

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

PRINTED: 06/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/15/2012
NAME OF PROVIDER OR SUPPLIER NORTH HARDIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 599 ROGERSVILLE RD. RADCLIFF, KY 40160		
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F 000	INITIAL COMMENTS An abbreviated survey was initiated on 06/14/12 and concluded on 06/15/12 investigating KY18270. The Division of Health Care substantiated the allegation with deficiencies cited.	F 000	F-279 #1 Resident #1 has been discharged but prior to discharge the residents care plan was revised on 04/25/2012 to specify the use of a shower bed for bathing by the Weekend Supervisor.		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, it was determined the facility failed to develop a comprehensive care plan for one (1) resident in the selected sample of four (4). The	F 279	#2 To identify other residents with the potential to be affected an audit will be conducted by the DON and ADON and completed by 07/10/2012 of care plans and nurse aide assignment sheets for all residents with adaptive devices such as braces and splints, to determine that their nursing care plans address specific instructions for the care and use of such equipment. #3 MDS staff are responsible for the development of the care plan and will be re-educated by 07/12/12 by Corporate Consultant on the inclusion of specific instructions related to the use of adaptive equipment on the care plan. The MDS Director will review all care plans related to the use of adaptive equipment for the next 3 months to ensure that the specific instructions regarding the use of the adaptive equipment are included in the care plan.		

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

TITLE

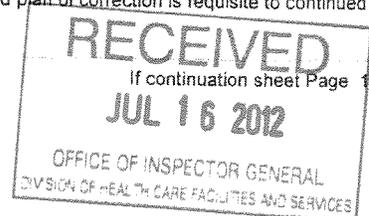
(X6) DATE

[Signature]

[Signature]

7-16-12

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

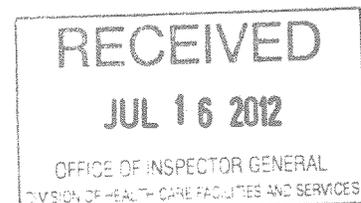


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F 279	Continued From page 1 facility failed to address the bathing aspect for Resident #1 related to the use of a TLSO (Thoraco-Lumbar Sacral Orthosis) brace. The findings include: Review of the facility's Resident Care Plan Policy and Procedure, dated 03/15/11, revealed the care plan process assures quality resident care through the coordination of each discipline's expertise and comprehensive assessment of the resident's problems and/or needs. Review of the clinical record revealed the facility admitted Resident #1 on 04/18/12, with a diagnosis of an L3 compression fracture. The resident's physician ordered a TLSO brace to be worn when the resident was out of bed or if the bed was higher than 30 degrees. This order was reflected in the nursing plan of care, dated 04/18/12; however, did not include instructions for the bathing aspect of care including the use of a shower bed or shower chair. Review of the Physical Therapy Plan of Care, dated 04/19/12, revealed the TLSO brace be on at all times when out of bed or when the bed was elevated past 30 degrees. Review of the Occupational Therapy Plan of Care, dated 04/19/12, revealed the TLSO brace was to be on when the resident was up or the head of the bed was elevated above 30 degrees. Review of the Grievance Form dated 04/25/12, revealed the family of Resident #1 expressed concerns regarding the quality of care to include the removal of the TLSO brace against the	F 279	Nursing staff were observed by Restorative Aide putting on and taking off braces and splints. This was completed on 07/03/2012. This included education on performing range of motion exercises, circulation checks, skin integrity checks, location of splint book, following the physicians order regarding application and removal of splints and braces, and documentation of same. #4 Resident observations will be done daily for 2 weeks then weekly for 2 weeks to ensure MD orders and care plans are followed. These will be completed by the Restorative Aide and Weekend Supervisor, beginning 07/09/2012. After 4 weeks resident observations will be completed monthly by the Restorative Aide, with each nurse aide being observed no less than quarterly. This will continue until reviewed by facility QA Committee feels that compliance is achieved and sustained. As an ongoing practice a resident observation ensuring the following of the resident care plan will be added to the C.N.A Skills Checklist that is completed annually for each employee and within 60 days of employment for all new employees. The results of these observations will be reported to the DON to review with the Facility QA Committee.	

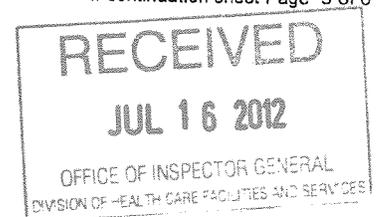
Completion date 07/14/12



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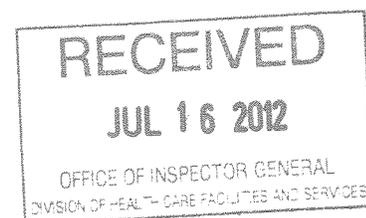
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F 279	<p>Continued From page 2</p> <p>physician order by sitting the resident in a shower chair without the brace. In response to the family's grievance, the facility acknowledged the resident's brace had been removed while sitting upright on a shower chair and that a shower bed should have been used.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 06/15/12 at 11:00 AM, revealed the physician's order indicated the TLSO brace was to be worn when the resident was out of bed or if the bed was positioned at more than a 30 degree angle. On 04/24/12, she received a complaint from the family members that the brace had been removed when the resident was sitting upright, while being given a bath. She stated on 04/23/12, Resident #1 was given a bath, and a Certified Nursing Assistant (CNA) removed the resident's brace and sat the resident upright on a shower chair. Following the bath, the brace was put back on before the resident was removed from the shower chair. On 04/25/12, the Administrator, Director of Nursing (DON), and ADON met with the family regarding their concerns. The ADON stated the plan of care was amended, which indicated the use of a shower bed only during baths.</p> <p>Interview with the Physical Therapist, on 06/15/12 at 12:51 PM, revealed Resident #1 suffered a spinal fracture as the result of a fall, and was admitted to the facility wearing a TLSO brace. She stated the resident was to wear the brace at all times unless laying flat on the back in the bed. If sitting or if the bed was at 30 degrees or higher, the brace was to be worn. She related the general practice when bathing a patient with a TLSO brace, was to give a sponge bath or place the</p>	F 279	The Unit Manager, ADON, or DON will audit care plans of all residents with adaptive equipment monthly and report their findings to the QA Committee for its review. This will be done for two quarters, to determine if additional education or audits are needed to sustain compliance.	Completion Date: 07/14/2012	



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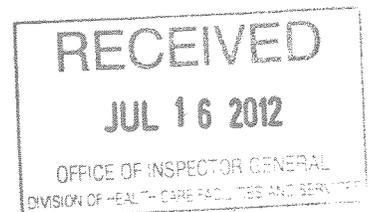
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F 279	Continued From page 3 patient on a shower bed to allow for a supine position. Interview with the Occupational Therapist, on 06/15/12 at 1:14 PM, revealed Resident #1 was admitted with an L3 compression and had a physician order that stated the TLSO brace be worn when the patient was elevated. Interview with the Administrator, on 06/15/12 at 3:11 PM, revealed he had not yet been hired when the family of Resident #1 voiced a concern regarding quality of care. He related it was a requirement for staff to follow the plan of care at all times.	F 279	F-309 #1 Resident #1 has been discharged but prior to discharge the care plan was updated to reflect the MD order by the Weekend Supervisor. No formal assessment was completed as we were not made aware of the removal of the brace until after the fact, and upon review of the record there is no indication of injury, no complaints of pain and no change in her condition.	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, it was determined the facility failed to provide the necessary care to maintain the highest practicable physical well being for one (1) resident in the selected sample of four (4). The facility failed to follow a physician's order when they removed Resident #1's Thoraco-Lumbar Sacral Orthosis (TLSO) brace when the resident was sitting in an upright position.	F 309	#2 To identify other residents with the potential to be affected, physicians orders will be reviewed on all residents with adaptive devices to determine that the orders are properly communicated to and followed by staff. This will be completed by DON and ADON by 07/10/2012. Nursing staff were observed by Restorative Aide putting on and taking off braces and splints. This was completed on 07/03/2012. This included education on performing Range of Motion exercises, circulation checks, skin integrity checks, location of splint book, following the physicians order regarding application and removal of splints and braces, and documentation of same.	



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F 309	<p>Continued From page 4</p> <p>The findings include:</p> <p>The facility did not provide any evidence of a policy regarding following physician orders. Review of the clinical record revealed the facility admitted Resident #1 on 04/18/12, with a diagnosis of an L3 compression fracture. The resident's physician ordered a TLSO brace to be worn when the resident was out of bed or if the bed was higher than 30 degrees.</p> <p>Review of the Physical Therapy Plan of Care dated 04/19/12, revealed the TLSO brace was to be on at all times when out of bed or when the bed was elevated past 30 degrees.</p> <p>Review of the Occupational Therapy Plan of Care dated 04/19/12, revealed the TLSO brace was to be on when the resident was up or the bed elevated above 30 degrees.</p> <p>Review of the Grievance Form, dated 04/25/12, revealed the family of Resident #1 expressed concerns regarding the quality of care to include the removal of the TLSO brace against the physician order by sitting the resident in a shower chair without the brace.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 06/15/12 at 11:00 AM, revealed the physician orders indicated the TLSO brace was to be worn when the resident was out of bed or if the bed was positioned at more than a 30 degree angle. On 04/24/12, she received a complaint from family members that the brace had been removed when the resident was sitting upright. She stated on 04/23/12, Resident #1 was given a</p>	F 309	<p>#3 Nursing staff were re-educated by Restorative Aide on performing Range of Motion exercises, circulation checks, skin integrity checks, location of splint book, following the physicians order regarding application and removal of splints and braces, and documentation of same. This was completed by 07/03/2012</p> <p>#4 Resident observations will be done daily for 2 weeks then weekly for 2 weeks to ensure MD orders and care plans are followed. These will be completed by the Restorative Aide and Weekend Supervisor, beginning 07/09/2012. After 4 weeks resident observations will be completed monthly by the Restorative Aide, with each nurse aide being observed no less than quarterly. This will continue until reviewed by facility QA Committee feels that compliance is achieved and sustained. As an ongoing practice a resident observation ensuring the following of the resident care plan will be added to the C.N.A Skills Checklist that is completed annually for each employee and within 60 days of employment for all new employees. The results of these observations will be reported to the DON to review with the facility QA Committee.</p>		



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F 309	<p>Continued From page 5</p> <p>bath, and a Certified Nursing Assistant (CNA) removed the resident's brace and sat the resident upright on a shower chair. Following the bath, the brace was put back on before the resident was removed from the shower chair. On 04/25/12, the Administrator, Director of Nursing (DON), and ADON met with the family regarding their concerns.</p> <p>Interview with the Physical Therapist, on 06/15/12 at 12:51 PM, revealed Resident #1 suffered a spinal fracture as the result of a fall, and was admitted to the facility wearing a TLSO brace. She stated the resident was to wear the brace at all times unless laying flat on the back in the bed. If sitting or if bed was at 30 degrees or higher, the brace was to be worn. She related the general practice when bathing a patient with a TLSO brace, was to give a sponge bath or place the patient on a shower bed to allow for a supine position.</p> <p>Interview with the Occupational Therapist, on 06/15/12 at 1:14 PM, revealed Resident #1 was admitted with an L3 compression and had a physician order that stated the TLSO brace was to be worn when the patient's head of the bed was elevated.</p> <p>Interview with the Administrator, on 06/15/12 at 3:11 PM, revealed he had not yet been hired when the family of Resident #1 voiced a concern regarding quality of care. He related it was a requirement for staff to follow physician orders. If a nurse had a question about an order, the nurse should call the physician for clarification and explanation.</p>	F 309	The Unit Manager, ADON, or DON will audit MD orders of all residents with adaptive equipment monthly and report their findings to the QA committee for its review. This will be done for two quarters, to determine if additional education or audits are needed to sustain compliance.	Completion date 7/14/2012	

