

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

PRINTED: 12/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 12/23/2015
NAME OF PROVIDER OR SUPPLIER CAL TURNER REHAB AND SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 456 BURNLEY RD. SCOTTSVILLE, KY 42164		
(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 Based upon implementation of the acceptable PoC, the facility was deemed to be in compliance on 12/23/15, as alleged.	{F 000}			

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

TITLE

(X8) 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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NAME OF PROVIDER OR SUPPLIER CAL TURNER REHAB AND SPECIALTY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 BURNLEY RD. SCOTTSVILLE, KY 42184
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F 000 F 280 SS=D	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey Investigating Complaint #KY24071 was conducted 12/01/15 through 12/03/15. Complaint #KY24071 was substantiated with deficiencies cited at the highest Scope and Severity of a "D".</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and the facility's policy review, it was determined the facility failed to review/revise the behavior care plan for one (1) of three (3) sampled residents</p>	F 000 F 280	<p>This plan of correction is offered as an attempt to provide the highest level of quality services possible to our residents and is not an admission that the deficiencies cited are correct.</p> <ol style="list-style-type: none"> On December 3, 2015 the Nursing Supervisor reviewed and revised Resident #1's Care Plan to reflect the new behavior of being agitated with physical aggressiveness toward other residents. RN #1 was counseled by the Director of Nursing on December 3, 2015 to emphasize the importance of promptly revising the Care Plan to reflect a resident's change of behavior. On December 3, 2015 through December 23, 2015 the Director of Nursing, Unit Supervisors and Treatment Nurse reviewed and revised all Resident Care Plans to reflect any behavioral or additional resident care changes per policy. On December 21, 2015 through December 23, 2015 the Director of Nursing and Unit Supervisors provided education sessions on the Care Plan policy to emphasize the importance of prompt reviews and revisions to Care Plans to all RN and LPN staff. Staff who did 	12/23/15
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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jaqueline H. Anderson ADMINISTRATOR TITLE
12/23/2015 (X5) 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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NAME OF PROVIDER OR SUPPLIER CAL TURNER REHAB AND SPECIALTY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 BURNLEY RD. SCOTTSDALE, KY 42164
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F 280	<p>Continued From page 1 (Resident #1). Staff failed to revise the care plan to address Resident #1's new behavior of being agitated and physical aggressive towards other residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Care Plans", last revised July 2012, revealed the objective is to provide consistent, continuous, and comprehensive care. Review/revisions of the care plan included such things as change of target dates, change of status, change of direction, and additions/deletions.</p> <p>Record review revealed the facility admitted Resident #1 on 10/26/13 with diagnoses which included Dementia with Lewy bodies, Delusional Disorder, and Generalized Anxiety. Review of the quarterly Minimum Data Set (MDS) assessment, dated 10/12/15, revealed the facility assessed Resident #1's cognition as severely impaired with a Brief Interview of Mental Status (BIMS) score of four (4) which indicated the resident was not interviewable.</p> <p>Review of the facility's Investigation Report Form, dated 11/12/15, and interviews with on 12/02/15 with Certified Nurse Aide (CNA) #1 at 9:25 AM and Licensed Practical Nurse (LPN) #1 at 8:50 AM, revealed CNA #1 witnessed Resident #1 hit Resident #2 in the face on 11/11/15 and LPN #1 witnessed Resident #1 hit Resident #3 on the left side of face and left arm, on 11/12/15. However, review of the Behavior Comprehensive Care Plan, dated 07/11/15, revealed the care plan addressed Resident #1's aggressive behavior towards staff but the care plan was not revised to address Resident #1's new behavior of physical</p>	F 280	<p>not attend the education session during the time period noted above will complete the education prior to the beginning of their shift.</p> <p>4. Effective January 1, 2016 the Unit Supervisors will conduct a minimum of 5 Care Plan reviews per month to ensure Resident Care Plans are up to date per the Care Plan policy. The results of the reviews will be submitted to the Director of Nursing each month for a period of four consecutive months to ensure Performance Improvement. The Director of Nursing will submit the results to the Performance Improvement Committee each month. The Performance Improvement Committee consist of the Performance Improvement Coordinator, Medical Director, Vice President, Administrator, Director of Nursing, Unit Supervisors, Clinical Risk Manager, Rehab Director, Director of Engineering and Housekeeping, Clinical Educator, Dietician, MDS Coordinator, Social Worker, Wound Care Nurse, and Specialty Services Manager.</p> <p>5. Completion date for the deficiency 12/23/2015</p>	
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NAME OF PROVIDER OR SUPPLIER CAL TURNER REHAB AND SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 458 BURNLEY RD. SCOTTSVILLE, KY 42164		
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F 280	Continued From page 2 aggression towards other residents. There were no interventions added to address increased monitoring and supervision to try to ensure Resident #1 was not able to strike other residents. Interview with Registered Nurse (RN) #1, on 12/02/15 at 7:45 AM, and RN #2 on 12/03/15 at 12:25 PM, revealed nursing was responsible for the revision of the care plan related to resident behaviors. RN #1 stated if residents exhibit behaviors, the resident should have a care plan that addresses the behaviors. Interview with the Director of Nursing (DON), on 12/03/15 at 12:05 PM, revealed she expected the resident care plan to be revised to include interventions related to Resident #1's aggressive behaviors due to the progression of Resident #1's disease process/illness that more aggressive/assaultive behaviors are likely to occur. Interview with the Administrator, on 12/03/15 at 8:45 AM, revealed Resident #1 is not assessed as having a behavior problem with aggression. She stated Resident #1 was diagnosed with Urinary Tract Infection when he/she physically assaulting other residents. She revealed she expected the care plans to be reviewed/ revised according to resident's change in behaviors/conditions.	F 280			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives	F 323			

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F 323	<p>Continued From page 3 adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review, it was determined the facility failed to ensure adequate supervision was provided to prevent accidents for one (1) of three (3) sampled residents (Resident #1). Resident #1 was observed to strike Resident #2 in the face on 11/11/15; however, the facility failed to provide increased supervision to protect other residents in the building. On 11/12/15, Resident #1 struck Resident #3 in the face and arm.</p> <p>The findings include:</p> <p>Record review revealed the facility admitted Resident #1 on 10/26/13 with diagnoses which included Dementia with Lewy bodies, Delusional Disorder, and Generalized Anxiety. Review of the quarterly Minimum Data Set (MDS) assessment, dated 10/12/15, revealed the facility assessed Resident #1's cognition as severely impaired with a Brief Interview of Mental Status (BIMS) score of four (4) which indicated the resident was not interviewable.</p> <p>Review of the facility's Investigation Report Form, dated 11/12/15, revealed Resident #1 was witnessed by a staff member to strike Resident #2 in the face on 11/11/15.</p> <p>Interview with Certified Nurse Aide (CNA) #1, on 12/02/15 at 9:25 AM, revealed on 11/11/15 she</p>	F 323	<p>1. On December 3, 2015 the Nursing Supervisor revised Resident #1's Care Plan to reflect new interventions due to the resident's new behavior; and added increased monitoring and supervision to prevent future incidents. RN #1 was counseled by the Director of Nursing on December 3, 2015 to emphasize their responsibility to assess, monitor, and implement effective interventions that include increased supervision to ensure the safety and protection of all residents.</p> <p>2. On December 3, 2015 through December 23, 2015 the Director of Nursing, Unit Supervisors and Treatment Nurse reviewed and assessed all residents to determine those in need of additional interventions of monitoring and supervision to ensure the safety and protection of all residents with updates made to the Care Plans.</p> <p>3. On December 21, 2015 thru December 23, 2015 the Director of Nursing and Unit Supervisors provided education sessions on the new Resident Assistance and Supervision policy to emphasize the importance of prompt assessment, monitoring, and supervision to ensure the safety and protection of all residents to all LTC staff. Staff who did not attend the education session during the time period noted above will complete the education prior to the beginning of their shift.</p>	12/23/15	

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F 323	<p>Continued From page 4</p> <p>witnessed Resident #1 "smack" Resident #2 across the face. Further interview revealed Resident #1 "smacked" Resident #2 back and forth across the face before staff was able to intervene. CNA #1 stated, "Resident #1 was taken to his/her room, and Resident #2 was assessed for injury without any noted".</p> <p>Review of the Comprehensive Care Plan, dated 07/11/14, revealed the care plan did not address Resident #1's new behavior of striking out at other residents and there was no interventions added to increase monitoring and supervision to try to prevent further episodes of Resident #1 striking other residents. Further review of the facility's Investigation Report Form, dated 11/12/15, revealed Resident #1 struck another resident (Resident #3) in the face and arm the following day (11/12/15).</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 12/02/15 at 8:50 AM, revealed she witnessed Residents #1 "slap" Resident #3 across the face. Further interview revealed Resident #1 and #3 were sitting across from nursing desk when Resident #3 initiated a conversation with Resident #1. She said Resident #1 told Resident #3 to "get away" and slapped Resident #3 across the left side of the face and left arm. LPN #1 stated, "I can't remember the exact date, but it was around the time he/she "smacked" Resident #2".</p> <p>Interview with the Director of Nursing (DON), on 12/03/15 at 12:05 PM, revealed she expected Resident #1's aggressive behaviors to increase due to the progression of his /her disease process. She stated staff should have put interventions in place to monitor for the resident's aggression with other residents.</p>	F 323	<p>4. Effective January 1, 2016 the Unit Supervisors will conduct 4 mock scenarios per month of potential resident safety situations. Random LTC staff members will be selected and presented with potential resident safety situations to assess their ability to perform prompt assessment, monitoring, and supervision procedures to ensure the safety and protection of all residents according to the Resident Assistance and Supervisor policy. The results of the mock scenarios will be submitted to the Director of Nursing each month for a period of four consecutive months to ensure Performance Improvement. The Director of Nursing will submit the results to the Performance Improvement Committee each month. The Performance Improvement Committee consist of the Performance Improvement Coordinator, Medical Director, Vice President, Administrator, Director of Nursing, Unit Supervisors, Clinical Risk Manager, Rehab Director, Director of Engineering and Housekeeping, Clinical Educator, Dietician, MDS Coordinator, Social Worker, Wound Care Nurse, and Specialty Services Manager.</p> <p>5. Completion date for the deficiency 12/23/2015</p>		

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F 323	Continued From page 5 Interview with the Administrator, on 12/03/15 at 8:45 AM, revealed Resident #1 is not assessed as having a behavior problem with aggression. She stated Resident #1 was diagnosed with Urinary Tract Infection when physically assaultive toward other residents; however, she did expect staff to provide monitoring for the resident's aggressive behaviors.	F 323			