

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

PRINTED: 05/07/2013
FORM APPROVED
OMB NO. 0938-0391

RECEIVED

JUN 20 2013

(X3) DATE SURVEY COMPLETED
05/23/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 250 SOUTH MAIN STREET PIKEVILLE, KY 41501
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F 000	INITIAL COMMENTS An abbreviated standard survey (KY20196) was conducted on 05/22-23/13. The complaint was substantiated with deficient practice identified at "D" level.	F 000	Disclaimer: Signature Healthcare of Pikeville does not believe and does not admit that any deficiencies existed either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined the facility failed to ensure residents with an indwelling catheter had a clinical condition to support the use of an indwelling catheter for one of three sampled residents (Resident #1). Resident #1 returned to the facility from a hospital evaluation with an indwelling catheter in place; however, there was no evidence the facility identified a clinical condition to support the use of the indwelling catheter, and failed to discontinue its use as soon as clinically warranted. The findings include: A review of the facility's policy titled "Catheter	F 315		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6/17/13
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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 315	<p>Continued From page 1</p> <p>Insertion" with an effective date of December 2010 revealed indwelling catheters would be inserted per physician's order. The policy contained no information regarding justification for utilizing indwelling catheters.</p> <p>A review of the medical record revealed the facility admitted Resident #1 on 07/20/09 with diagnoses including Alzheimer's Disease, Anxiety, and Failure to Thrive.</p> <p>A review of an Annual Minimum Data Set Assessment completed on 04/26/13, revealed the facility assessed Resident #1 to be incontinent of bowel and bladder and utilized no indwelling catheters.</p> <p>Continued review of Resident #1's medical record revealed the resident was transferred to the hospital on 05/15/13, for evaluation of dark colored emesis. Resident #1 was returned to the facility on the same date with a diagnosis of Gastrointestinal Bleeding. Review of documentation returned with Resident #1 from the hospital and the resident's medical record at the facility revealed no documentation of the indwelling urinary catheter. A review of physician's orders for Resident #1 received at the hospital did not include an order related to the indwelling catheter that had been inserted. Interview with Resident #1's physician and review of a physician's order dated 05/19/13, revealed the resident's physician discontinued the indwelling catheter on 05/19/13. The physician stated he had been unaware Resident #1 had received an indwelling catheter on 05/15/13 at the hospital and that it had been continued in the facility for four days without his knowledge.</p>	F 315	<p>F 315 No Catheter. Prevent UTI, Restore Bladder</p> <p>The facility removed resident number #1's foley catheter on 5-19-13.</p> <p>Residents affected: The facility removed resident #1's foley catheter on 5-19-13. A 100% audit of all residents was completed on 5-22-13 to assess for the presence of a foley catheter and appropriate diagnosis for all catheters. A 100% audit of all residents who have been admitted and returned from the hospital or returned from the ER within the last 30 days has been completed to assure that any and all foley catheters have an appropriate diagnosis or a MD order obtained to have the catheter removed.</p> <p>Residents potentially affected: Residents of the facility have the potential to be affected by this cited practice. A 100% audit of all residents was completed on 5-22-13 to assess for the presence of a foley catheter and appropriate diagnosis for all catheters. A 100% audit of all residents who have been admitted and returned from the hospital or returned from the ER within the last 30 days has been completed to assure that any and all foley catheters have an appropriate diagnosis or a MD order obtained to have the catheter removed. Licensed staff was in-serviced by the SDC on 5-22-13 on the importance of assessing the presence of a foley catheter upon the return from ER or hospital.</p> <p>Systemic measures: A 100% audit of all residents was completed on 5-22-13 to assess for the presence of a foley catheter and appropriate diagnosis for all catheters. A 100% audit of all residents who have been admitted and returned from the hospital or returned from the ER within the last 30 days has been completed to assure that any</p>	6-21-13

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F 315	<p>Continued From page 2</p> <p>Observation of Resident #1 on 05/22/13, at 12:08 PM revealed the resident was sitting up in a wheelchair; however, an interview with the resident was unsuccessful due to the resident's cognitive impairment. Resident #1 was not observed to have an indwelling catheter.</p> <p>An interview was conducted on 05/22/13 at 3:15 PM, with Licensed Practical Nurse (LPN) #1 who had provided care for Resident #1 upon his/her return to the facility after evaluation at the hospital on 05/15/13. The nurse stated she assessed Resident #1 when the resident arrived back from the hospital and noted the resident to have an indwelling urinary catheter in place. However, the nurse stated she had not sent the resident to the hospital earlier, nor was routinely assigned to care for Resident #1, and had "assumed" Resident #1 had the catheter prior to being sent to the hospital. LPN #1 stated she was not aware of the reason for the catheter or if there was a physician's order for the use of the catheter and had made no effort to ensure and/or obtain a physician's order for the urinary catheter or rationale for the continued use of the indwelling catheter upon the resident's return to the facility.</p> <p>An interview conducted with the Director of Nursing (DON) on 05/22/13 at 5:06 PM, revealed she was assisting to assess Resident #1 on 05/17/13, and observed the resident to have an indwelling catheter in place. The DON stated she assumed the resident had obtained the indwelling catheter at the hospital on 05/15/13 but failed to ensure the resident's physician was aware of the indwelling catheter and that a supporting diagnosis for continued usage had been</p>	F 315	<p>and all foley catheters have an appropriate diagnosis or a MD order obtained to have the catheter removed. Licensed staff was in-serviced on 5-22-13 by the SDC on the importance of assessing the presents of a foley catheter upon the return from ER or hospital. Licensed staff was also in-serviced by the SDC on 5-22-13 on the importance of assuring that orders are written for foley catheters and that the appropriate diagnoses are present.</p> <p>Monitoring measures: All new admission, readmission and hospital ER visits will be reviewed for appropriateness of foley catheters or need for removal in the daily whiteboard meeting. If any deficient practices are noted in the morning white board meeting the deficient practice will be immediately corrected and reported to the monthly QA meeting.</p>	
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