/15/14</i> | |

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| F 282 | Continued From page 2 Tibia/Fibula Fracture. (ORIF and IMN are surgical procedures performed under general anesthesia to treat fractured bones.) Review of the facility's Investigation Report of the incident revealed "the fracture was clinically unavoidable and occurred during normal care". Interview with Certified Nurse Assistant (CNA) #3, on 03/12/14 at 5:00 PM, revealed Resident #1 was transferred to the shower chair on 02/21/14 without the use of a mechanical lift. CNA #3 stated she and three (3) other aides lifted the resident from the wheelchair to the shower chair. Continued interview revealed the aides did not follow the care plan when they did not perform a two (2) person assist. She further stated the resident had done well in the past without the use of a lift; however, when it was determined more assistance was necessary for the transfer in question, they should have used the Hoyer lift as indicated on the care plan. Interview with CNA #1, on 03/13/14 at 12:10 PM, revealed she and three (3) other aides, including CNA #3, lifted Resident #1 from the wheelchair and into the shower chair. She stated she had transferred the resident in the past, with and without a lift, but always with two (2) person assist. Continued interview revealed since the resident had transferred from the bed to the wheelchair without difficulty, the aides thought he/she could do it again, from the wheelchair to the shower chair. She further stated the care plan was not followed when the resident was transferred by a four (4) person lift instead of using the mechanical Hoyer lift. Interview with Director of Nursing (DON), on | F 282 | See attached | 3/21/14 | |

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| F 282 | Continued From page 3 03/13/14 at 3:45 PM, revealed staff received training related to following the care plan; however, the care plan was not followed when Resident #1 was transferred without a Hoyer lift. | F 282 | <i>See Attached 3/13/14</i> | |

