

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

PRINTED: 09/05/2012
FORM APPROVED
MB NO. -

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185237	<input checked="" type="checkbox"/> CONSTRUCTION NURSE _____ B.WING/BLDG _____	(X3) DATE SURVEY COMPLETED C 08/23/2012
NAME OF PROVIDER OR SUPPLIER FOUR COURTS AT CHEROKEE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MILLVALE RD. LOUISVILLE, KY 40205	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 309 SS=D	An abbreviated survey was initiated on 08/22/12 and concluded on 08/23/12 for KY18954 which was substantiated. Deficiencies were cited. 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.	F 309	1. A skin assessment was completed for resident #4 on 8/23/12 by the ADON. The peri-area was cleaned and moisture barrier cream was applied by nurse on 8/23/12. The Nurse Practitioner was consulted for evaluation and treatment on 8/24/12. The Wound Physician was consulted for evaluation and orders were received by ADON on 8/27/12. A skin assessment was completed for Resident #7 on 8/23/12 by ADON. The Nurse Practitioner was consulted and orders received for foot soaks and to apply Bactroban ointment once daily until healed on 8/23/12. Orders implemented on 8/24/12. Resident #7 was seen by the Podiatrist on 8/28/12.	9/23/12
	This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review and facility policy, it was determined the facility failed to ensure two (2) of seven (7) sampled residents (Residents #4 and #7) received the necessary care and services to prevent skin issues and to implement treatment of skin issues. Resident #4 was found to have redness and rash in the groin area and was not receiving treatment. Resident #7 was found to have swelling, redness and bloody drainage from under a toe nail and was not receiving treatment. The findings include: Review of the facility's policy for Skin Care and Wound Management Program, dated 2011, revealed residents were to receive skin care as			

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shirley Husley

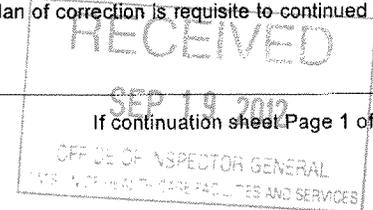
TITLE

Administrator

(X6) DATE

9/18/12

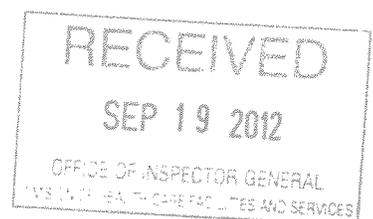
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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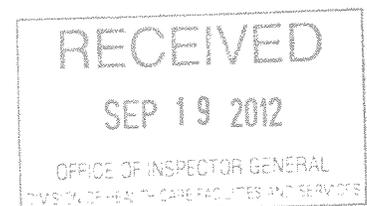
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F 309	<p>Continued From page 1</p> <p>part of the daily care provided by staff and included foot care and incontinence care. Staff were to minimize resident exposure to moisture, bathe with soap and water, keep residents clean and dry and report any skin issues to the nurse.</p> <p>Review of the facility's actual staffing for the unit, average census 37-39, revealed the facility staffed the unit with two (2) Certified Nurse Aides (CNA) on seven (7) evening shifts over the time span of 07/22/12 thru 08/21/12. In addition, the facility staffed the unit on the night shift with one (1) CNA six (6) times between 07/22/12 and 08/21/12.</p>	F 309	<p>2. Skin assessments were completed for all residents on 9/12/12 by ADON and staff nurses. No additional skin problems were identified. Skin care education i.e. identification of new skin problem/changes, C.N.A reporting skin problem/changes to the nurse, skin assessment, and notification to the physician for treatment orders was done and completed for the nurses and nursing aides on 9/12/12 by the ADON and DON.</p>	9/23/12	
	<p>1. Review of the clinical record for Resident #4 revealed the facility admitted the resident with diagnoses of Alzheimer's Disease and Depression. The facility completed a quarterly Minimum Data Set (MDS) assessment of the resident on 07/02/12 which revealed the resident needed extensive assistance of one for hygiene and bathing. The resident was not cognitively intact and complained of being tired and having little energy.</p> <p>Review of the comprehensive care plan for Resident #4 revealed the facility was to complete perineal care after incontinence and report any skin concerns to the nurse. The resident had a history of resolved pressure ulcers and the facility documented that the resident was at risk for skin breakdown.</p> <p>Observation of Resident #4's skin check with</p>		<p>3. Weekly skin assessments will be completed for all residents by staff nurses and ADON. Charts will be reviewed for completion daily by ADON and DON.</p>		



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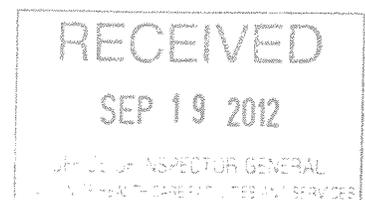
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F 309	Continued From page 2 Licensed Practical Nurse (LPN) #1, on 08/23/12 at 2:50 PM, revealed the resident had redness of the groin with a red rash. Interview with LPN #1, on 08/23/12 at 1:00 PM, revealed she was not aware of the skin issues with Resident #4 prior to the skin check. She stated no information regarding the skin was provided to her by Certified Nurse Aides (CNA) as required by facility policy. She stated the redness and rash needed to be treated to make the resident comfortable and to clear up the skin and prevent further breakdown.	F 309	Weekly skin sweeps will be completed to ensure accuracy and appropriate reporting of skin changes identified by DON and ADON. Education related to Skin care and the reporting process will be provided to the nursing staff by the DON and ADON by 9/12/12.	9/23/12	
	Interview with CNA #1, on 08/23/12 at 3:40 PM, revealed she told the nurse two (2) to three (3) days ago that Resident #4's groin was red and rashy. She was unable to say which nurse was notified. She stated the facility policy was for staff to notify the nurse when there were changes in residents' skin. She stated residents were to be changed and turned every two (2) hours. She stated not informing the nurse of skin changes could lead to worse skin breakdown and she felt the resident was in pain from the condition. Interviews with CNA#2 and #3, on 08/23/12 at 3:40 PM, revealed they had worked the second shift when two CNAs were scheduled for thirty (30) plus residents several times, however, they worked together as a team and got the job completed to their satisfaction. They declined to comment further.		4. The DON/designee with conduct a 10% audit of skin assessments weekly to ensure accuracy and appropriate skin reporting of skin changes. The audit findings will be presented to the Performance Improvement Committee monthly for review x 3 months and quarterly for 6 months and refer to the Performance Committee as necessary thereafter.		



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F 309	Continued From page 3 Interview and observation of Resident #4 with the Assistant Director of Nursing (ADON) and the Director of Nursing (DON), on 08/23/12 at 4:00 PM, revealed Resident #4 had redness and a rash on the groin and it was related to urine but was not excoriation. They stated a treatment would be implemented to resolve the redness and the rash. They stated residents were to be checked for wetness and soiling every two (2) hours and there was enough staff to complete the care for each resident each shift. Interview with the DON, on 08/23/12 at 5:30 PM, revealed the facility had staffing limitations related to the low resident census.	F 309			
	2. Review of the clinical record for Resident #7 revealed the facility admitted the resident with diagnoses of Dementia and Hypertension. The facility completed a quarterly MDS assessment of the resident on 07/08/12 which revealed the resident required extensive assistance of one to complete bathing, hygiene, and transfers. The resident was incontinent of bowel and bladder. Review of the comprehensive care plan for Resident #7 revealed the facility was to assist the resident to change position every two hours, keep the resident clean and dry and to notify the nurse of skin issues or changes. Observation of Resident #7 on 08/23/12 at 2:20 PM, with LPN #1, revealed the resident had several reddened areas on the feet. The right middle toe was noted to be red around the toe nail and swelling was present. A black dried				



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F 309	Continued From page 4 substance was noted under the toe nail and down the bottom of the foot. The left middle toe was noted to have some redness at the base of the nail and a little swelling. In addition, there were several red areas on the right outer aspect of the right foot. Interview with LPN #1, on 08/23/12 at 2:30 PM, revealed the facility had no knowledge of the condition of the toe. She stated the resident was not receiving any treatment and she would call the physician and have the resident seen as there was definitely something wrong with the toe. She stated the red areas on the feet were not pressure areas.	F 309			
	Interviews with CNA #1, #2 and #3, on 08/23/12 at 3:40 PM, revealed they had provided care to Resident #7, however, they had not removed the resident's socks and were not aware of the condition of the resident's toes. Interview and observation with the DON and the ADON, on 08/23/12 at 3:50 PM, revealed the resident had a possible infection in both middle toes. The ADON stated the right middle toe had bled and the blood had dried. She stated the toes appeared to be infected and treatment by the physician was required. She revealed the condition of the toes should have been reported by the CNAs who provided care.				

