

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

PRINTED: 11/07/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/23/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - ST MATTHEWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>227 BROWNS LANE LOUISVILLE, KY 40207</b>
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F 000  F 272 SS=D	<p><b>INITIAL COMMENTS</b></p> <p>An abbreviated survey was initiated 10/22/12 and concluded on 10/23/12 to investigate KY 19243. The Division of Health Care substantiated the allegation with deficiencies cite.</p> <p><b>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</b></p> <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;                      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</p>	F 000  F 272	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p><b>F272</b></p> <p><i>1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>Resident #1 was transferred from the facility on 10/16/2012.</p> <p><i>2) How will the facility identify other residents having the potential to be affected by the same deficient practice?</i></p> <p>All residents have the potential to be affected. A Clinical Health Status Assessment will be completed by the staff nurses on all in-house residents by November 16, 2012. Any issues found will be corrected.</p>	11/30/12

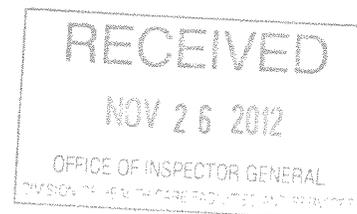
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  X <i>[Signature]</i> ED LHA	TITLE  X <i>Executive Director</i>	(X6) DATE  X <i>11/16/12</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the 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 272	<p>Continued From page 1 Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to develop an initial plan of care with interventions for one (1) of four (4) sampled residents. Resident #1 developed symptoms of a urinary tract infection on 10/11/12. Review of the initial care plan revealed no implemented interventions were developed to address the resident's urinary concerns until 10/15/12.</p> <p>The findings include:</p> <p>The facility did not provide a policy regarding the development, update or revision of the care plan. The facility followed the Resident Assessment Instrument (RAI) 3.0 User's Manual. Review of the RAI 4.7 (The RAI and Care Planning), dated 08/2010, revealed a well-developed care plan was based on the assessment information gathered throughout the RAI process, with necessary monitoring and follow up.</p> <p>Review of the closed clinical record for Resident #1 revealed the facility admitted the resident on 10/03/12 with a diagnosis of Gallstone Ileus. Review of the Bladder Assessment form, dated 10/03/12, revealed the facility identified the resident with no history of UTI. Record review</p>	F 272	<p>3) <i>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</i></p> <p>The DCE will re-educate the nurses on the Clinical Health Status/Change of Condition Guidelines and updating care plans, if indicated by November 23, 2012. The DCE will re-educate the nurses on the Lab Processing/Tracking Guidelines by November 23, 2012. 15 assessments and care plans will be audited on the in-house residents by the ADNS or DNS weekly times 4 then bi-weekly times 4 weeks then monthly times 4 months.</p> <p>4) <i>How will the facility monitor its performance to ensure that solutions are sustained?</i></p> <p>The assessment and care plan audit results will be brought to the QAPI committee, attended by Medical Director for compliance of this plan weekly for 30 days, bi-weekly for next 30 days and monthly for final 3 months. Any issues with lack of compliance will be addressed by either employee re-education and or discipline or revision of this plan to reach compliance. The QAPI committee will determine if further action needs to be taken and determine the continued time schedule for further audits.</p>	



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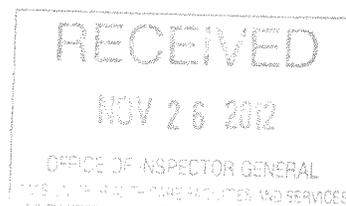
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F 272	<p>Continued From page 2</p> <p>revealed Resident #1 exhibited symptoms of a UTI on 10/11/12. The resident was transferred to another long term care facility on 10/16/12. The facility did not complete the Minimum Data Set (MDS) for Resident #1.</p> <p>Review of the nursing note, dated 10/11/12 at 10:26 AM, revealed Resident #1 had a change in his/her urinary condition. The resident's urine was documented as cloudy and foul smelling. The Advance Registered Nurse Practitioner (ARNP) was notified of the resident's urinary symptoms, on 10/11/12 at 10:26 AM, and ordered the facility to obtain from Resident #1, a urinalysis with culture and sensitivity (UA C&amp;S).</p> <p>Review of the facility's initial plan of care, dated 10/11/12, for Resident #1 revealed the facility had no evidence of developing or implementing interventions for the resident urinary symptoms.</p> <p>Interview with RN #3, on 10/23/12 at 4:00 PM, revealed she was knowledgeable of the signs and symptoms of a UTI. She stated the UTI signs and symptoms are, frequent, painful, cloudy and foul smelling urine. She stated early non clinical treatment interventions for a UTI are to increase water intake, and drink cranberry juice. She stated Resident #1's initial care plan should have been developed on 10/11/12 with the onset of cloudy and foul smelling urine. She revealed the purpose of developing and implementing an initial care plan was to ensure the resident's quality care and treatment.</p> <p>Interview with Unit Manager RN #2, on 10/23/12 at 4:30 PM, revealed Resident #1's cloudy and foul smelling urine placed the resident at risk for a</p>	F 272		
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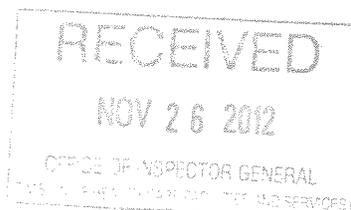
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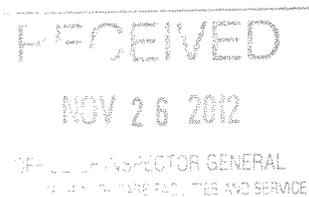
F 272	Continued From page 3 UTI. She stated the resident's urinary concerns should have been incorporated by the nurse into an initial UTI care plan. She further stated a meeting was held every morning with the interdisciplinary team and was designed to communicate, develop, implement and to accurately reflect the resident's condition on the initial care plan. She further stated she was unable to explain how Resident #1's UTI risk was not developed on the initial care plan.  Interview with Director of Nursing (DON) RN #1, on 10/23/12 at 4:40 PM, revealed Resident #1's UTI initial care plan should have been developed by the nurse that first identified the resident's risk for UTI. The DON continued to state the facility had a morning meeting daily to ensure the resident's initial care plan is developed, and updated. She further revealed the purpose of developing an initial care plan was to guide the staff in the delivery of the resident's care.	F 272		
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 and record review and	F 309	F309  <i>1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</i>  Resident #1 was transferred from the facility on 10/16/2012.	11/30/12



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F 309	<p>Continued From page 4</p> <p>review of the facility's policy, it was determined the facility failed to follow the physician's order for one (1) of four (4) sampled residents. Resident #1 had clinical signs of a urinary tract infection (UTI) on 10/11/12. On 10/11/12 the Advance Register Nurse Practitioner (ARNP) ordered the facility to obtain a urinalysis with a culture and sensitivity (UA C&amp;S) for Resident #1. The facility failed to obtain the UA C&amp;S for two (2) days.</p> <p>The findings include:</p> <p>Review of the closed clinical record, for Resident #1, revealed the facility admitted the resident on 10/03/12 with a diagnosis of Gallstone Ileus. Review of the Bladder Assessment form, dated 10/03/12, revealed the facility identified the resident with no history of UTIs. Record review revealed Resident #1 exhibited symptoms of a UTI on 10/11/12. The facility did not receive the UA C&amp;S results until 10/15/12 with the start of an antibiotic. The facility did not complete the Minimum Data Set (MDS) for Resident #1.</p> <p>Record review of the facility's nursing note, dated 10/11/12 at 10:26 AM, revealed the facility staff assessed Resident #1 with cloudy and foul smelling urine, the facility notified the ARNP and an order was obtained for a UA C&amp;S. Further review of the MEDLAB Requisition revealed the facility did not obtain the resident's UA C&amp;S for two (2) days. The record did not reflect an identifiable reason for the facility not following the physicians order.</p> <p>Interview with Registered Nurse #3, on 10/23/12 at 4:00 PM, revealed it was the responsibility of the floor nurse caring for the resident to follow the</p>	F 309	<p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents have the potential to be affected. Labs ordered to be drawn within the last 30 days were audited by the ADNS on 10/25/2012 the MD was notified of any discrepancies and new orders were completed at the time. In-house residents were assessed for pain by the staff nurses on 11/14/12. Any issues found will be corrected.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>The DCE will re-educate all nurses on the Clinical Health Status/Change of Condition Guidelines and updating care plans, if indicated by November 23, 2012. The DCE will re-educate all nurses on the Lab Processing/Tracking Guidelines by November 23, 2012. The Unit Managers will review new orders daily five days per week. The ADNS or DNS will audit lab orders daily times 5 days then weekly times 4 weeks then bi-weekly times 4 weeks then monthly times 4 months results of the audit will be given to DNS.</p>	



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F 309	<p>Continued From page 5</p> <p>physician's orders. She further revealed the nurse was responsible to obtain the UA C&amp;S the day it was ordered. She continued to state because the nurse didn't follow the physician's order the resident's care and treatment was delayed.</p> <p>Interview with Unit Manager RN #2, on 10/23/12 at 4:30 PM, revealed the floor nurse caring for the resident was responsible to carry out the physician's order. She further stated the nurse should have obtained Resident #1's U/A C&amp;S the day it was ordered, or document in the clinical record the reason for the delay. She stated it was her responsibility to ensure nursing staff followed physician orders. She stated by the nurse not following the physician's order timely, delayed treatment for Resident #1.</p> <p>Interview with the Director Of Nursing (DON) RN #1, on 10/23/12 at 4:40 PM, revealed it was the responsibility of the nurse who obtained the physician's order to implement the care. She further revealed all nursing staff caring for Resident #1 was responsible to ensure the physician's order was followed. The Unit Manager was ultimately responsible to ensure the physician's orders are implemented. The DON stated by not obtaining the UA C&amp;S on the date ordered the resident had a delay in care and treatment.</p>	F 309	<p><i>4) How will the facility monitor its performance to ensure that solutions are sustained?</i></p> <p>The lab audit results will be brought to the QAPI committee, attended by Medical Director for compliance of this plan weekly for 30 days, bi-weekly for next 30 days and monthly for final 3 months. Any issues with lack of compliance will be addressed by either employee re-education and</p> <p>or discipline or revision of this plan to reach compliance. The QAPI committee will determine if further action needs to be taken and determine the continued time schedule for further audits.</p>		

