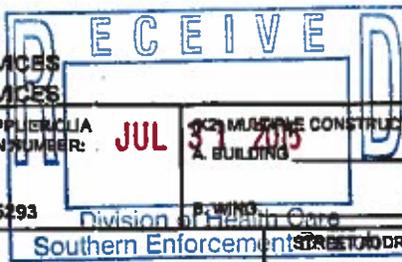


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185293	(X2) MURKIN CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 06/30/2015
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NAME OF PROVIDER OR SUPPLIER LAUREL CREEK HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1033 NORTH HIGHWAY 11 MANCHESTER, KY 40962
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(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 F 241 SS=G	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY23445) was initiated on 06/29/15 and concluded on 06/30/15. The complaint was substantiated with deficient practice identified at "G" level.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review it was determined the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced each resident's dignity for four (4) of seven (7) sampled residents (Residents #3, #4, #5, and #6). Staff and resident interviews revealed the facility required staff members to remove incontinence briefs on all incontinent residents during the night. Interviews with Residents #3, #4, #5, and #6 revealed the facility had not discussed this issue with them prior to implementing incontinence briefs being removed at night. The residents stated this caused feelings of humiliation and embarrassment, and they felt demeaned.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Resident Rights," date unknown, revealed a resident was to be treated with consideration, respect, and full</p>	F 000 F 241	<p>1. Resident's #3 and #6 have been discharged from the facility. Resident's #4 and #5 were provided with incontinent products as appropriate and by their choice on June 30, 2015. Each resident's Plan of Care was revised by MDS Coordinator on 7/1/15 and physician's orders were reviewed and clarified as appropriate.</p> <p>2. Residents that have incontinence of bowel or bladder have the potential to be affected. The MDS Coordinator reviewed care plans of each resident that has a diagnosis of incontinence and care plans were updated and revised as appropriate. This review was completed on July 1, 2015.</p> <p>Incontinent care and product Physician Orders were reviewed by the Unit Manager (UM), and Assistant Director of Nursing (ADON) on July 23, 2015 and clarified as appropriate.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *[Signature]* DATE: 07/31/15

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 LAUREL CREEK HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1033 NORTH HIGHWAY 11 MANCHESTER, KY 40962		
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F 241	<p>Continued From page 1 recognition of his/her dignity and individuality.</p> <p>1. Record review revealed the facility admitted Resident #3 on 04/01/14 with diagnoses which included Multiple Sclerosis (MS), Anxiety, Mixed Incontinence, and Generalized Muscle Weakness. Review of the Annual Minimum Data Set (MDS) assessment, dated 03/30/15, revealed the facility assessed the resident's Brief Interview for Mental Status (BIMS) score to be 15, which indicated the resident was cognitively intact and interviewable.</p> <p>Further review of the MDS revealed the facility assessed the resident as requiring extensive assistance with bed mobility and toileting. The facility also assessed the resident to be frequently incontinent of bowel and bladder. Review of the "Care Directive" (Certified Nursing Assistant Care Plan) revealed the resident was always incontinent of bowel and bladder. The Care Plan directed staff to "check and change" the resident every two (2) hours and as needed.</p> <p>Review of the July 2015 Physician's Orders revealed an order with an original order date of 04/01/14, stating the resident "may wear briefs for incontinent episodes." Review of the Comprehensive Care Plan with an onset date of 04/09/15, revealed the resident was experiencing incontinence episodes of bowel and/or bladder and directed staff to "check and change" the resident every two (2) hours and as needed, as well as to "use adult brief for dignity." Review of the "Weekly Skin Integrity Data Collection" dated 05/04/15 through 06/29/15 revealed the resident's skin was intact and dry.</p> <p>Interview with Resident #3 on 06/29/15 at 10:00</p>	F 241	<p>Social Worker will interview 5 residents with a BIMS score of 9 or higher that have a diagnosis of incontinence. The "Resident Dignity and Choices Audit" tool will be used to identify, with residents, any issues with dignity. After completion of interview, any issues will be address as appropriate. This will be completed by August 7, 2015.</p> <p>3. On July 1, 2015 the facility audited each incontinent resident's supply of incontinent products as ordered by the physician, plan of care and resident's preference and provided additional products as appropriate.</p>		

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F 241	<p>Continued From page 2</p> <p>AM revealed the resident was not provided incontinence briefs during the night multiple times throughout the last month. The resident stated facility staff had indicated the reason for not providing him/her incontinence briefs during the night was related to staff "using too many diapers." During interview with the resident, he/she stated, "I have MS. The disease is bad enough. I don't need to lose any more dignity. Going without the briefs is humiliating and demeaning."</p> <p>Further interview with the resident on 06/29/15 at 1:50 PM revealed facility staff had not asked the resident or discussed the decision to discontinue incontinence briefs at night with the resident until staff members were directed to not use them. Interview with Resident #3 on 06/30/15 at 12:33 PM, revealed facility staff told the resident they were not providing briefs during the night so he/she could "air out." The resident stated the terminology "air out" was offensive, ridiculous, and embarrassing to him/her. Further interview revealed the resident had been having frequent loose stools and although he/she realized "they did not smell good," the fact that the facility wanted staff to "air" him/her out was embarrassing.</p> <p>2. Record review revealed the facility readmitted Resident #4 on 02/19/15 with diagnoses which included Cerebrovascular Disease (CVA - stroke), Congestive Heart Failure, and Generalized Weakness. Review of the Quarterly MDS assessment revealed the facility assessed the resident's BIMS score to be 11, indicating the resident was interviewable. Further review of the MDS revealed the resident required extensive assistance with bed mobility and toileting. The</p>	F 241	<p>On 7/1/15 the Unit Manager provided nursing staff with inservice regarding the use of incontinent products and that resident's are to be provided with incontinent products according to the physician order's, resident's plan of care, and the resident's preferences. Inservices will be completed with nursing staff by the Unit Managers on Dignity and Choices by August 7, 2015.</p> <p>Newly hired nursing personnel will receive education on incontinent care and practices during their new hire orientation period.</p>		

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F 241	<p>Continued From page 3</p> <p>facility also assessed the resident to be frequently incontinent of urine and occasionally incontinent of bowel. Review of the "Care Directive" revealed the resident was occasionally incontinent of bowel and bladder. Interventions included for staff to "check and change" the resident every two (2) hours and as needed.</p> <p>Review of the June 2015 Physician's Orders revealed an order with an original order date of 02/19/15, stating the resident may use incontinence wear if needed. Review of the resident's Comprehensive Care Plan with a review date of 05/18/15, revealed the resident was experiencing incontinence episodes of bowel and/or bladder. The staff was directed to "check and change" the resident every two (2) hours and as needed, and to "use adult brief for dignity." Review of the "Weekly Skin Integrity Data Collection" dated 05/01/15 through 08/28/15 revealed the resident's skin was intact and dry.</p> <p>Interview with Resident #4 on 08/29/15 at 4:15 PM revealed facility staff had informed him/her that his/her incontinence brief was to be left off during the night so he/she could "get air." During the interview, the resident became very tearful and began crying. Further interview revealed that not using incontinence briefs during the night made him/her "feel bad." The resident stated, "I don't feel comfortable without my night clothes on. I've always wore my underclothes at night." He/she later stated, "It's embarrassing that they leave them (the brief) off." Resident #4 stated that a family member had purchased pull-ups to keep in his/her nightstand because the facility would not provide him/her briefs to wear at night. The resident stated he/she had asked facility staff to leave his/her incontinence briefs on during the</p>	F 241	<p>The Executive Director (ED) and Director of Nursing (DON) reviewed the process of incontinent products distribution by the CMT (Certified Med Tech). The process was revised to make certain that incontinent products are distributed consistently and are available to nursing staff at all times. The CMT was educated 1:1 by the ED and DON regarding the revision to the process on July 1, 2015.</p> <p>The Social Service Director will interview 5 residents with BIM's score 9 or higher each week for 4 weeks, then twice a month for two months and quarterly thereafter. The interview will encompass questions related to Dignity and Choices and provision of care. The DON/ADON/ Unit Managers will perform an observation audit weekly on 5 residents that have a BIM score of 9 or below for 4 weeks, then twice a month for two months and then quarterly thereafter.</p>		

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F 241	<p>Continued From page 4</p> <p>night; however, the staff continued to remove his/her briefs at night against his/her wishes.</p> <p>3. Record review for Resident #5 revealed the facility admitted the resident on 01/09/15 with diagnoses which included Alzheimer's Disease, Dementia, Chronic Obstructive Pulmonary Disease, and Anxiety. Review of the Admission Minimum Data Set (MDS) assessment, dated 01/07/15, revealed the facility assessed the resident's BIMS score to be 11, indicating the resident was interviewable.</p> <p>Further review of the MDS revealed the facility assessed the resident to require extensive assistance with bed mobility and toileting. The facility also assessed the resident to be frequently incontinent of urine and always continent of bowel. Review of the "Care Directive" revealed the resident was always incontinent of bowel and occasionally incontinent of bladder and directed staff to "check and change" the resident every two (2) hours and as needed; the resident may wear adult briefs.</p> <p>Review of the June 2015 Physician's Orders revealed an order with an original order date of 01/15/15 stating the resident may use incontinence wear if needed. Review of the resident's Comprehensive Care Plan, review date of 04/15/15, revealed the resident was experiencing incontinence episodes of bowel and/or bladder and directed staff to "check and change" the resident every two (2) hours and as needed; and to "use adult brief for dignity as needed."</p> <p>Review of the "Weekly Skin Integrity Data Collection" dated 04/28/15 through 05/26/15</p>	F 241	<p>The results of the audits will be submitted to the ED (Executive Director) for review.</p> <p>4. The results of the audits will be communicated with the Quality Assurance Performance Improvement (QAP) on a monthly basis. QAPI Team (consisting of Executive Director, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Unit Manager, Dietary Manager, Activity Director, and the Medical Director) to review all audits and make recommendations related to findings weekly x 2 weeks beginning July 22, 2015 then at least monthly until this issue is considered resolved. Continued QA monitoring of Dignity, Choices and Provision of Care audits by DON, ADON, UM or SDC to ensure providing residents with care in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality will be ongoing QA at least quarterly.</p> <p>5. Completion Date</p>	8-7-15	

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F 241	<p>Continued From page 5</p> <p>revealed the resident's skin was intact and dry, and indicated there was some redness. Further review of the weekly skin assessments dated 06/02/15 through 06/16/15 revealed the resident's skin was intact and dry.</p> <p>Interview with Resident #5 on 06/29/15 at 6:30 PM, revealed facility staff told the resident they did not have incontinence briefs to provide during the night on a "couple" of occasions. The resident stated not being able to use the incontinence briefs made him/her "feel bad about myself."</p> <p>4. Record review revealed the facility readmitted Resident #6 on 05/04/15 with diagnoses which included Chronic Obstructive Pulmonary Disease, Hypertension, and Generalized Pain. Review of the Admission MDS revealed the facility assessed the resident's BIMS score to be 12, indicating the resident was interviewable. Further review of the MDS revealed the resident required extensive assistance with bed mobility and toileting. The facility also assessed the resident to be frequently incontinent of bowel and bladder.</p> <p>Review of the "Care Directive" revealed the resident was always incontinent of bowel and occasionally incontinent of bladder, and staff was directed to "check and change" the resident every two (2) hours and as needed.</p> <p>Review of the June 2015 Physician's Orders revealed an order with the original order date of 05/04/15 indicating the resident was incontinent of bowel and bladder and directing staff to "check and change" the resident every two (2) hours and as needed.</p>	F 241			

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F 241	<p>Continued From page 6</p> <p>Review of the resident's Comprehensive Care Plan with an onset date of 05/12/15, revealed the resident was experiencing incontinence episodes of bowel and bladder. Interventions included for staff to "check and change" the resident every two (2) hours and as needed, and to "use adult brief for dignity as needed."</p> <p>Review of the Weekly Skin Integrity Data Collection dated 05/04/15 through 05/25/15 revealed the facility assessed the resident to have redness on his/her buttocks.</p> <p>Interview with Resident #6 on 06/30/15 at 3:50 PM revealed the resident required assistance to the bedside commode and wore incontinence briefs. Further interview revealed facility staff told the resident "they had ran out" of incontinence briefs. The resident stated the incident occurred the week before and he/she had asked a family member to bring pull-ups from home for him/her to use at night. Further interview revealed facility staff used "chucks" (incontinence pads) instead of using the briefs that he/she preferred. The resident stated, "No one saw anything, but it still made me feel uncomfortable."</p> <p>Review of a facility "Staff Memo" addressed to all night shift staff members revealed, "All residents are to be chucked!! No briefs." The memo further stated if a resident had a brief on in the bed, staff would "be written up." If the staff members had questions, they were to contact the Director of Nursing (DON) or the Assistant Director of Nursing (ADON). The memo was signed by Unit Manager (UM) #1.</p> <p>Interview with UM #1 on 06/29/15 at 2:51 PM revealed facility staff was instructed to remove</p>	F 241			

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F 241	<p>Continued From page 7</p> <p>the incontinence briefs on all incontinent residents on a nightly basis. Further interview revealed she was aware that Resident #3 was upset about not being provided the incontinence briefs at night. The UM stated Resident #3 had loose stools and needed "to be aired out" to prevent skin problems.</p> <p>Interview with Certified Nurse Assistant (CNA) #6 on 06/29/15 at 5:15 PM revealed incontinence briefs were removed at night unless the resident demanded to keep them on and the family and facility were agreeable with the decision. The CNA stated this had been facility practice for the last "couple of months." The CNA stated she was instructed to leave incontinence briefs off at night "because of the budget." Further interview with the CNA revealed she was aware that there had been "quite a few" residents that were "really upset" about the change in practice.</p> <p>Interview with CNA #7 on 06/29/15 at 5:25 PM revealed the facility's Administrative Staff had indicated the incontinence briefs were "costing a lot of money" and it would be better to let residents "air out" at night.</p> <p>Interview with CNA #8 on 06/29/15 at 5:33 PM revealed the change in practice to not provide briefs at night was related to "cutting back on expenses."</p> <p>Interview with CNA #9 on 06/30/15 at 11:48 AM revealed she had been instructed to not use incontinence briefs on residents during the night due to a shortage of briefs. The CNA stated that if a resident requested an incontinence brief she provided them with one.</p>	F 241			

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F 241	<p>Continued From page 8</p> <p>Interview with CNA #10 on 06/30/15 at 12:52 PM revealed she had also been instructed to leave the incontinence briefs off residents during the night. The CNA stated, "I left the briefs off the first day, then I started thinking about their dignity and started putting them on." Further interview with CNA #10 revealed she had attended a facility verbal in-service meeting in May 2015, during which staff members were instructed to let residents "air out" and that the facility was "over budget" on briefs.</p> <p>Interview with CNA #11 on 06/30/15 at 2:49 PM revealed she had attended the verbal in-service regarding not using incontinence briefs during the night. The CNA stated the change in practice was initially explained as a budget concern and was later indicated as a way of letting residents "air out." Further interview revealed the CNA was working the night the new practice was put into effect. The CNA stated she was caring for Residents #3 and #5 that night, and both residents were very upset and requested incontinence briefs. The CNA stated she informed UM #1 the following morning of Residents #3 and #5's concerns. Further interview with CNA #11 revealed the residents were not given an explanation related to the change in facility practice prior to implementing the change.</p> <p>Interview with Registered Nurse (RN) #2 on 06/30/15 at 2:32 PM revealed night shift staff members had been instructed to leave the incontinence briefs off residents to prevent skin breakdown.</p> <p>Interview with the ADON on 06/30/15 at 5:37 PM revealed she had been instructed that facility staff</p>	F 241		

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F 241	<p>Continued From page 9</p> <p>was not to use incontinence briefs during the night shift. The ADON stated she had not been informed of the reason behind the change. She stated Resident #4 had been "crying and upset" the day before (06/29/15) related to staff members removing his/her incontinence brief at night after the resident had requested to wear a brief. The ADON stated she had instructed the night shift staff members to allow Resident #4 to wear briefs at night. Further interview revealed the ADON had not identified any concerns with dignity.</p> <p>Interview with UM #1 on 06/30/15 at 6:12 PM revealed staff members were first instructed via note to not use incontinence briefs on any residents during the night. Further interview revealed the facility allowed the residents to use incontinence briefs at night upon request. The UM stated she was not aware of any residents being "embarrassed" about not having incontinence briefs at night and she was also not aware that residents' family members were purchasing briefs for resident use.</p> <p>Interview with the DON on 06/30/15 at 6:29 PM revealed facility staff had initially been instructed to not use incontinence briefs during the night shift to let residents "air out" to prevent skin issues. The DON stated the change in practice was not related to budget concerns. She stated she was not aware of residents having concerns regarding not being supplied incontinence briefs at night. The DON stated if a resident requested a brief, then staff should be giving them one. She further stated the facility had not changed or created a new policy prior to initiating the change in practice or discussed it with residents and/or families. The DON stated the Administrator had</p>	F 241			

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NAME OF PROVIDER OR SUPPLIER LAUREL CREEK HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1033 NORTH HIGHWAY 11 MANCHESTER, KY 40962		
(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 241	Continued From page 10 instructed her to initiate the change in practice regarding incontinence briefs at night. She stated she was unsure what the rationale was for the change in practice. Further interview revealed the facility did not individually assess the residents for the need for incontinence briefs at night. The DON stated she had not identified any concerns with not using incontinence briefs during the night. Interview with the Administrator on 06/30/15 at 7:08 PM revealed the facility was "letting some of the residents air out to prevent skin breakdown." Further interview revealed the Administrator stated it was her understanding that residents that were "susceptible to skin breakdown" were not to have their incontinence briefs during the night shift unless they were "heavy wetters or had diarrhea." Further interview revealed the Administrator was unaware if assessments had been completed prior to the change in practice. She stated she did not make the decision to remove the briefs at night and that the decision "was absolutely not done because of budget cuts." The Administrator stated she was not aware of any resident being upset regarding the change and she had not identified any concerns with dignity.	F 241			
F 282 SS=G	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	F 282	1. Resident's #3 and #6 have been discharged from the facility. Resident's #4 and #5 were provided with incontinent products as appropriate and by their choice on June 30, 2015. Each resident's Plan of Care was revised by MDS Coordinator on 7/1/15 and physician's orders were reviewed and clarified as appropriate.		

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F 282	<p>Continued From page 11</p> <p>by:</p> <p>Based on interview, record review, and facility policy review it was determined the facility failed to follow and implement interventions in the plans of care for four (4) of six (6) sampled residents (Residents #3, #4, #5, and #6). Review of the comprehensive care plans for Residents #3, #4, #5, and #6 revealed interventions to provide incontinence briefs for the residents to maintain dignity. Staff and resident interviews revealed the facility failed to provide incontinence care briefs for residents at night resulting in feelings of embarrassment, humiliation, and feeling demeaned.</p> <p>The findings include:</p> <p>Review of the facility's policy entitled "Resident Care Plan," with a revision date of December 2008, revealed a resident's care plan was a brief written portrait of the resident and an individualized guide of the nursing care needed. Further review of the policy revealed the care plan should reflect the resident's current needs, problems, goals, care, treatment, and services.</p> <p>Review of the facility's policy, "Resident Rights," date unknown, revealed a resident was to be treated with consideration, respect, and full recognition of his/her dignity and individuality.</p> <p>1. Record review for Resident #3 revealed the facility admitted the resident on 04/01/14 with diagnoses which included Multiple Sclerosis (MS), Anxiety, Mixed Incontinence, and Generalized Muscle Weakness.</p> <p>Review of the Annual Minimum Data Set (MDS) assessment, dated 03/30/15, revealed the</p>	F 282	<p>2. Residents that have incontinence of bowel or bladder have the potential to be affected. The MDS Coordinator reviewed care plans of each resident that has a diagnosis of incontinence and care plans were updated and revised as appropriate. This review was completed on July 1, 2015.</p> <p>Incontinent care and product Physician Orders were reviewed by the Unit Manager (UM), and Assistant Director of Nursing (ADON) on July 23, 2015 and clarified as appropriate.</p> <p>3. On July 1, 2015 the facility audited each incontinent resident's supply of incontinent products as ordered by the physician, plan of care and resident's preference and provided additional products as appropriate.</p>		

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F 282	<p>Continued From page 12</p> <p>resident's Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was cognitively intact and was interviewable. Further review of the MDS revealed the facility assessed the resident to require extensive assistance with bed mobility and toileting. The facility also assessed the resident to be frequently incontinent of bowel and bladder.</p> <p>Review of the "Care Directive" (Certified Nurse Assistant Care Plan) revealed the resident was always incontinent of bowel and bladder. Interventions included for staff to "check and change" the resident every two (2) hours and as needed.</p> <p>Review of the July 2015 Physician's Orders revealed an order with an original order date of 04/01/14, stating the resident "may wear briefs for incontinent episodes." Review of the resident's Comprehensive Care Plan with an onset date of 04/08/15, revealed the resident was experiencing incontinence episodes of bowel and/or bladder. Interventions included for staff to check and change the resident every two (2) hours as needed, and to "use adult brief for dignity."</p> <p>Interview with Resident #3 on 08/29/15 at 10:00 AM revealed the facility failed to provide the resident with incontinence briefs during the night resulting in him/her having feelings of humiliation. Resident #3 stated, "I have MS. The disease is bad enough. I don't need to lose any more dignity. Going without the briefs is humiliating and demeaning." Further interview with Resident #3 on 08/29/15 at 1:50 PM revealed facility staff had not asked or discussed with him/her the decision to discontinue the use of briefs at night prior to implementing the change.</p>	F 282	<p>On 7/1/15 the Unit Manager provided nursing staff with inservice regarding the use of incontinent products and that resident's are to be provided with incontinent products according to the physician order's, resident's plan of care, and the resident's preferences.</p> <p>Newly hired nursing personnel will receive education on incontinent care and practices during their new hire orientation period.</p> <p>The Executive Director (ED) and Director of Nursing (DON) reviewed the process of incontinent products distribution by the CMT (Certified Med Tech). The process was revised to make certain that incontinent products are distributed consistently and are available to nursing staff at all times. The CMT was educated 1:1 by the ED and DON regarding the revision to the process on July 1, 2015.</p>	

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F 282	<p>Continued From page 13</p> <p>2. Record review for Resident #4 revealed the facility readmitted the resident on 02/19/15, with diagnoses that included Cerebrovascular Disease, Congestive Heart Failure, and Generalized Weakness.</p> <p>Review of the Quarterly MDS assessment revealed the facility assessed the resident's BIM's score to be 11, indicating the resident was interviewable. Further review of the MDS revealed the facility assessed the resident to require extensive assistance with bed mobility and toileting. The facility also assessed the resident to be frequently incontinent of urine and occasionally incontinent of bowel. Review of the facility "Care Directive" revealed the resident was occasionally incontinent of bowel and bladder, and directed staff to "check and change" the resident every two (2) hours and as needed.</p> <p>Review of the June 2016 Physician's Orders revealed an order with an original order date of 02/19/15 stating the resident may use incontinence wear, if needed. Review of the Comprehensive Care Plan reviewed on 05/18/15, revealed the resident was experiencing incontinence episodes of bowel and/or bladder and the plan directed staff to check and change the resident every two (2) hours and as needed; and to "use adult brief for dignity."</p> <p>Interview with Resident #4 on 06/29/15 at 4:15 PM revealed facility staff removed his/her incontinence brief during the night. The resident stated he/she wanted to wear the brief, but facility staff told him/her that he/she could not wear a brief at night. Resident #4 stated he/she was "embarrassed" and it made him/her "feel bad."</p>	F 282	<p>The Social Service Director will interview 5 residents with BIM's score 9 or higher each week for 4 weeks, then twice a month for two months and quarterly thereafter. The interview will encompass questions related to Dignity and Choices and provision of care. The DON/ADON/ Unit Managers will perform an observation audit weekly on 5 residents that have a BIM score of 9 or below for 4 weeks, then twice a month for two months and then quarterly thereafter.</p> <p>The results of the audits will be submitted to the ED (Executive Director) for review.</p>		

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F 282	<p>Continued From page 14</p> <p>The resident became upset, tearful, and began to cry during the interview.</p> <p>3. Record review for Resident #5 revealed the facility admitted the resident on 01/09/15, with diagnoses which included Alzheimer's Disease, Dementia, Chronic Obstructive Pulmonary Disease, and Anxiety. Review of the Admission MDS assessment, dated 01/07/15, revealed the facility assessed the resident's BIMS score to be 11, indicating the resident was interviewable. Further review of the MDS revealed the facility assessed the resident to require extensive assistance with bed mobility and toileting. The facility also assessed the resident to be frequently incontinent of urine and always continent of bowel.</p> <p>Review of the "Care Directive" revealed the resident was always incontinent of bowel and occasionally incontinent of bladder, and directed staff to check and change the resident every two (2) hours and as needed. Further review revealed the resident may wear adult briefs.</p> <p>Review of the June 2015 Physician's Orders revealed an order with an original order date of 01/15/15, stating the resident may use incontinence wear if needed. Review of the resident's Comprehensive Care Plan with a review date of 04/15/15, revealed the resident was experiencing incontinence episodes of bowel and/or bladder. The staff was directed to "check and change" the resident every two (2) hours and as needed, and to "use adult brief for dignity as needed."</p> <p>Interview with Resident #5 on 06/29/15 at 6:30 PM revealed facility staff had failed to provide the</p>	F 282	<p>4. The results of the audits will be communicated with the Quality Assurance Performance Improvement (QAP) on a monthly basis. QAPI Team (consisting of Executive Director, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Unit Manager, Dietary Manager, Activity Director, and the Medical Director) to review all audits and make recommendations related to findings weekly x 2 weeks beginning July 22, 2015 then at least monthly until this issue is considered resolved. Continued QA monitoring of Dignity, Choices and Provision of Care audits by DON, ADON, UM or SDC to ensure providing residents with care in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality will be an going QA at least quarterly.</p> <p>5. Completion Date</p>	8-7-15

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F 282	<p>Continued From page 15</p> <p>resident with incontinence briefs during the night, which resulted in the resident "feeling bad" about himself/herself.</p> <p>4. Record review for Resident #6 revealed the facility readmitted the resident on 05/04/15, with diagnoses which included Chronic Obstructive Pulmonary Disease, Hypertension, and Generalized Pain. Review of the Admission MDS revealed the facility assessed the resident's BIMS score to be 12, indicating the resident was interviewable. Further review of the MDS revealed the facility assessed the resident to require extensive assistance with bed mobility and toileting. The facility also assessed the resident to be frequently incontinent of bowel and bladder.</p> <p>Review of the "Care Directive" revealed the resident was always incontinent of bowel and occasionally incontinent of bladder; staff was to "check and change" the resident every two (2) hours and as needed.</p> <p>Review of the June 2015 Physician's Orders revealed an order with the original order date of 05/04/15 indicating the resident was incontinent of bowel and bladder and directed staff to check and change the resident every two (2) hours and as needed.</p> <p>Review of the Comprehensive Care Plan with an onset date of 05/12/15, revealed the resident was experiencing incontinence episodes of bowel and bladder, and directed staff to "check and change" the resident every two (2) hours and as needed; and to "use adult brief for dignity as needed."</p> <p>Interview with Resident #6 on 06/30/15 at 3:50</p>	F 282			

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NAME OF PROVIDER OR SUPPLIER LAUREL CREEK HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1033 NORTH HIGHWAY 11 MANCHESTER, KY 40862	
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F 282	<p>Continued From page 16</p> <p>PM revealed the facility failed to provide the resident with incontinence briefs during the night resulting in him/her having feelings of being "uncomfortable."</p> <p>Review of a facility "Staff Memo" addressed to all night shift staff members revealed, "All residents are to be chucked!! No briefs. If a resident has a brief on in the bed you will be written up." If the staff members had questions, they were directed to contact the Director of Nursing (DON) or the Assistant Director of Nursing (ADON). The memo was signed by Unit Manager (UM) #1.</p> <p>Interview with UM #1 on 08/29/15 at 2:51 PM revealed incontinence briefs were removed during the night from all incontinent residents facilitywide. UM #1 stated the practice was intended to allow residents to "air out" to prevent possible skin problems. Further interview on 08/30/15 at 6:12 PM revealed staff was responsible to follow resident care plans.</p> <p>Interviews with Certified Nurse Assistants (CNAs) #9, #10, and #11 on 08/30/15 at 11:48 AM, 12:52 PM, and 2:49 PM, respectively, revealed they were responsible to review and follow each resident's CNA care plan every shift. Further interview revealed the resident's incontinence care needs would be indicated on the CNA care plan. The CNAs stated they were instructed to remove the resident's incontinence briefs during the night shift for all residents.</p> <p>Interview with Registered Nurses (RNs) #2 and #3 on 08/30/15 at 2:32 PM and 3:09 PM, respectively, revealed they were responsible to review and follow the resident's comprehensive care plan each shift. The RNs stated</p>	F 282		

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F 282	Continued From page 17 Interventions regarding incontinence care were located on the comprehensive care plan; however, they had been instructed to remove incontinence briefs during night shift hours to prevent skin breakdown. Interview with the Assistant Director of Nursing (ADON) on 06/30/15 at 5:47 PM, revealed the comprehensive care plan stated to use incontinence briefs for dignity and facility staff should follow the care plan; however, facility staff was instructed by the Director of Nursing (DON) and Administrator to remove the residents' briefs at night. Interview with the Director of Nursing (DON) and the Administrator on 06/30/15 at 6:29 PM and 7:06 PM, respectively, revealed facility staff had been directed to no longer use incontinence care briefs on residents at night unless they were requested by the resident. The Administrator and DON stated they did not consider dignity issues or resident care plans prior to making the decision to discontinue all briefs during the night shift. Further interview revealed interventions for incontinence care were located on the care plan and facility staff was responsible to follow the care plan.	F 282		