

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

PRINTED: 06/29/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 000	INITIAL COMMENTS AMENDED A Recertification Survey was initiated on 05/19/15 and concluded on 05/22/15. Deficiencies were cited with the highest Scope and Severity (S/S) of a "G".	F 000	Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state laws.	
F 157 38-D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157:	1) MD notified on 4/6/15 of open area on sacrum for Resident #3. Follow-up of orders/assessment by MD on 4/9/15, 4/23/15, 4/27/15, 5/6/15, 5/7/15, 5/11/15, 5/15/15, 5/20/15, 6/1/15, 6/5/15, 6/9/15. MD was notified on 5/21/15 of ulcerated area to left hand, second finger for Resident #2. Follow-up orders/assessment by MD on 5/25/15, 5/31/15 and 6/3/15. 2) Skin assessment completed on Resident #3 on 5/26/15 to assess for any other undocumented open areas and Resident #2 on 5/30/15 for any other undocumented open areas. Skin assessments completed by staff nurse. 3) Skin assessments will be completed on all residents by 6/22/15 monitoring for any ulcerated areas that could be pressure, venous, arterial insufficiency, stasis, and diabetic in nature will be completed by staff nurses. 4) Policy and procedure related to	7/6/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Scott Anne Mack TITLE: Administrator (X6) DATE: 06-24-15

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 patient. (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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 700 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 157 Continued From page 1
the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to ensure the Physician was notified when there was a significant change in the resident's physical status and a need to alter treatment for two (2) of fifteen (15) sampled residents (Residents #2 and #3).

Resident #3 was identified to have a new open area to the sacrum on 03/30/15, per the Clinical Notes Report. However, there was no documented evidence the Physician was notified until seven (7) days later on 04/06/15, when the area was described as a partial thickness wound (Stage II Pressure Ulcer).

Additionally, observation of a skin assessment for Resident #2 on 05/21/15, revealed a Stage II Pressure Ulcer to the second finger which had been identified on 05/19/15, per the Clinical Notes Report. However, there was no documented evidence the Physician was notified to obtain a treatment order until 05/21/15, two (2) days later, after Surveyor intervention. (Refer to F-314)

The findings include:
Review of the facility's, "Notification of Change in Resident Status" Policy, undated, revealed it was the policy of the facility to ensure each resident received quality medical care. Further review revealed the Attending Physician would be

F 157 notification of physician for changes in resident condition, including new skin/ulcer issues will be reviewed and revised, as needed, by 6/19/15 by DON.

5) RN #1, RN #2, RN #4, LPN #1, LPN #2 will be re-educated regarding timely, proper notification of MD related to resident change of condition by 6/19/15 by DON.

All nurses will be educated in regards to proper/timely notification of MD related to resident change of condition by 7/1/15 by DON, Unit Manager, MDS nurse.

6) QI monitor relative to physician notification regarding changes in resident condition will be developed by DON and initiated by 7/2/15 to be completed weekly x 4 weeks, every other week x 8 weeks, and monthly x 6 months. QI monitors will be completed by DON, Unit Manager, MDS nurse(s), nursing QA staff or designated charge nurse. The Director of Nursing will review all QI monitors relative to physician notification regarding changes in resident condition to assure compliance and forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 150 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(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) COMPLETE DATE	
F 157	<p>Continued From page 2</p> <p>notified of any deterioration in the resident's physical, psychosocial or mental status. Per the Policy, the Attending Physician would be notified to initiate a new form of treatment.</p> <p>1. Review of Resident #3's medical record revealed diagnoses which included Dementia, Renal Insufficiency, Peripheral Vascular Disease, Cerebral Vascular Accident (CVA) with Hemiplegia (paralysis) and a History of Pressure Ulcers (P.U.). Review of the Quarterly Minimum Data Set (MDS) Assessment dated 03/02/15, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) of a fourteen (14) out of fifteen (15), indicating the resident was cognitively intact. Continued review of the MDS Assessment revealed the facility assessed Resident #3 as having a healed Stage II Pressure Ulcer, as not ambulating, as frequently incontinent of bowel and bladder, and as requiring extensive assistance of two (2) staff for bed mobility, transfers, and toilet use.</p> <p>Observation, on 05/20/15 at 2:45 PM, of Resident #3's skin assessment conducted by LPN #2/Wound Nurse, revealed the resident's sacral wound was a Stage III Pressure Ulcer.</p> <p>Review of the Clinical Notes Report, dated 03/30/15 completed by Registered Nurse (RN) #1, revealed Resident #3 was identified to have two (2) open areas on the buttocks, and the nurse had visualized the left buttock to have an approximately one fourth (1/4) inch round open area, and the area above the rectum between the buttocks as approximately an eighth (1/8th) of an inch wide and approximately 1/4 to three eighths (3/8th's) inch long slit, and the area was creamed with a protective paste. However, continued</p>	F 157	<p>Quality Assurance Committee Meeting. QA Committee members include: Medical Director, Administrator, Assistant Administrator, Director of Nursing, MDS Coordinator, Infection Control Nurse, Dietary Director, Activities Director, President of the Board, Environmental Services Director, Social Services Director, Human Resource Director, Admissions Director, and Maintenance Director.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075	

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F 157	Continued From page 3 review revealed no documented evidence the Physician was notified of the areas. Interview with RN #1 on 05/21/15 at 5:00 PM, revealed he did not notify the Physician of the areas of skin breakdown, but was unsure why he did not follow through with notification. He stated Resident #3 already had Calmoseptine Ointment (a specialized skin protectant) ordered. Review of the March and April 2015 Medication Administration Record (MARs), revealed Resident #3 was receiving scheduled Calmoseptine Ointment three times a day (TID) from 03/13/15 until 04/09/15. Continued interview with RN #1 revealed he would have expected the Wound Nurse to measure and stage the wound the next day, 04/01/15, because he thought he had documented Resident #3's skin breakdown on the facility's 24 Hour Report form. Review of the Skin Assessment performed by Licensed Practical Nurse (LPN) #2/Wound Nurse on 04/05/15, revealed there was an open area to Resident #3's buttock center which was a partial thickness wound measuring 2.0 centimeters (cm) in length by (x) 0.6 cm in width x 0.2 cm in depth, with pink tissue and clear yellow drainage, and Calmoseptine ointment was applied. However, continued review revealed there was also no documented evidence the Physician was notified of the skin breakdown on that date. Review of a Skin Assessment performed by LPN #2/Wound Nurse on 04/06/15, revealed the partial thickness wound to the resident's center upper buttock now measured 2.5 cm in length x 2 cm in width x 0.3 cm in depth, and had increased in size and depth. Review of the Physician's Progress Note dated 04/06/15, revealed Resident	F 157		

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 157	<p>Continued From page 4</p> <p>#3 had a sacral wound; however, there was no evidence of orders for a new treatment for the wound. Review of a Physician's Order dated 04/08/15, revealed a new order for a floating (specialized pressure reducing) mattress.</p> <p>Review of the skin assessment dated 04/09/15, revealed the resident's sacral ulcer had increased in size measuring 3.6 cm in length x 1.8 cm in width x 0.3 cm in depth and yellow tissue slough was noted. Review of a Physician's Order dated 04/09/15, revealed orders had been received for a new treatment to the ulcer area. Continued review revealed no documented evidence of further skin assessments with measurement and description of the wound from 04/10/15 until 04/23/15. Review of the skin assessment dated 04/23/15, revealed the ulcer area was described as a partial thickness wound (a Stage II P.U.) measuring 3.5 cm in length x 1 cm in width x 0.3 cm in depth, with pink granulating tissue and the area was noted to have decreased in size.</p> <p>Interview, on 05/21/15 at 5:30 PM, with RN #2 Wound Nurse revealed she had previous experience with wounds from working in a hospital wound clinic, and she assisted LPN #2 Wound Nurse with wounds in the facility. Per interview, she and LPN #2 measured residents' wounds together to ensure accuracy each week. She stated she first saw Resident #3's sacral wound on 04/05/15, and the wound was a Stage II P.U. at that time. Per interview, although the area was identified on 03/30/15, after reviewing the resident's record, she could find no documentation of the Physician being notified until 04/08/15, and she wasn't sure why the Physician was not notified.</p>	F 157		
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 700 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 157	Continued From page 5 Review of the Physician's Orders dated 05/05/15, revealed new orders had been obtained for the partial thickness wound (Stage II P.U.). Review of the Physician's Orders dated 05/07/15, revealed orders to promote the healing of the sacral wound which was now a Stage III Pressure Ulcer. Phone interview on 05/22/15 at 3:40 PM with the Attending Physician, revealed he expected the facility staff to notify him or one (1) of the other providers of any new areas of skin breakdown. Per interview, he or the other provider would then examine the wounds, triage them and have the resident sent to the hospital wound clinic. He revealed in Resident #3's case where the resident already had an order for Calmosapline in place, he would need to see the new open area to the sacrum where it was identified to determine if additional orders were needed for treatment. 2. Review of Resident #2's clinical record revealed the facility admitted the resident on 04/10/12, with diagnoses which included Alzheimer's Disease, and Arthritis. Review of the Significant Change MDS Assessment dated 04/15/15, revealed the facility assessed the resident to have both short term and long term memory loss. Continued review of the MDS Assessment revealed the facility assessed Resident #2 as having one (1) Stage II P.U., to require total assistance of two (2) staff for bathing, extensive assistance of one (1) staff for hygiene and total assistance of two (2) staff for bed mobility and transfers. Review of the Physician's Orders dated 04/16/15, revealed an order for Nystatin Powder (an antifungal antibiotic medicated powder) between	F 157		
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NAME OF PROVIDER OR SUPPLIER CARMEL MANDR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANDR ROAD FORT THOMAS, KY 41075
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F 157 Continued From page 6

The fingers of Resident #2's left hand three (3) times a day until healed. Review of the May 2015 Monthly Physician's Orders revealed the Nystatin Powder order continued to be in effect.

Observation of a skin assessment for Resident #2 on 05/21/15 at 11:00 AM, performed by LPN #2/Wound Nurse and RN #2/Wound Nurse revealed the resident had contracted left and right hands. Continued observation revealed a Stage II P. U. was observed on the resident's left hand on the second finger at the first joint, between the second and third fingers. Interview during the skin assessment with LPN #2/Wound Nurse and RN #2/Wound Nurse revealed both wound nurses were unaware of the P.U. area on the resident's finger, and had not been notified of the area. Further interview on 05/21/15 at 11:00 AM and at 5:20 PM, with LPN #2/Wound Nurse revealed she had done a Nystatin treatment to Resident #2's left hand yesterday, 05/20/15, and the area was not there at that time.

Review of the Clinical Notes Report, dated 05/19/15 at 11:47 AM, documented by LPN #1, revealed on Resident #2's left hand between the second and third fingers, there was a small circular open area which had a yeast odor. Per the Report, the open area was cleansed with Normal Saline (N/S), dried, and Nystatin Powder applied.

Interview with LPN #1 on 05/22/15 at 9:00 AM, revealed she did Resident #2's left hand treatment on 05/19/15, and applied Nystatin Powder between his/her fingers. Per interview, she had not realized the open area between the resident's fingers was a new area, and had not checked Resident #2's medical record as she

F 157

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
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F 157	<p>Continued From page 7</p> <p>though the Nystatin was the treatment for the open area. She revealed she knew she knew she should notify the Physician; however, had not realized the open area was a new area at the time and had not notified the Physician.</p> <p>Interview, on 05/21/15 at 5:15 PM, with RN #4 revealed LPN #1 had informed her on 05/20/15, of an open area on Resident #2's finger; however, LPN #1 had not said if she had notified the Physician or not. She stated she thought LPN #2/Wound Nurse was notified yesterday and explained it was the facility protocol to notify the Wound Nurse of any areas of skin breakdown.</p> <p>Review of the Physician's Orders dated 05/21/15, revealed orders for treatment to a Stage II P.U. on Resident #2's left hand, between the second and third finger.</p> <p>Continued phone interview on 05/22/15 at 3:40 PM with the Attending Physician, revealed Resident #2 both the resident's hands were contracted. Per interview, even though Resident #2 had an order in place for Nystatin he would have been needed to be notified for orders as the Nystatin would not be the primary treatment required for an open area.</p> <p>Interview with the Unit Coordinator (UC) and the Director of Nursing (DON) on 05/22/15 at 6:00 PM, revealed according to the UC, the facility had identified communication as a concern regarding P.U.'s and other types of skin breakdown. The UC revealed when new skin breakdown was noted on a resident, all nurses and the Physician should be notified; however, the facility had identified this was not happening. During the DON revealed when any new areas of skin</p>	F 157		

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F 157 Continued From page 8
breakdown were noted, it should be documented in the Nurse's Notes and the Physician should be notified.

F 221 483.13(a) RIGHT TO BE FREE FROM
SS-D PHYSICAL RESTRAINTS

The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to ensure residents had the right to be free from physical restraints for one (1) of fifteen (15) residents (Resident #6).

Record review revealed a Physical Therapy (PT) recommendation for a less restrictive device, a wheelchair with a lap buddy in 2014; however, there was no documented evidence PT's recommendations were followed and observations revealed Resident #6 was restrained in a geri-chair with a lap table.

The findings include:

Review of the facility's policy titled, "Physical Restraints", undated, revealed it was the policy of the facility to promote independence and overall quality of life for residents and to facilitate maximum functional ability for residents. Per the Policy, any resident considered for the use of a physical restraint would be assessed for appropriate need of the restraint, and the

F 157

F 221 1) Therapy order obtained on 5/22/15 to evaluate resident for possible restraint reduction. Resident was changed from reclining Geri-chair with lap tray to up in wheelchair with lap buddy on 5/22/15. On 6/8/15 resident continued to be followed in Therapy and was changed to up in wheelchair no lap buddy routinely. Lap buddy changed to "only as needed".
2) All residents with an order for restrictive physical restraint (i.e. lap tray, lap buddy, seatbelt) will be reviewed by nursing/therapy for possible attempts of restraint reduction by 6/19/15.
3) Restorative nurse will be in-serviced on proper assessment and restraint reduction by Director of Nursing by 6/19/15. All nurses, nursing staff will be in-serviced regarding proper restraint reduction by DON, Unit Manager or MDS Nurse by 7/1/15.
4) Policy and Procedure regarding proper restraint reduction trials will be reviewed and revised as needed by DON by 6/19/15.
5) QI monitors relative to restraint reduction will be developed by DON and initiated by 7/2/15. To be

7/6/15

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F 221	Continued From page 9 assessment for determining the need for the use of the physical restraint would be discussed with the resident and/or responsible party. Additionally, the assessment restraint use would be discussed with the resident's Physician and an order obtained for its use if indicated. The Policy revealed residents with a physical restraint would be assessed for restraint reduction monthly. Review of the Restraint Reduction section of the Policy revealed, upon review the Physical Restraint Committee might recommend a Restraint Reduction Trial, and would establish a plan for the reduction trial. Per the Restraint Reduction section, upon initiation of the Restraint Reduction Trial, written directions would be noted on the nurse's 24 Hour Report, and the Certified Nursing Assistants (CNA's) 24 Hour Report and all shifts would be inserviced related to the trial. A Restraint Reduction Monitor Sheet would be initiated at the start of the reduction trial, and was to be completed by nursing staff each shift. The form was to document the accuracy of staff follow through. A Restraint Committee member was to monitor the form daily for accuracy and visualize the resident during trial phase daily for accuracy of placement of restraint. Further review revealed the desk nurse/staff nurse, restraint committee member was to document each shift regarding resident response to trial. Review of Resident #6's medical record revealed the resident was admitted by the facility on 08/03/13, with diagnoses which included Anxiety and Abnormal Posture. Review of Resident #6's Quarterly Minimum Data Set (MDS) Assessment, dated 01/01/15, revealed the facility assessed the resident to be severely cognitively impaired, and to have impairment in both upper and lower extremities. Further review of the Quarterly MDS	F 221	completed by DON, Unit Manager, Restorative Nurse, MDS nurse(s), QA staff, or designated charge nurse. Monitor to be completed weekly x 4 weeks, every other week x 8 weeks, monthly x 6 months, then quarterly. The Director of Nursing will review all QI monitors relative to restraint reduction to assure compliance and forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(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 221	<p>Continued From page 10</p> <p>Assessment revealed the facility had assessed Resident #6 to have a physical restraint to the "trunk" while in bed. Review of the Significant Change MDS Assessment, dated 04/01/14, revealed the facility had assessed Resident #6 to have full range of motion (ROM) in his/her extremities.</p> <p>Review of the "PT (Physical Therapy) Assistant Progress Update", dated 04/07/14, and signed on 04/15/14, by Physical Therapy Assistant (PTA) #1 and 04/22/14 by PT#1, revealed Resident #6's caregivers were informed of the need for a "lay down" schedule for the resident to provide rest and promote upright posture when he/she was in the wheelchair (w/c) for meals and family visits. Continued review of the "PT Assistant Progress Update" revealed the nursing department would increase Resident #6's activity tolerance while in the w/c and the geri-chair would be discontinued.</p> <p>Review of the PT's "Therapist Progress and Discharge Summary", dated 04/11/14, revealed PT #1 documented Resident #6 demonstrated optimal positioning of the midline trunk, with increased cervical extension. Continued review revealed Resident #6 would require periodic cueing to perform the next step of the task, of utilizing a lap buddy and w/c. Further review revealed skilled services provided since the start of care included: adjusting the cushion, and a lap tray and w/c which improved the resident's abilities to sit upright in the w/c. Review of the Summary of the "Therapist Progress and Discharge Summary", revealed nursing staff reported Resident #6 was able to participate with upright activities with improved sitting posture. Review of the discharge instructions revealed nursing was to continue with positioning</p>	F 221			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075	

(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 221	<p>Continued From page 11</p> <p>techniques for the resident) while he/she was in the w/c.</p> <p>Review of the facility's, "Physical Restraint Evaluation" form, undated, revealed the plans for future reduction of Resident #6's restraint, the reclining geri-chair with lap tray, would be reviewed monthly in the Restraint Committee meeting for continued appropriateness and effectiveness.</p> <p>Review of the facility's, "Physical Restraint Notification" form, dated 07/02/14, which Resident #6's daughter/Power of Attorney (POA) signed, revealed the resident restraint usage would be reduced to, use of a w/c with a lap buddy while the resident was awake and alert, and use of the geri-chair with the lap tray when he/she was sleepy.</p> <p>Review of Resident #6's, "Restraints" Progress Notes, documented by the Restorative Nurse, dated, 12/30/14, 01/30/15, 02/27/15, 03/31/15 and 04/28/15 revealed, Resident #6 was reviewed in the monthly Restraint Committee, and the resident continued to respond well to the geri-chair with the lap tray. Continued review revealed Resident #6 "appeared calm and comfortable" in the geri-chair, and occasionally the resident had episodes of restlessness. Further review revealed the Plan was to continue the use of the geri-chair with the lap tray.</p> <p>Review of the May 2015 monthly Physician's Order revealed an order for Resident #6 to have a geri-chair with tray when up dated 08/06/13.</p> <p>Observation of Resident #6, on 05/19/15 at 12:47 PM, Resident #6 was observed in the geri-chair</p>	F 221		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY #1075		
(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 221	Continued From page 12 with lap tray with his/her head leaned over to one (1) side. Interview with Resident #6's POA, on 05/21/15 at 2:28 PM, revealed the resident was provided a w/c, but she had not seen Resident #6 in the w/c for "a long time". Review of the verbal Physician's Order, unsigned by the Physician and signed by Licensed Practical Nurse (LPN) #4, dated 05/15/15, revealed orders to apply the tray to the resident's geri-chair for positioning for safely while up in the geri-chair. Continued review of the orders dated 05/15/15, revealed orders to check the restraint every thirty (30) minutes for security, release every two (2) hours for ten (10) minutes and during meal times. Interview with LPN #4, on 05/22/15 at 11:10 AM, revealed she was not aware of the process for reviewing a resident for a restraint reduction, but there was a Restraint Committee, which the Director of Nursing (DON) and the Restorative Nurse were in charge of, and resident's restraints needs were reviewed by the Committee monthly. Per interview, she was advised by the DON to write the Physician's Order for the restraint 05/15/15. She stated she was not aware of the PT Order, dated 04/22/14, which noted Resident #6's geri chair was discontinued and staff were to use the w/c with the lap buddy. LPN #4 revealed PT normally gave nursing staff the recommendation, and nursing would send a request for the recommendation to the Physician. Interview with PT #1, on 05/21/15 at 4:15 PM, revealed she worked as needed (PRN), and had not been to the facility since December. She stated based on her Notes, the goal of nursing	F 221			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41076		
(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 221	Continued From page 13 was to have Resident #6 in a w/c with a lap buddy, as the least restrictive restraint for the resident. PT #1 revealed her expectation was that nursing staff would follow the therapy department's recommendations for residents. Interview with PTA #1, on 05/22/2015 at 2:38 PM, revealed when Resident #6 was discharged from Hospice, therapy wanted to see if it was appropriate for the resident to be in the geri-chair. PTA #1 stated it was the goal of therapy to increase Resident #6's mobility by putting the resident in a w/c. Per interview, she had recommended giving Resident #6 a rest period so the resident could "lay down" when he/she was tired and would be up in the w/c when more alert and awake. According to PTA #1, the process for communicating the therapy department's recommendations for residents to nursing staff was for the Charge Nurse/Nurse Manager to place any of the recommendations on the 24 Hour Report. She stated the CNA's would be educated on the therapist's recommendation and the Director of Nursing (DON) would be aware of the recommendations. Continued interview revealed when she made the recommendation regarding Resident #6, she was transitioning from the Therapy Manager role, and therefore, was not aware of what happened after her recommendation was made. Per PTA #1, nursing staff should have followed the recommendation to place Resident #6 in the w/c with the lap buddy. According to PTA #1, if after several trials with the w/c the lifts did not work, nursing staff should have contacted the therapy department so they could make a determination to discontinue any recommendations. Further interview revealed, "It would be hard to make a safe recommendation now", and the importance of reducing restraints	F 221			

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

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OMB NO. 0938-030

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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)	DATE COMPLETION DATE:
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F 221 Continued From page 14

was to ultimately increase the resident's quality of life. PTA #1 revealed nursing should have utilized the w/c when it was appropriate, and she was not sure why nursing had not followed therapy's recommendations, but they should have.

Interview with the Restorative Nurse, on 05/21/15 at 10:18 AM, revealed Hospice had wanted a restraint for Resident #6, when he/she was receiving Hospice, due to a prior head injury. The Restorative Nurse stated Resident #6 was discontinued from Hospice because he/she was doing better medically. Per interview, the Physician's Order for the restraint carried over from when Resident #6 was with Hospice; however the resident had been discontinued from Hospice. Continued interview with the Restorative Nurse revealed in regards to the PT recommendation, she normally looked at the recommendations when assessing residents for their physical restraints; however, she had not looked at Resident #6's PT recommendations. According to the Restorative Nurse, there were no assessments, documentation of attempted reduction trials, and no nursing notes to provide to the Surveyor to determine how the Restraint Committee assessed Resident #6 as appropriate for the continued restraint of the geri chair. She revealed "she was not familiar with the facility's restraint policy which addressed assessing residents". The Restorative Nurse reported the Restraint Committee had not attempted any type of least restrictive alternatives for Resident #6, but stated they should have.

Interview with the Unit Coordinator (UC) and the DON, on 05/22/15 at 5:15 PM, revealed they were part of the Restraint Committee, with the Restorative Nurse as leader/adviser of the

F 221

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

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FORM APPROVE
GME NO. 0938-038

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(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 221	Continued From page 15 Committee. Continued interview revealed it was the goal of the Committee to review each resident's restraint and assess the resident's safety to meet the resident's highest level of function. They revealed the Committee met monthly to discuss residents who had restraints, and they stated they were aware of the PT recommendations which occurred 04/22/14, regarding Resident #0. The UC and DON revealed the Committee tried Resident #6 in the w/c; however, the resident continued to lean forward in the wheelchair and the therapist's recommendations were not effective for the resident. Further interview with the UC and DON revealed there was no documentation regarding the trial reduction for Resident #6, to show how the resident responded to the w/c or any documented assessments to show how the Committee assessed the resident monthly for higher restraints. Additionally, the DON revealed he advised LPN #4 to write a Physician's Order on 05/05/15, in order to clarify the Physician's Order from 2013. Further interview with the DON revealed the restraint policy should have been followed for Resident #6 and he/she should have had a reduction in the restraint.	F 221			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 241	1) Nurse (LPN #2) re-educated on 6/9/15 regarding privacy and dignity, pulling curtain fully and utilizing door as a way to provide privacy during invasive care, by Director of Nursing. 2) All nursing staff will be educated regarding privacy and dignity, pulling curtain fully and utilizing door as a way to provide privacy during invasive care by 7/1/15 per DON, Unit Manager or MDS nurse.	7/6/15	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 241 Continued From page 16

and review of the facility's "Resident Bill of Rights", it was determined the facility failed to promote care for residents in a manner and in an environment which maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality for one (1) of fifteen (15) sampled residents (Resident #3).

Observation of a skin assessment and treatments for Resident #3, revealed the nurse did not ensure the bedside curtain was closed all the way, did not ensure the door was closed, which allowed the resident to be seen from the hallway during the procedures.

The findings include:

Review of the facility's, "Resident Bill of Rights", undated, revealed the residents had a right to be treated as an individual with courtesy and respect.

1. Review of Resident #3's medical record revealed diagnoses which included Dementia with Behavioral Disturbance, Peripheral Vascular Disease (PVD), Diabetes Mellitus, Cerebral Vascular Accident (CVA) with Hemiplegia, Anxiety, Depression, and a History of Pressure Ulcers. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 03/02/15, revealed the facility assessed Resident #3 as having a Brief Interview for Mental Status (BIMS) of a fourteen (14) out of fifteen (15) indicating the resident was cognitively intact.

Observation of a skin assessment for Resident #3 from 2:45 PM until 4:00 PM, revealed Licensed Practical Nurse (LPN) #2/Wound Nurse started the skin assessment with the bedside

F 241 (3) Policy and procedure related to privacy during invasive care reviewed and revised, as needed, per DON by 6/19/15.

4) QI monitor relative to privacy during invasive care developed by DON and initiated by 7/2/15. To be completed by DON, Unit Manager, MDS nurse(s), computer nurse, nursing QA staff, or designated charge nurse. To be completed weekly x 4 weeks, every other week x 8 weeks, monthly x 6 months, then quarterly. The Director of Nursing will review all QI monitors relative to privacy during invasive care to assure compliance and forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075	

(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 17 curtain open and the resident's door to the hallway open. LPN #2/Wound Nurse was observed to put lotion on the resident's hands and arms. Continued observation revealed at 3:15 PM, the door to the hallway was open and it was observed the bedside curtain was not pulled all the way closed, leaving an opening where the resident could be seen from the hallway. Observation revealed at that time the nurse removed the dressing from Resident #3's left 5th toe, measured the wound, and placed a dressing over the wound, and washed her hands. Further observation at 3:40 PM, revealed the door to the hallway was open and the bedside curtain was not pulled all the way closed leaving an opening where Resident #3 could still be seen from the hallway. LPN #2/Wound Nurse was observed, with Resident #3 lying on his/her left side, to proceed to remove the sacral dressing, then wash her hands, measure and apply a dressing to the sacral wound. Interview, on 05/20/15 at 4:10 PM, with LPN #2/Wound Nurse revealed the bedside curtain should always be pulled all the way for provision of privacy, but the door did not necessarily need to be closed. She stated she was unsure if the bedside curtain was closed all the way during the skin assessment and treatments for Resident #3; however, it would be a dignity issue if the bedside curtain or door was not closed all the way and the resident could be seen during the procedures by others in the hallway. Interview, on 05/22/15 at 6:00 PM, with the Director of Nursing (DON) revealed staff should close the bedside curtain or the door to provide privacy during a skin assessment or dressing change.	F 241		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 108208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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<p>F 2461 483.15(e)(1) REASONABLE ACCOMMODATION SS=0: OF NEEDS/PREFERENCES</p>	<p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure reasonable accommodations of individual needs and preferences for one (1) of fifteen (15) sampled residents (Resident #11).</p> <p>During a skin assessment/dressing change for Resident #3, revealed the resident's roommate, Resident #11, yelled "help, help", and stated he/she had "to pee" (urinate). However, observation revealed the two (2) nurses assisting with the skin assessment/dressing change for Resident #3, did not attempt to help or obtain assistance for Resident #11. Therefore, Resident #11 was heard to state "I peed" after several times of saying he/she had "to pee".</p> <p>The findings include: Review of Resident #11's medical record revealed diagnoses which included Non Alzheimer's Dementia, Delusional Disorder and Anxiety. Review of the Significant Change Minimum Data Set (MDS) Assessment dated 05/14/15, revealed the facility assessed the</p>	<p>F 2461) For Resident #11 staff member entered resident's room at approximately 4:00 PM in response to resident calling out, and addressed Resident #11. 2) Staff to be in-serviced by 7/1/15 regarding responding to any resident that calls out, yells out, or requests assistance, timely, by per DON, Unit Manager, and MDS Nurse. 3) LPN #2 and RN #6 educated regarding responding properly and timely to any resident calling out, yelling out, or requesting assistance. All staff will be educated regarding responding properly and timely to any resident calling out, yelling out, or requesting assistance by per DON, Unit Manager, and MDS Nurse by 7/1/15. 4) Policy and procedure regarding staff response to resident needs will be reviewed and revised, as needed, by DON by 6/19/15. 5) A QI monitor relative to timely staff response to resident needs will be developed by DON and initiated by 7/2/15. To be completed by DON, Unit Manager, MDS Nurse(s), computer nurse, Nursing QA staff or designated charge nurse. To be done weekly x 4 weeks, every other week x 8 weeks, monthly x 6 months, then quarterly. The Director of Nursing will review all QI monitors relative to timely staff response to resident needs to assure compliance and</p>	<p>7/6/15</p>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 246 Continued From page 18
resident as having a Brief Interview for Mental Status (BIMS) score of a five (5) out of fifteen (15) indicating severe cognitive impairment. Continued review of the MDS Assessment revealed the facility assessed Resident #11 to have verbal, physical and other behaviors, to require extensive assistance of two (2) staff for bed mobility and transfers, as a total assistance of two (2) for toilet use and as always incontinent of bowel and bladder.

Observer, on 05/20/15 from 2:45 PM until 4:00 PM, of a dressing change/skin assessment for Resident #3, revealed Resident #11, the resident's roommate was heard to yell "help me, help me" intermittently. Licensed Practical Nurse (LPN) #2/Wound Nurse and Registered Nurse (RN) #6, who were conducting the skin assessment and dressing changes for Resident #3, continued to perform the skin assessment/dressing change. Continued observation revealed the two (2) nurses did not attempt to find out what Resident #11 needed, did not leave Resident #3's bedside to check on Resident #11, and did not ring the call bell to obtain help for Resident #11.

Further observation revealed at 3:55 PM, Resident #11 yelled, "I have to pee", and continued to intermittently call out "I have to pee" after that. A few minutes later, Resident #11, was heard to yell out, "I poed". However, LPN #2 and RN #6 again did not respond to Resident #11 yelling about the need to "pee", did not attempt to assist Resident #11 or ring the call bell to obtain assistance for the resident, and continued performance of the skin assessment and dressing change at Resident #3's bedside. In addition, at 4:00 PM a staff member from the

F 246 forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 246	<p>Continued From page 20</p> <p>hallway was observed to respond to Resident #11's yelling responded to the resident yelling and entered the room to assist Resident #11.</p> <p>Interview, on 05/20/15 at 4:10 PM, with both LPN #2/Wound Nurse and RN #6/Orienteo, revealed the nurses had not rang the call bell or attempted to assist Resident #11 while the resident was yelling for help and yelling that he/she needed to "pee". LPN #2/Wound Nurse revealed she did hear Resident #11 yell for help and say he/she needed to "pee", but did not attempt to assist the resident because they were busy with Resident #3. However, LPN #2 stated one (1) of them should have washed their hands and gotten help for Resident #11, in order to accommodate Resident #11's needs.</p> <p>Interview with the Unit Coordinator (UC) and the Director of Nursing (DON) on 05/22/15 at 6:00 PM, revealed the nurses should have rang the call bell and attempted to assist or get assistance for Resident #11, when the resident was yelling for help and needing to go to the bathroom. The DON revealed Resident #11 normally yelled and might have confusion; however, the nurses should have attempted to help the resident.</p>	F 246		
F 253 SS=D	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews, it was</p>	F 253	<p>1) All items were removed from common shower room by floor staff by 5/21/15. Leak in tub plumbing was fixed by 5/21/15 by Maintenance Director. (Replaced hose and rubber boot.)</p> <p>2) Other common areas reviewed for clutter. Shower room continued to be checked daily for clutter beginning 5/21/15, and checking tub for leaks or water on floor by nursing staff.</p>	7/6/15

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 253	<p>Continued From page 21</p> <p>determined the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Observation, during the initial tour of the facility, revealed the general bathroom was observed to be cluttered with residents' clothing, jewelry, hangers, oxygen concentrators, floor mats and other items. Additionally, the whirlpool was observed to leak water.</p> <p>The findings include:</p> <p>A policy on the resident's environment was requested, however, not provide. Interview, with the Director of Nursing (DON), 05/22/15 at 5:15 PM, revealed it was his expectation the residents' environment would remain clutter free and orderly.</p> <p>Observation, on 05/19/15 at approximately 6:15 AM, during the initial tour of the facility, revealed the residents' general bathroom had two (2) residents' watches and a picture of a family, stored in the shower in the area soap was placed during a shower. Continued observation of the general bathroom revealed a jacket and numerous hangers were stored on the wall of the shower room. Further observation revealed in the shower area there were oxygen concentrators and floor mats stored as well.</p> <p>Interview with Certified Nursing Assistant (CNA) #5, on 05/20/15 at 4:45 PM, revealed staff took residents' personal items off while giving the resident's shower. She stated the items should not have been left in the shower room, as the items cluttered the area, and some of them</p>	F 253	<p>3) All nursing staff will be in-serviced regarding keeping common bathing room clutter free per DON, Unit Manager, MDS nurse by 7/1/15.</p> <p>4) Policy and procedure regarding safe environment in common shower room reviewed and revised, as needed, by DON by 6/19/15.</p> <p>5) A QI monitor relative to environmental safety and cleanliness of shower room developed by DON and initiated by 7/1/15. To be completed by DON, Unit Manager, MDS Nurse(s), computer nurse, Nursing QA staff, or designated charge nurse, to be done weekly x 4 weeks, every other week x 8 weeks, monthly x 6 months, then quarterly. The Director of Nursing will review all QI monitors relative to environmental safety and cleanliness of shower room to assure compliance and forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.</p>	
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 253 Continued From page 22
created a "trip" hazard for residents. Per interview, the area could be dirty with too many objects stored in the room.

Interview with Registered Nurse (RN) #1, on 05/20/15 at approximately 6:30 PM, revealed he was unaware of the clutter in the shower room, but revealed it should have been clean for residents and not cluttered.

Further observation on 05/20/14 at approximately 5:00 PM, with CNA #5, revealed a puddle of water at the foot of the whirlpool tub. Observation revealed a linen sheet was soaked which had been placed by the puddle area which had formed next to the whirlpool.

Interview with CNA #5, on 05/20/14 at approximately 5:00 PM, revealed maintenance had repaired the whirlpool several times, and there had been a problem with the whirlpool leaking since November. She revealed the whirlpool should have been repaired for the safety of the residents and staff as well.

Interview with the Maintenance Director, on 05/20/15 at 11:25 AM, revealed he was aware of the water leaking from the whirlpool, and it should have been repaired for the safety of the residents.

Continued interview with the DON and Unit Coordinator (UC), on 05/22/15 at 5:15 PM, revealed the shower room should not have been cluttered. The UC and DON revealed the residents should be able to move around the area safely and their items should be stored with them in their rooms. Per interview, they both stated they were unaware water was found on the floor by the whirlpool. They revealed it was their

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(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) CORRECTION DATE	
F 253	Continued From page 23 expectation for a maintenance request to have been filled out to address the concern, and sent to the maintenance department. Further interview with the DON revealed it was his expectation the environment be kept as safe as possible.	F 253			
F 280 SS-D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative, and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to ensure the Comprehensive Care Plan was reviewed and	F 280	1) Care plan for Resident #3 was updated on 5/3/15. Updated again on 5/15/15, 5/21/15, and 5/22/15 for skin and 6/17/15 for psychotropics. 2) All residents will have skin assessments completed by staff nurses by 6/22/15. All findings will be updated to residents' individual care plan related to skin integrity by 6/22/15 per Director of Nursing, Unit Manager, MDS Nurse(s), computer nurse, or designated charge nurse. All residents receiving antidepressants, sedative hypnotics will have care plans reviewed and updated as needed for diagnosis for use of medication, non-pharmacological interventions to try prior to use, and monitoring for effectiveness of medication, by MDS nurses by 7/2/15. 3) RN #1, RN #2, RN #3, LPN #2 in-serviced on proper updating of resident care plans related to changes by DON by 6/19/15. All nurses re-educated to proper updating of resident care plans related to changes by DON, Unit Manager, MDS Nurse by 7/1/15. 4) Policy and Procedure related to the updating of resident care plans was reviewed and revised, as needed, per DON by 6/19/15.	7/6/15	

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 105 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 280 Continued From page 24

revised for one (1) of fifteen (15) sampled residents (Resident #3).

Resident #3 was noted to have an open area to the sacrum on 03/30/15; however, there was no documented evidence the resident's Comprehensive Care Plan was revised related to the area when it was identified.

In addition, Resident #3's Comprehensive Care Plan was not revised to indicate the resident had an area/ulcer to the left 5th toe when the area was identified to deteriorate on 05/02/15, from a bruise to a dry brown scabbed area requiring the Physician to be notified for orders. Although the area to the toe continued to deteriorate requiring antibiotics and further treatment orders, Resident #3's Comprehensive Care Plan was not revised to include the area to the toe until 05/15/15, after the resident was seen by the Podiatrist for debridement of the area.

Also, Resident #3 was receiving Cefexa (an antidepressant medication), however, the Comprehensive Care Plan was not revised to specify the diagnosis for the use of the Cefexa, or the need for monitoring the resident's mood/behavior and monitoring for the effectiveness of the medication. Additionally, Resident #3 was also receiving Ambien (a sedative medication used to treat insomnia) as needed; however, the resident Comprehensive Care Plan was not revised to specify the diagnosis for the Ambien, the need to monitor for sleeplessness and the effectiveness of the medication or for non-pharmacological interventions to assist with the resident's sleeplessness.

F 280 5) QI monitor relative to revision of Care Plans relative to any changes in resident condition was developed by DON and initiated by 7/2/15 to be completed by DON, Unit Manager, MDS nurse(s), computer nurse, nursing QA staff, or designated charge nurse. QI monitor to be completed weekly x 4 weeks, every other week x 8 weeks, monthly x 6 months. The Director of Nursing will review all QI monitors relative to revision of Care Plans relative to any changes in resident condition to assure compliance and forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 200: Continued From page 25

The findings include:

Review of the facility's policy titled, "Care Planning", undated, revealed the resident's personalized care plan was to reflect all services provided to the resident to attain or maintain the individual resident's highest practicable physical, mental and psychological well-being. Further review revealed the care plan would address the interventions required to assist the resident to meet their goals, and the care plan would be updated/revise as needed to reflect the resident's most current needs.

1. Review of Resident #3's medical record revealed diagnoses which included a History of Pressure Ulcers (P.U.), Diabetes Mellitus, Insomnia, Depression, Anxiety, Dementia with Behavioral Disturbance, Peripheral Vascular Disease and Cerebral Vascular Accident (CVA) with Hemiplegia (paralysis). Review of the Quarterly Minimum Data Set (MDS) Assessment dated 03/02/15, revealed the facility assessed Resident #3 as having a Brief Interview for Mental Status (BIMS) score of a fourteen (14) indicating the resident was cognitively intact. Continued review revealed the facility assessed to require: extensive assistance of two (2) staff for bed mobility, transfers, and toilet use; as not ambulating; as frequently incontinent of bowel and bladder; and as having a healed Stage II Pressure Ulcer.

Review of Resident #3's Comprehensive Care Plan dated 10/03/14, revealed the resident was at risk for skin breakdown related to Diabetes Mellitus, a history of CVA with Hemiparesis, and fragile skin, with a goal for the resident to be free of skin breakdown related to incontinence and

F 260:

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075	

(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)	DATE COMPLETION DATE
F 280	<p>Continued From page 26</p> <p>pressure. Continued review revealed the interventions included monitoring Resident #3's skin during the provision of care for any signs or symptoms of skin breakdown, such as, nonblanchable skin, redness or warmth, and to notify the Physician if signs and symptoms were noted for further treatment.</p> <p>Review of the 03/30/15, Clinical Notes Report, documented by Registered Nurse (RN) #1, revealed the resident had two (2) open areas on the buttocks, one (1) on the left buttock which was an approximately quarter of an inch round open area, and one (1) above the rectum between the buttocks which was approximately a eighth of an inch wide and approximately a quarter to three eights of an inch long "slit" which was coated with a protective paste.</p> <p>Continued review of Resident #3's Comprehensive Care Plan, dated 10/03/14, of the at risk for skin breakdown revealed no documented evidence the care plan was revised to include the open areas identified by RN #1 on 03/30/15, or of the Comprehensive Care Plan, having been revised to include a care plan for actual skin breakdown related to the open areas.</p> <p>Review of the Skin Assessments dated 04/05/15, 04/06/15 and 04/09/15, revealed the open areas on Resident #3's buttocks continued to be present and they increased in size. Continued record review revealed on 04/05/15, Calmoseptine (a specialized skin protectant) ointment was applied; on 04/06/15 the Physician documented on a Progress Note Resident #3 had a sacral wound; on 04/08/15, a Physician's Order was received for a specialized floating mattress for the resident's bed; and on 04/09/15</p>	F 280		

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 280 Continued From page 27

Physician's Orders were received for treatment of the buttocks/coccyx ulcer which stated to cleanse the wounds, pat dry, cover with Optifoam dressing (an all-in-one dressing for fluid handling for pressure ulcers and other skin conditions) and change the dressing three (3) times a week and as needed. Further review of Resident #3's Comprehensive Care Plan revealed no documented evidence it was revised to include the above information however, and was not revised until 05/03/15, when it was revised to include Resident #3 had a Stage III wound to the coccyx with an intervention for treatment as ordered to the coccyx.

Observation of a skin assessment conducted on 05/20/15 at 2:46 PM by LPN #2/Wound Nurse, revealed Resident #3's sacral wound was a Stage III Pressure Ulcer and measured 3.1 centimeters (cm) in length by (x) 2 cm in width and the nurse revealed there was not a depth to measure.

Interview, on 05/22/15 at 5:30 PM, with RN #3/MDS Nurse, revealed the MDS nurses were responsible for revising residents' care plans, including the care plans related to skin issues. She stated the MDS Nurses received copies of Physician's Orders and also received a report from the nurses each morning to ensure they were aware of any changes in residents' conditions. Per interview, the MDS Nurses also reviewed the facility's 24 Hour Report each morning for information related to any changes in a resident's condition. Continued interview revealed Resident #3's Comprehensive Care Plan should have been revised when the resident was first identified to have a Stage II area to his/her sacral area/coccyx to include interventions to promote healing. She stated she had revised

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 280 Continued From page 28

Resident #3's care plan when she received information related to the ulcer being a Stage III Pressure Ulcer; however, would have revised it sooner and received Physician's Orders if she had been alerted when the area was first identified.

Interview with the Director of Nursing (DON) on 05/22/15 at 6:00 PM, revealed the revision of the care plan was the responsibility of the MDS Nurses as they received copies of Physician's Orders for any areas of skin breakdown. He stated the care plans should be revised when a new skin issue was identified. Per interview, Resident #3's care plan should have been revised when the sacral ulcer was first identified, which was when it was a Stage II Pressure Ulcer.

2. Continued review of Resident #3's Comprehensive Plan of Care dated 10/03/14, for the resident being at risk for skin breakdown revealed the care plan was revised on 05/15/15, to indicate the resident had an area on his/her toe. However, review of the Skin Assessments revealed the area on Resident #3's toe had been a bruise when identified on 04/28/15, which had worsened to a dry brown scabbed area measuring 0.8 cm's in length x 0.6 cm in width on 05/02/15, requiring the Physician to be notified, and the area was noted to continue to deteriorate prior to the care plan revision on 05/15/15. Also, review of the at risk for skin breakdown care plan revealed it was not revised to identify which toe or which foot the area was on, and did not indicate the type of area/ulcer to the resident's toe, but was revised on 05/15/15, to include an intervention for treatment as ordered to the toe.

Review of the Podiatry Visit Note, dated

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F 280 Continued From page 29

05/14/15, revealed Resident #3 had cellulitis of the entire 5th toe with dried crust overlying, and the 5th toe was debrided by the Podiatry provider. Continued review revealed recommendations which included: orders for an x-ray to the left foot 5th toe; wound culture to the left 5th toe; wound care to evaluate and treat left 5th toe with Primary Care Physician approval; 600 milligrams (mg) of Augmentin (an antibiotic medication) twice a day plus live culture yogurt daily until cultures were back; dress the 5th toe with TAO (triple antibiotic ointment) Tofra and dry dressing daily until wound care look over care. Review of the New Physician's Orders revealed orders were written for the Podiatry provider's recommendations on 05/14/15.

Observation of a skin assessment for Resident #3 on 05/20/15 at 2:45 PM performed by LPN #2/WN, revealed the resident had an ulcer to the 5th toe left foot measuring 1.7 cm length x 0.5 cm width. LPN #2 described the ulcer as black, necrotic, hard with redness surrounding the toe.

Further interview on 05/22/15 at 5:30 PM with RN #3/MDS Nurse, revealed Resident #3's Comprehensive Care Plan was not initially revised related to the area on the left 5th toe because it was originally a scabber/abrasion area. RN #2 revealed she did not care plan abrasions which could heal quickly. Per interview, she stated she did not need to care plan the area on Resident #3's toe until it became chronic. She stated she care planned the area after the debriding performed by the Podiatrist because at that point the area became a chronic issue.

Continued interview with the DON on 05/22/15 at

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 280 Continued From page 30

6:00 PM, revealed if an area was being monitored and Physician's Orders were obtained, for an area of skin breakdowns, such as, on Resident #3's too, this would need to be included on the care plan. Further interview revealed as Resident #3's wound deteriorated or changed the care plan should have been revised to indicate the condition of the ulcer.

3. Continued review of Resident #3's medical record of May 2015 Monthly Physician's Orders revealed orders for Celexa 20 mg daily for Depressive Disorder with a start date of 10/17/13, and an order for Ambien 5 mgs at night as needed with a start date of 01/14/14.

Further review of Resident #3's Comprehensive Care Plan dated 10/03/14, revealed the facility care planned the resident as at risk for side effects related to the use of psychotropic medications which included Celexa and Ambien, with a goal that side effects would be quickly identified and resolved. Continued review of the at risk for side effects care plan revealed interventions which included: monitor for side effects of medications, such as, headache, nausea, vomiting, constipation, dizziness, drowsiness, dry mouth, nasal congestion, back pain, stomach pain, insomnia, hypotension, hypertension, chest pain, hearing loss, sinusitis, dyspepsia, abdominal pain, somnolence, agitation, tachycardia, abnormal thinking and dreaming, and restlessness; and if side effects were seen staff were to notify the Physician for evaluation.

However, further review of the at risk for side effects care plan revealed no documented evidence it was revised to specify the diagnosis

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 280 | Continued From page 31

for the Celexa, the need for monitoring the resident's mood/behavior and effectiveness of the medication. In addition, there was no documented evidence the care plan was revised to specify the diagnosis for the Ambien, the need to monitor for sleeplessness and effectiveness of the medication. Review of the care plan also revealed no documented evidence it was revised to include non-pharmacological interventions related to Resident #3's sleeplessness.

Further interview with RN#3/MDS Nurse on 05/22/15 at 5:30 PM, revealed Resident #3's MDS did not trigger for mood, therefore, she would not need to care plan for monitoring of the resident's mood or effectiveness of the Celexa. Per interview, she did not care plan goals or interventions or revise the care plans related to monitoring for the effectiveness of psychotropic medications, such as the Ambien. RN #3/MDS Nurse revealed before giving the prn psychotropic medication, Ambien or Celexa, staff should check for hunger, thirst, or the need to be toileted which should already be care planned.

Further interview with the DON on 05/22/15 at 8:00 PM, revealed Resident #3's care plan should be updated to state the reason or diagnoses for the psychotropic medications and the care plan should have a goal and interventions related to monitoring for the effectiveness of the medication. No further revealed the care plans should have been revised to include non-pharmacological interventions for insomnia, such as, checking for hunger and pain and the resident should be assessed for this prior to receiving a prn (as needed) psychotropic medication like Ambien.

F 280

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 281 Continued From page 32
F 281 483.20(k)(3)(ii) SERVICES PROVIDED MEET SS=D PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on observations, interviews and review of the facility's policies, it was determined the facility failed to ensure professional standards were followed related to the administration of medication to residents.

On 05/19/15 a Registered Nurse (RN) was observed training a new orientee nurse. Observation revealed the RN prepared medications; however, then gave the medication to the orientee to administer, even though the orientee had not prepared the medication.

The findings include:
Review of the facility's policy titled, "Medication-Administration", undated, revealed it the facility's policy to administer the correct dose of the correct medication, to the correct resident, by the correct route, at the correct time. Per the Policy, the nurse who prepared the medications must administer the medications.

Observation, during the afternoon medication (med) pass, on 05/19/15 beginning at 4:00 PM, revealed RN #5 prepared medications to be administered to five (5) different residents at the medication cart. Continued observation revealed after RN #5 prepared a resident's medication, she gave the medication cup containing the

F 281 1) RN #5 and RN #6 were instructed to stop the practice of RN #5 pulling medications, then giving to RN #6 to administer to resident on 5/19/15 by Unit Manager.
7/6/15
F 201 2) RN #5 and RN #6 were educated that the nurse that prepares the medications needs to administer the medication even during orientation; per Director of Nursing by 5/19/15.
3) All staff nurses educated that nurse that prepares the medication must administer medication per DON, Unit Manager, MDS Nurse by 7/1/15.
4) Policy and procedure regarding proper med pass technique when preparing and administering medication reviewed and revised, as needed, per DON by 5/19/15.
5) QI monitor relative to proper medication pass technique during orientation of new employees developed, per DON, and initiated by 7/2/15 to be completed by DON, Unit Manager, MDS Nurse(s), computer nurse, Nursing QA staff, designated charge nurse. To be completed weekly x 4 weeks, every other week x 8 weeks, monthly x 6 months, then quarterly. The Director of Nursing will review all QI monitors relative to proper medication pass technique to assure compliance and forward to the Quality Assurance

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(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 281	Continued From page 33 medication to her orientee nurse, RN # 6. Observation revealed RN # 6 took the medication cup from RN # 5, and administered the medication to the residents in the facility's common area. Interview with RN #5 on 05/20/15 at 8:55 AM, revealed the nurse had been employed at the facility for over seven (7) years and was orienting RN #6, who was a newly hired nurse. RN #5 revealed it was her normal practice when orienting a newly hired nurse to prepare each resident's medication and then give the medication to the orientee nurse to administer to the resident. Per interview, RN #5 observed the orientee nurse administering the medication, and the nursing orientee reported back to his/her if there were any problems during the administration of the medication. RN #6/Orientee was not available for interview. Interview with RN #7, the Desk Nurse and Day Shift Supervisor, on 05/21/15 at 11:00 AM, revealed in her supervisory role, she had not observed a nurse preparing medications and then giving the medication to another nurse to administer. RN #7 revealed, from her professional training and the facility's policy, the nurse who prepared medications was the nurse who should administer the medications. Interview with the Unit Coordinator and the Director of Nursing (DON) on 05/22/15 at 6:50 PM, revealed it was their expectation all of the nurses follow the facility's medication administration policy which stated the nurse who prepared the medication must administer the medication.	F 281	Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.		

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED SS=G 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 by:
Based on interview, record review and review of the facility's policy and Incident/Accident Report, it was determined the facility failed to ensure services were provided in accordance with each resident's written Comprehensive Care Plan for three (3) of fifteen (15) sampled residents (Residents #2, #3 and #11).

Resident #2's Comprehensive Care Plan dated 04/17/14, revealed the resident was to be transferred with a Hoyer lift for all transfers. However, on 11/12/14, Resident #2's care plan intervention was not implemented for the Hoyer lift, and staff transferred the resident using a stand and pivot transfer with two (2) staff's assistance. Resident #2's left leg got caught during the transfer on the button which raised the side rails up and down, resulting in the resident sustaining a large deep laceration to his/her left leg, and also causing a skin tear to the left shin. Resident #2 was transferred to the hospital emergency room (ER) where he/she received eighteen (18) staples to the laceration. (Refer to F-323)

Additionally, Resident #2's care plan was not followed regarding notification of the Physician for a change in the resident's skin condition. On 05/19/15, an open area was noted to Resident

F 282 1) For resident #2; LPN #1 was counseled 7/6/15

related to incident on 11/13/14 by Director of Nursing and Unit Manager and CNA #2 was counseled and terminated on 11/13/14 by DON, and Unit Manager. Bed was changed on 11/13/14 to a bed without the side rail button. A new Geri-chair was ordered after assessment by Therapy, for better fit on 11/19/14. Resident #2 open area, Medical Doctor was notified of area on 5/21/15. Resident #3 MD was notified of open area on 4/6/15 with follow up orders or assessments on 4/9/15, 4/23/15, 4/27/15, 5/6/15, 5/7/15, 5/11/15, 5/15/15, 5/20/15, 6/1/15, 6/5/15, 6/9/15. Resident #3 area on right heel was identified on 5/20/15 with notification to MD on 5/20/15. Resident #11, staff member responded at 4:00 PM to resident's episode of yelling "help me" on 5/20/15.

2) Residents utilizing hoyer lift for transfer will have seating device evaluated by therapy personnel by 6/19/15 for proper fit and ability to manipulate hoyer lift pad, as needed, easily. Skin assessment completed on Resident #2 on 5/30/15 to assess for any other undocumented open areas and MD notified of any issues by charge nurse by 5/30/15. Skin assessment completed on Resident

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 282 Continuum From page 35
#2's second finger on the left hand per documentation; however, there was no documented evidence the Physician was notified of this information until 05/21/15 (two (2) days later), after Surveyor intervention. (Refer to F-314)

In addition, Resident #3's care plan was not implemented related to notification of the Physician for changes in the resident's skin condition. Resident #3 was noted to have an open area to the sacrum on 03/30/15; however, there was no documented evidence the Physician was notified of the area until 04/06/15, (seven (7) days later) when the area was then identified to be a partial thickness wound (Stage II Pressure Ulcer). Also, Resident #3's care plan was not followed regarding monitoring the resident's skin condition during care. As evidenced by, staff being unaware of the resident having a Stage I Pressure Ulcer to the right heel, until a skin assessment conducted with the Surveyor on 05/20/15. (refer to F-314)

Review of Resident #11's Comprehensive Care Plans revealed a behavior care plan with interventions which included one (1) on one (1) time as necessary, encourage activities, redirection/reorientation, reassurance as needed. Continued review of the Comprehensive Care Plan revealed Resident #11 was care planned for incontinence of bowel and bladder and to wear adult briefs with goals including the resident would be clean and dry. However, observation and interview revealed Resident #11's Comprehensive Care Plans were not implemented when the resident was repeatedly yelling for help and yelling he/she needed to "pee" on 05/20/15, during his/her roommate's skin

F 282 #3 on 5/26/15 to assess for any other undocumented open areas and MD notified of any issues found by charge nurse on 5/26/15. Staff involved in dressing change during Resident #11 calling out episode were educated on 5/26/15 about responsibility to respond to resident issues/requests.

3) LPN #1 re-inserviced on proper technique to follow resident care plan and procedure to follow if unable to do so by DON, Unit Manager on 6/19/15. RN #1, RN #2, RN #4, LPN #1, LPN #2 reeducated to proper/timely notification of MD of resident change in condition on 6/19/15 by DON/Unit Manager. LPN #2 and RN #6 educated on need to respond timely to resident episodes of distress or request by DON, Unit Manager on 6/19/15.

All nursing staff educated on process and expectations to follow resident care plan for proper transfer technique and procedure to follow if unable to do so by DON, Unit Manager, MDS Nurse by 7/1/15. All nurses educated regarding proper/timely notification of MD related to resident change of condition by DON, Unit Manager, MDS Nurse by 6/19/15

4) Policy and procedure related to proper procedure to follow resident Care Plan, and policy and procedure related to

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 282 Continued From page 38
assessment/dressing change which was performed by two (2) nurses. Neither nurse attempted to assist Resident #11 or attempted to obtain assistance for Resident #11 by ringing the call light to request help for the resident. In addition, the nurses failed to attempt to re-assure Resident #11 or provide the following assistance needed. (Refer to F-246)

The findings include:

Review of the facility's policy titled, "Care Planning", undated, revealed a resident's personalized care plan was to reflect all services provided to the resident to obtain or maintain the individual resident's highest practicable physical, mental and psychological well-being. Continued review revealed the care plan would address the interventions required to assist the resident to meet their goals.

Interview with the Director of Nursing (DON) on 06/22/15 at 6:00 PM, revealed the facility's expectation was for residents' care plans to be followed.

1. Record review revealed the facility admitted Resident #2's on 04/10/12, with diagnoses which included Muscle Disease Atrophy, Arthritis and Alzheimer's Disease. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 10/15/14, revealed the facility assessed Resident #2 to have short term and long term memory loss, not to have ambulated and to require total assistance of two (2) staff with bed mobility.

Review of the resident's Comprehensive Care Plan, dated 04/17/14, revealed the facility had care planned Resident #2 as at risk for falls

F 282 notification of physician for changes in resident condition including skin/ulcer issues reviewed and revised by DON by 6/19/15.
5) QI monitor(s) relative to staff following resident Care Plans, and timely staff response to resident needs developed and initiated by 7/2/15 by DON to be completed weekly x 4 weeks, every other week x 8 weeks, monthly x 6 weeks, then quarterly, by DON, Unit Manager, MDS nurse(s), computer nurse, Nursing QA staff, designated charge nurse. The Director of Nursing will review all QI monitors relative to staff following resident Care Plans, and timely staff response to resident needs to assure compliance and forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 282 Continued From page 37

related to the resident having contractures, being unable to sit or stand unsupported, receiving an antidepressant medication, not being able to make his/her needs known and requiring total care. Continued review of the risk for falls care plan revealed the goal stated Resident #2 would be free of serious injury related to falls, with interventions which included use of a geri-chair when up and out of bed for proper positioning, repositioning the resident as needed and use of a Hoyer lift for all transfers.

Review of the facility's Incident/Accident Report, dated 11/12/14, revealed on 11/12/14 at 7:30 PM, an incident/accident occurred when two (2) staff transferred Resident #2 without using the Hoyer lift. Continued review revealed during the transfer Resident #2 sustained a large deep skin tear to his/her lower left leg calf muscle and a small skin tear to the left shin. Further review revealed a section labeled "additional comments" which noted the Certified Nursing Assistants (CNAs) needed to use the Hoyer lift per the resident's care plan.

Review of Resident #2's Clinical Notes Report dated 11/13/14 at 1:59 AM, revealed it was regarding the incident which occurred on 11/12/14 at 7:30 PM, and was documented by Registered Nurse (RN) #1. Per the Report, two (2) "nurse aides" were attempting to transfer Resident #2 from the geri-chair to bed, for which the resident was care planned to have a Hoyer lift used for all transfer. Continued review revealed the "nurse aides" did not use the Hoyer Lift for the transfer, and during the transfer Resident #2's lower leg got caught on the button which lowered the bed's side rail and the resident sustained a "large laceration/deep tissue injury" to the leg.

F 282

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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) COMPLETE DATE	
F 282	Continued From page 38 Interview was attempted on 05/20/15 at 11:30 AM with Resident #2 without success. Interview, on 05/22/15 at 10:30 AM and 2:30 PM, with Licensed Practical Nurse (LPN) #1, revealed on 11/12/14, she had still been a CNA and had been assigned to Resident #2's care that night. Per interview, there was a book at the nurse's station which the CNAs referred to for residents' CNAs Care Plan which specified how the resident was to be transferred. She stated the CNAs also had a sheet which they carried in their pocket which specified the transfer technique to be used for a resident. According to LPN #1, she had been trained to follow residents' care plans prior to the incident on 11/12/14, and was aware Resident #2 was to be transferred with a Hoyer lift. Per the LPN, she and another CNAs, who was no longer working at the facility, were attempting to transfer Resident #2 from the geri-chair to the bed; however, the Hoyer lift pad under the resident was not positioned correctly. LPN #1 revealed they tried adjusting the lift pad under the resident, but Resident #2 fit too snugly in the geri-chair and they were not able to get the lift pad repositioned or the resident repositioned to be able to use the Hoyer lift. Continued interview they pushed the Hoyer lift out of the way, and decided to attempt a two (2) person transfer using a gait belt with their arms under Resident #2's arms. LPN #1 revealed Resident #2 was able to bear some weight as he/she used to use the Sara Lift (a standing and raising aid). According to LPN #1, however, they had never attempted to transfer Resident #2 using a stand and pivot of two (2) staff before. She stated they assisted Resident #2 to stand first to see how the resident would do, which he/she did with no	F 282			

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F 282 Continued From page 39

problem. LPN #1 revealed as they started pivoting Resident #2 his/her leg got caught on the bed's push button (used to raise and lower the side rails), and the resident sustained a laceration to the leg, as the push button was sticking out. Further interview revealed she was counseled by RN #1, as well as, the DCN and had received education related to following the care plan after the incident.

Phone interview with RN #1 on 05/22/15 at 11:30 AM, revealed Resident #2 was care planned for transfer with a Hoyer lift; however, on 11/12/14, the CNAs had tried to do a two (2) person transfer instead of using the Hoyer lift when they were transferring the resident. According to RN #1, Resident #2's leg got caught during the improper transfer and as a result the resident sustained a large laceration to the leg. He stated if the CNAs were unable to get the lift pad under the resident properly in order to use the Hoyer lift, they should have informed him for instructions before proceeding with a transfer. Continued interview revealed the facility's process was for the CNAs to check the CNA Care Plans for residents' transfer technique and also to read the communication board at the nurse's station for any updates to residents' care at the beginning of each shift. RN #1 stated he wrote the CNAs, involved in Resident #2's improper transfer, up for not following the resident's care plan related to the transfer technique. Further interview revealed RN #1 performed rounds to check to ensure residents were receiving care as per their care plans including the transfer technique to be used.

Phone Interview was attempted with CNA #1 on 05/22/15 at 2:30 PM, who was no longer employed by the facility, however, contact with

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F 282	<p>Continued From page 40</p> <p>CNA #1 was unsuccessful.</p> <p>Interview with the Unit Coordinator (UC) and the DON on 05/22/15 at 2:50 PM, revealed per the DON, all staff when hired were inserviced regarding following residents' care plans and on transfer techniques. According to the DON, interview with the Staff Development Nurse (SDN) who inserviced new hires, was not possible at the time as he/she was off on leave and was unable to be reached for telephone interview regarding the inservicing related to following the care plans or transfer techniques. The DON revealed when the CNAs determined they would not be able to utilize the Hoyer lift for Resident #2 on 11/12/14, they should have obtained assistance from the nurse in order for him to assess the situation and find the best way to transfer the resident. Per interview, this incident would not have happened had the CNAs transferred Resident #2 with the Hoyer Lift as per his/her care plan. Further interview revealed it was his expectation for nurses to do rounds during the shift to ensure residents' care plans were being followed and for CNAs follow residents' care plans interventions.</p> <p>Interview with the Administrator on 05/22/15 at 12:00 PM, revealed staff had used an improper transfer technique which resulted in Resident #2 sustaining a laceration because the CNAs had not followed the resident's care plan. Further interview revealed the facility's expectation was for staff to follow residents' care plans.</p> <p>Continued review of Resident #2's medical record revealed a Significant Change MDS Assessment dated 04/15/15, which noted the facility continued to assess the resident as having both short term</p>	F 282		

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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and long term memory loss. Continued review of the Significant Change MDS revealed the facility assessed Resident #2 to require total assistance of two (2) staff for bed mobility, transfers and bathing and to require extensive assistance of one (1) person for hygiene. Further review of the 04/15/15, MDS Assessment revealed the facility assessed Resident #2 as having one (1) Stage II Pressure Ulcer (P.U.).

Review of Resident #2's Comprehensive Care Plan dated 04/16/15, revealed the facility had care planned the resident as at risk for skin breakdown related to Alzheimer's Disease, contractures and being dependent on staff for his/her Activities of Daily Living (ADL's). Continued review of the at risk for skin breakdown care plan revealed the goal stated Resident #2 would be free of skin breakdown related to incontinence and pressure. Further review of the care plan revealed interventions which included monitoring the resident's skin during care for signs and symptoms of skin breakdown, such as, warmth, redness, non-blanchable skin, and notifying the Physician if signs and symptoms were observed for further evaluation.

Review of Resident #2's Physician's Orders dated 04/16/15, revealed orders for Nystatin Powder (an antifungal antibiotic medicated powder) between the fingers of the resident's left hand three (3) times a day until healed. Review of the May 2015 Monthly Physician's Orders revealed the order for the Nystatin Powder was continued.

Observation during a skin assessment for Resident #2 on 05/21/15, from 10:00 AM through 11:00 AM, performed by LPN #2/Wound Nurse

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 400 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 282 | Continued From page 42

and RN #2/Wound Nurse, revealed the resident had contractures of the left and right hand. Observation revealed a soft glove on the left hand and the fingers of the gloves were between each finger, and the right hand had a palm protector in place. Continued observation revealed, during the skin assessment, a Stage II P.U. was identified by the nurses on Resident #2's left hand on the second finger at the first joint, between the second and third fingers which measured 1.3 centimeters (cm) in length by (x) 1.3 cm in width with a red wound bed and redness in the surrounding area. Interview during the skin assessment with LPN #2/Wound Nurse and RN #2/Wound Nurse revealed they were both unaware of the area on Resident #2's left hand, and both agreed it was a Stage II Pressure Ulcer. Continued interview, on 05/21/15 at 11:00 AM, at the time of the skin assessment and at 5:20 PM, with LPN #2/Wound Nurse revealed she had completed a Nystatin treatment to Resident #2's left hand yesterday and the P.U. area was not there at that time. Per interview, she placed wash cloths or gauze between the resident's fingers and in his/her contracted hands, as well as, placed palm protectors. LPN #2/Wound Nurse revealed she checked Resident #2's hands and fingers once or twice a day on the days she worked.

Review of the Clinical Notes Report, dated 05/19/15 at 11:47 AM, completed by LPN #1, revealed Resident #2 had a small circular open area noted on the left hand between the second and third digit (finger) with a yeast odor noted. Continued review of the Clinical Notes Report revealed LPN #1 documented the area on Resident #2's finger was cleansed with Normal Saline (NS), dried, and Nystatin Powder was

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 282	Continued From page 43 applied per the treatment plan.	F 282		
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Interview with LPN #1 on 05/22/15 at 8:00 AM, revealed she had last completed the treatment of applying Nystatin between the fingers for Resident #2's left hand on 05/19/15. She stated at the time she did the treatment on 05/19/15, Resident #2 had palm protectors between both hands, but she was unsure if the resident had anything between his/her fingers. Continued interview revealed she did not realize there was a new area and had not checked the Nurse's Notes because she thought the treatment for Nystatin was for the open area she observed during the treatment on 05/19/15. Further interview revealed on 05/19/15, between Resident #2's fingers on the left hand there appeared to be an open area; however, she did not measure or stage the open area/wound. According to LPN #1, per Resident #2's care plan she was to notify the MD if there was a new area of skin breakdown but, she had not realized the open area was a new area.

Interview, on 05/21/15 at 5:15 PM, with RN #4 revealed she was the nurse assigned to Resident #2 on 05/20/15, and she was notified "yesterday", 05/20/15, of the resident having an open area on the finger of his/her left hand by LPN #1, who did not mention whether she (LPN #1) had notified the Physician or not. Further interview revealed she thought LPN #2/Wound Nurse was notified of the open area yesterday, 05/20/15 and it was the facility's protocol to notify the Wound Nurse of any areas of skin breakdown.

Further review of Resident #2's Clinical Notes Reports and Physician's Orders revealed no documented evidence of monitoring of Resident

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075	
(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 282	Continued From page 44 #2's open area on the finger of the left hand for signs and symptoms of further skin breakdown, such as, warmth, redness, non-blanchable skin, and Physician notification if signs and symptoms were observed. Review of the Physician's Orders dated 05/21/15, revealed orders were obtained for treatment of the Stage II Ulcer on his/her left hand second finger between the second and third finger. Phone interview on 05/22/15 at 3:40 PM, with Resident #2's Attending Physician revealed Resident #2 had contracted hands. Per interview, even though Resident #2 had an order in place for Nystatin Powder when the Stage II Ulcer to his/her finger was identified, he (the Physician) would need to be notified for additional treatment orders because the Nystatin would just be an adjunctive (used with a primary treatment) treatment for an open wound. 2. Observation of a skin assessment conducted on 05/20/15 at 2:45 PM until 4:00 PM, by LPN #2/Wound Nurse, revealed Resident #3 had a sacral wound which was a Stage III P.U., that measured 3.1 cm in length x 2 cm in width and the Wound Nurse stated there was not a depth to measure. Per LPN #2/Wound Nurse, the area was twenty-five percent (25%) slough with pink granulating (the newly formed vascular tissue normally produced in healing of wounds of soft tissue) tissue and a red "beefy" center. Record review revealed Resident #3's diagnoses included a History of P.U., Cerebral Vascular Accident (CVA) with Hemiplegia (paralysis), Dementia with Behavioral Disturbance and Peripheral Vascular Disease. Review of the Quarterly MDS Assessment dated 03/02/15,	F 282		

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 282 | Continued From page 45

revealed the facility assessed Resident #3 as having a Brief Interview for Mental Status (BIMS) score of a fourteen (14) out of fifteen (15) indicating the resident was cognitively intact. Further review of the MDS revealed the facility assessed Resident #3 as requiring extensive assist of two (2) for bed mobility, transfers, and toilet use, as not ambulating, as frequently incontinent of bowel and bladder and as having a healed Stage II Pressure Ulcer.

Review of Resident #3's Comprehensive Care Plan dated 10/03/14, revealed the facility care planned the resident as at risk for skin breakdown related to Diabetes Mellitus, decreased mobility, Peripheral Vascular Disease, Edema, Pain, history of CVA with Hemiparesis and fragile skin. Continued review of the at risk for skin breakdown care plan revealed the goal stated Resident #3 would be free of skin breakdowns related to incontinence and pressure. Further review of the MDS revealed interventions which included monitoring Resident 3's skin during care for signs and symptoms of breakdown, such as, redness, warmth, nonblanchable skin and notifying the Physician for further treatment.

Review of the Clinical Notes Report dated 03/30/15, completed by RN #1, revealed Resident #3 had two (2) open areas on the buttocks, and the nurse had visualized the left buttock area as approximately a fourth (1/4) inch round open area, and the area above the rectum between the buttocks as approximately an eighth (1/8th) of an inch wide and approximately a 1/4 to three eighths (3/8th) inch long "slit". Continued review revealed the areas were creamed with a protective paste; however, there was no documented evidence the Physician was notified

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075	

(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
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F 282 Continued From page 46 of the areas, as per the care plan. F 282

Interview with RN #1 on 05/21/15 at 5:00 PM, revealed he did not inform the Physician of the areas of skin breakdown on Resident #3's buttocks areas, and was not sure why he did not inform the Physician right away. RN #1 stated Resident #3 already had Calmoseptine Ointment (an analgesic, skin protectant cream) ordered which had been used. Review of Resident #3's March and April 2015 Medication Administration Record (MARs) with RN #1 revealed the resident was receiving scheduled Calmoseptine Ointment three (3) times a day from 03/13/15 until 04/09/15. Also, RN #1 reviewed Resident #3's Comprehensive Care Plan with the Surveyor, and stated he had not followed the resident's care plan related to notification to the Physician for new areas of skin breakdown for further treatment; however, should have.

Record review revealed documentation of a Skin Assessment performed by LPN #2/Wound Nurse on 04/05/15, which noted there was an open area to Resident #3's center buttock which was a "partial thickness wound" that measured 2.0 cm in length x 0.8 cm in width x 0.2 cm in depth. Continued review of the Skin Assessment documentation noted by LPN #2/Wound Nurse revealed the open area had pink tissue, clear yellow drainage and Calmoseptine Ointment was applied. However, further review of the Skin Assessment revealed no documented evidence the Physician was notified of the wound on 04/05/15, by LPN #2/Wound Nurse, as per the care plan.

Further observation of the skin assessment for Resident #3 on 05/20/15 at 2:45 PM, performed

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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by LPN #2/Wound Nurse revealed the resident's right heel was red and the Surveyor asked the nurse to describe the area. LPN #2/Wound Nurse pushed on Resident #3's right heel and reported it was soft and boggy, but blanchable (turning lighter and then returning to normal skin color) and was not a Stage I Pressure Ulcer. However, observation by the Surveyor revealed there was no blanching observed when the nurse pushed on the heel. The Surveyor asked LPN #2/Wound Nurse to have Resident #3's heels off loaded (removal of pressure by elevation off of a surface) so the right heel area could be re-checked in approximately thirty (30) minutes to see if the heel was still red. The Surveyor also requested LPN #2/Wound Nurse bring another nurse in with her at that time, for a second opinion related to the resident's heel. Resident #3's heel was off loaded at 4:00 PM.

Additional observation by the Surveyor on 05/20/15 at 4:50 PM, with LPN #2/Wound Nurse and RN #2/Wound Nurse revealed Resident #3's right heel area was palpated and remained red (nonblanchable) even though the heel had been off loaded for fifty (50) minutes. RN #2/Wound Nurse assessed the right heel area and described it as a Stage I P.U., which measured 3.8 cm in length x 4.2 cm in width.

Further review of Resident #3's record revealed no documented evidence staff had identified the area on the resident's right heel prior to the skin assessment conducted with the Surveyor on 05/20/15. Review also revealed no documented evidence Resident #3's skin including the right heel had been monitored during care, as per care plan.

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(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 282	Continued From page 48 Interview, on 05/22/15 at 9:00 AM, with LPN #1 revealed she was the nurse assigned to Resident #3 on 05/19/15, on the day shift, and she did the treatment to the resident's left foot that day. LPN #1 revealed however, an entire skin assessment was not completed by her, and she did not notice any redness to Resident #3's right heel. Per interview, she had not been notified by staff of the the area to Resident #3's right heel. Interview, on 05/21/15 at 7:10 PM, with LPN #3 who was assigned to Resident #3 on 05/19/15 from 11:00 PM until 7:00 AM on 05/20/15, revealed she was not really familiar with the resident as she was hardly ever assigned to her/him. However, LPN #3 did remember Resident #3 having redness to the right heel while he/she was in bed. Continued interview revealed she did not realize the area was new however, and did not check to see if there was a treatment ordered or check the Nurse's Notes to see if the area had been previously identified. LPN #3 revealed she did not inform anyone of the red area to Resident #3's right heel, and the resident already had orders for protective boots. Phone interview on 05/22/15 at 3:40 PM, with Resident #3's Attending Physician revealed his expectation was for either him or one (1) of the providers to be notified of any new areas of skin breakdown, and the Physician or other provider would assess the new areas, stage them, and send the resident to the hospital Wound Clinic. Continued interview revealed the Physician would need to see any new open wound, even if there was an order in place for treatment to the area. The Physician revealed this was needed in order to decide if there was a need for an additional treatment for a resident, such as for Resident #3	F 282			

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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F 282 Continued From page 49

who had an order for Calmoseptine already in place, when the new open area to the sacrum was identified.

Continued interview on 05/22/15 at 6:00 PM with the DON and the UC revealed the UC explained the facility had recognized communication was a concern when staff found a P.U. or other types of skin breakdown. The UC revealed when new skin breakdown was observed all the nurses on all shifts, as well as, the Physician should be notified, as per the care plan, however, the facility had recognized this was not occurring.

Continued interview with the UC revealed the facility's protocol for when a new area of skin breakdown was found, was for the nurse to put the information regarding the area on the "24 Hour Report" and the next day one (1) of the facility's two (2) Wound Nurses was to measure and stage the wound; however, the follow through did not always occur. Further interview revealed the UC felt residents' skin was to be monitored during care by both the CNAs and the nurses. Per interview, it was all the nurses' responsibility to ensure this occurred during care, as per the resident's care plan. The DON revealed the care plan should be followed related to skin issues and if new skin breakdown was noted the Physician should be notified as per the Care Plan. The DON revealed the facility was in the middle of a Performance Improvement Plan (PIP) which was started about three (3) weeks ago and was headed by RN #2/Wound Nurse. According to the DON, the PIP was put in place because the facility had recognized there were problems with P.U., Physician notification and documentation. However, he stated there had been no recent inserviceing or education performed for the facility's nursing staff.

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3. Review of Resident #11's medical record revealed diagnoses which included Non Alzheimer's Dementia, Delusional Disorder and Anxiety. Review of the Significant Change MDS Assessment dated 05/14/15, revealed the facility assessed the resident as having a BIMS of a five (5) out of fifteen (15) indicating severe cognitive impairment. Continued review of the MDS Assessment revealed the facility assessed Resident #11 as having verbal, physical and other behaviors. Further review revealed the facility assessed Resident #11 as requiring extensive assistance of two (2) staff for bed mobility and transfer, and total assistance of two (2) staff for toilet use and as always being incontinent of bowel and bladder.

Review of Resident #11's Comprehensive Care Plan dated 11/19/14, revealed the facility care planned the resident for an alteration in behavior related to Anxiety, Dementia and Delusional Disorder as evidenced by repeatedly calling out "help me, please help me", also got verbal with staff and swatted at staff. Continued review of the alteration in behavior care plan revealed the goal stated Resident #11's behaviors would be easily altered and occur less often with interventions which included one (1) on one (1) time as necessary, encourage activities, redirection/reorientation, and reassurance as needed.

Additionally, review of the Comprehensive Care Plan dated 05/15/15, revealed the facility had care planned Resident #11 to be incontinent of bowel and bladder and to wear adult briefs. Continued review of the incontinence care plan revealed the goals stated Resident #11 would be

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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clean and dry, with interventions which included to check the resident every two (2) hours and as needed for episodes of incontinence, and to have the call light in reach when he/she was in his/her room and answer the call light in a timely manner.

During observation of a dressing change/skin assessment for Resident #3, who was Resident #11's roommate, on 05/20/15 from 2:45 PM until 4:00 PM, it was observed Resident #11 yelled "help me, help me" intermittently throughout the dressing change/skin assessment. LPN #2/Wound Nurse and RN #6, an orientee, were conducting the skin assessment and dressing changes for Resident #3; however, neither LPN #2/Wound Nurse nor, RN #6 attempted to determine what Resident #11 needed or required, and did not leave Resident #3's bedside to find out. In addition, the nurses did not ring the call bell for someone to come and help Resident #11. Continued observation revealed at 3:55 PM, Resident #11 yelled, "I have to pee", and then intermittently continued to call out "I have to pee", until finally Resident #11 yelled "I peed". Further observation revealed however, LPN #2/Wound Nurse and RN #6/Orientee neither one (1) responded to Resident #11 yelling he/she needed to "pee", and they continued performance of the dressing change/skin assessment of Resident #3 at his/her bedside. Neither nurse rang the call light for assistance for Resident #11. Observation revealed at 4:00 PM, another staff member from the hallway responded to Resident #11's yelling and came to assist Resident #11.

Interview, on 05/20/15 at 4:10 PM, with LPN #2/Wound Nurse and with RN #6/Orientee, both nurses revealed they had not rang the call bell to get assistance for Resident #11, or attempted to

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F 282 : Continued From page 52

assist Resident #11 themselves when the resident was yelling for help and yelling he/she needed to "pee". LPN #2/Wound Nurse stated she did hear Resident #11 yelling for help and saying he/she needed to "pee"; however, the nurses had not attempted to assist the resident because they were busy with Resident #3. Further interview revealed one (1) of them should have washed their hands and gotten help for Resident #11.

Further interview, on 05/22/15 at 6:00 PM, with the UC and the DON revealed all nurses were responsible for ensuring resident's care plans were followed. The UC stated the nurses should have rang the call bell and attempted to assist or get assistance for Resident #11, when the resident was yelling for help and needing to go to the bathroom. She stated Resident #11 normally yelled and might have confusion; however, the nurses should have attempted to help the resident.

F 282

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 observation, interview, and record

F 309

1) Resident #3 toe wound to left 5th toe was measured and described in nurses notes on 5/17/15 by treatment nurse. Area was added to chronic care plan on 5/21/15 by MDS nurse.

2) Skin assessment completed on 5/26/15 to identify any other undocumented open areas. Any previously unidentified areas were measured, documented, physician notified, and added to resident care plan by 5/26/15.

3) LPN #2, RN #3 educated regarding proper measuring, documenting, Medical Doctor notification and updating of care plan by Director of Nursing by 6/19/15. All

7/6/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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)	ID# COMPLETION DATE
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F 309 Continued From page 53

review, it was determined the facility failed to ensure each resident was provided with the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive care plan for one (1) of fifteen (15) sampled residents (Resident #3).

The facility failed to ensure Resident #3's ulcer to the left 5th toe was described regarding the type of wound/ulcer during the weekly skin assessments. Also, interview with the Wound Nurse during the skin assessment observation on 05/20/15, revealed she was unable to describe the type of ulcer, (whether the ulcer was an arterial, venous, diabetic, pressure or non-pressure ulcer). In addition, the Comprehensive Care Plan was not revised to indicate when the area to the toe was identified, and was not revised as the area deteriorated.

The findings include:

Review of Resident #3's medical record revealed diagnoses which included Dementia with Behavioral Disturbance, Diabetes Mellitus, Arthritis, Peripheral Vascular Disease (PVD), Cerebral Vascular Accident (CVA) with Hemiplegia and a History of Pressure Ulcers. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 03/02/15, revealed the facility assessed the resident as having to have a Brief Interview for Mental Status (BIMS) of a fourteen (14) out of fifteen (15) indicating no cognitive impairment. Further review revealed the facility assessed the resident as having one (1) Stage II healed Pressure Ulcer and no other types of wounds or ulcers.

F 309 nurses educated to proper identification, measuring, documenting, MD notification, and care plan updating by DON, Unit Manager or MDS nurse by 7/1/15.

4) Policy and procedure regarding pressure ulcer, ulcer area identification, measuring, documenting, MD notification, and care plan updating was reviewed and revised as needed, per DON by 6/19/15.

5) QI monitor was developed relative to measuring and staging of pressure ulcers, physician notification and revision of Care Plans to assure compliance and forward by DON and initiated by 7/2/15. To be completed by DON, Unit Manager, MDS nurse(s), computer nurse, nursing QA staff, or designated charge nurse to be completed weekly x 4, every other week x 8 weeks and monthly x 6 months, then quarterly. The Director of Nursing will review all QI monitors relative to QA monitor regarding measuring and staging of pressure ulcers, physician notification and revision of Care Plans to assure compliance and forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 309 Continued From page 54

Review of Resident #3's Comprehensive Care Plan, dated 10/03/14, revealed the resident was at risk for skin breakdown related to Diabetes Mellitus, healed diabetic foot ulcers, fragile skin, decreased mobility, Peripheral Vascular Disease (PVD) and a history of a Cerebrovascular Accident (CVA) with Hemiplegia (paralysis). Continued review of the at risk for skin breakdown care plan revealed on 05/15/15, the care plan was revised to indicate Resident #3 had an area on his/her toe. However, review revealed the area on the toe had worsened from a bruise when identified on 04/28/15, to a dry brown scabbed area measuring 0.8 centimeters (cm's) in length by (x) 0.6 cm in width on 05/02/15, requiring the Physician to be notified, and it was noted to continue to deteriorate prior to 05/15/15. In addition, further review revealed the care plan did not specify which toe, which foot or what type of an area there was to the toe.

Review of the Clinical Notes (CN) dated 04/28/15 at 1:43 PM, completed by Licensed Practical Nurse (LPN) #2/Wound Nurse (WN), revealed Resident #3 was observed to have a dark purple bruise on the left foot, fifth toe and the resident voiced he/she did not know how it happened.

Review of the CN dated 05/02/15 at 10:24 AM, completed by LPN #2/WN, revealed Resident #3's left outer 5th toe bruised area had a dry brown scabbed area measuring 0.8 cm's in length x 0.6 cm in width which was intact with no drainage. Continued review of the 05/02/15 at 10:24 AM CN, revealed Resident #3 was to wear foam boots until seen by the Physician.

Review of the Physician's Orders dated 05/02/15, revealed orders to monitor Resident #3's left 5th toe daily for signs and symptoms of infection.

F 309

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 300 | Continued From page 55

Place a dry clean dressing to protect from re-injury and promote healing until seen by Physician on rounds. Review of the Physician's Orders dated 05/06/15, revealed orders for Bactrin DS (an antibiotic medication) twice a day for one (1) week. Further review of the Physician's Orders dated 05/07/15, revealed orders to paint the 5th toe scab with Betadine (an antiseptic solution) every day for fourteen (14) days.

Continued review of the CN's revealed a CN dated 05/11/15 at 12:15 PM, which noted Resident #3's left fifth toe remained dry scabbed and measured 1.0 cm in length x 1.3 cm in width, was intact, with redness to the outer edges, and there was no swelling or drainage. Review of the CN revealed although the wound was measured and described there was no documented evidence of the type of wound it was in the CN.

Review of the Podiatry Visit Note, dated 05/14/15, revealed there was cellulitis of Resident #3's entire 5th toe with dried crust overlying, and the 5th toe was debrided by the podiatry provider. Continued review under the assessment revealed it was noted, "Type 2 Diabetes Mellitus with Peripheral Circulatory Disorder" and neurological complications and Chronic Non-Pressure Ulcer of the foot. Further review revealed the recommendations included: orders for an x-ray to the left foot 5th toe; wound culture to the left 5th toe; wound care to evaluate and treat left 5th toe, with the Primary Care Physician's approval; 800 milligrams (mg) of Augmentin (an antibiotic medication) twice a day plus live culture yogurt daily until the cultures came back; dress the 5th toe area with triple antibiotic ointment, Tefta and dry dressing daily until Wound Care had taken

F 300

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 309 | Continued From page 58

over care of Resident #3's wound.

Review of the left foot X-Ray dated 05/15/15, revealed there was no evidence of acute fracture or dislocation, hammer toes deformities, toes two (2) through five (5) with moderate Osteoporosis and Degenerative Arthritis. Review of the culture of left 5th toe wound collected 05/18/15, and reported 05/20/15, revealed Proteus Mirabilis (bacteria).

Review of the CN dated 05/17/15 at 2:45 PM, completed by LPN #2/WN, revealed Resident #3's left foot 5th toe ulcer was measured as 1.8 cm in length x 1.5 cm in width x 0.3 cm in depth, with the center of the wound bed with dark yellow brown tissue and a small amount of bloody yellow drainage. Continued review of the CN revealed even though the wound was measured and described, there was no documented evidence of the type of ulcer it was noted.

Observation of a skin assessment for Resident #3 on 05/20/15 at 2:45 PM, performed by LPN #2/WN, revealed the resident had an ulcer to the 5th toe left foot which measured 1.7 cm in length x 0.5 cm in width. The nurse described the ulcer as black, necrotic, hard with redness surrounding the toe. LPN #2 stated she did not know how to classify the wound and was not sure if the wound was a Pressure Ulcer, a Diabetic Ulcer, or a Venous Ulcer. Per interview, it was up to the Physician to classify what type of wound the ulcer was (even though she was a Wound Nurse). Further interview with LPN #2/WN on 05/20/16 at 4:10 PM, and on 05/21/15 at 11:22 AM, revealed she did not notify the Physician on 04/28/15, of Resident #3's toe being bruised because she would not call for every bruise a resident had.

F 309

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2015
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NAME OF PROVIDER (OR SUPPLIER) CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 309 Continued From page 57

However, she kept monitoring the toe with the skin assessments and orders were received on 05/02/15. She stated the ulcer to the 5th toe was much worse since having been debrided by the Podiatrist, and she had not yet reviewed the Podiatry Notes to see the classification for the type of ulcer. LPN #2/WN revealed she did not always see the consults related to residents' skin; however, it would be important to review them as the Wound Nurse.

Interview, on 05/22/15 at 5:30 PM, with Registered Nurse (RN) #3/MDS Nurse, revealed the MDS nurses revised residents' care plans, to include care planning of skin concerns. Per interview, the MDS Nurses received copies of Physician's Orders and also received a report from the nurses each morning and reviewed the facility's 24 Hour Report each morning for information to ensure they were aware of any changes in a resident's condition. According to RN #3/MDS Nurse Resident #3's Comprehensive Care Plan was not initially revised, as the area on his/her left 5th toe was at first a scabbed/abrasion area which she did not care plan because those could heal quickly. Per interview, she had not needed to revise the care plan to include the area until it became chronic which was after the Podiatrist's appointment. She stated she care planned the area after the debriding by the Podiatrist because at that point the area became a chronic issue.

Phone interview with the Attending Physician on 05/22/15 at 3:40 PM, revealed Resident #3's left 5th toe ulcer was classified as an "abrasional or traumatic ulcer".

Interview, on 05/22/15 at 6:00 PM, with the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 309	<p>Continued From page 58</p> <p>Director of Nursing (DON) revealed any new areas of skin breakdown should be documented in the Nurse's Notes with measurements, a description, the staging and type of ulcer, whether pressure or venous, etc. He stated the care plan should be revised with each new skin issue, and if an area was being monitored and Physician's Orders were obtained, such as, for Resident #3's toe ulcer, the area would need to be included on the care plan. Per interview, as the wound deteriorated or changed, the care plan should be revised to indicate the condition of the ulcer. Continued interview revealed the revision of the care plan would be the responsibility of the MDS nurses, and they were made aware of residents' skin issues through copies of Physician's Orders for the areas of skin breakdown they received daily. Further interview with the DON, revealed the facility had recognize there was a problem with communication and documentation regarding skin breakdown. He stated the facility was in the middle of a Performance Improvement Plan (PIP) which was started about three (3) weeks ago and headed up by RN #2 after recognition of the problems; however, no recent inservices or education for nursing staff had been performed yet.</p>	F 309		
F 314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and</p>	F 314	<p>1) Resident #3 sacrum area MD notified on 4/6/15 of area with follow-up ordered/assessment by MD on 4/9/15, 4/23/15, 4/27/15, 5/6/15, 5/7/15, 5/11/15, 5/15/15, 5/20/15, 6/1/15, 6/5/15, 6/9/15. Resident care plan updated on 5/13/15 and again on 5/15/15, 5/21/15, 5/22/15 by MDS nurse.</p> <p>Resident #2 area to left hand MD</p>	7/6/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185200	(X2) MULTIPLE CONSTRUCTION A. (BEGINNING) _____ B. WINS _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314 Continued From page 59
prevent new sores from developing.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to ensure a resident having pressure sores received necessary treatment and services to promote healing, prevent infection and prevent new sores from developing for two (2) of fifteen (15) sampled residents (Residents #2 and #3).

Resident #3 was noted to have a new open area to the sacrum on 03/30/15 per the Clinical Notes Report, however, there was no documented evidence the Physician was notified until 04/06/15, seven (7) days later, when the area was described as a partial thickness wound (Stage II Pressure Ulcer). Also, the Comprehensive Care Plan was not revised related to a Stage II Pressure Ulcer when the area was identified. In addition, there was no documented evidence Resident #3's skin assessments were completed weekly for a measurement and description of the sacral wound as per facility protocol from 04/09/15 until 04/23/15 (14 days later).

Also, during a skin assessment with the surveyor on 05/20/15, Resident #3 was noted to have an unidentified Stage I Pressure Ulcer to the right heel and interview with the nurse assessing the wound during the skin assessment, revealed the nurse did not recognize the wound as a Stage I Pressure Ulcer. Interviews with staff revealed they had not recognized the resident had the Stage I Pressure Ulcer to the Right Heel, and had

F 314 notified on 5/21/15 with follow-up orders/assessment by MD on 5/25/15, 5/31/15, healed 6/3/15). Care plan was updated on 5/22/15 by MDS nurse and again on 6/3/15.

All residents will have skin assessment completed by staff nurses by 6/22/15.

Any identified ulcerated areas (pressure, venous, arterial, stasis, diabetic) will be measured, documented and MD notified, by staff nurse by same date identified. Resident care plan to be updated by MDS nurse or staff nurse by 6/22/15.

2) RN #1, RN #2, RN #4, LPN #1, LPN #2 will be re-educated by DON regarding proper identification, measuring, documenting, MD notification and care plan updating of ulcers by 6/19/15. All nurses will be educated regarding proper identification, measuring, documenting, MD notification, and care plan updating of ulcers per DON, Unit Manager or MDS nurse by 7/1/15.

4) Policy and procedure related to ulcer identification, measuring, documentation, MD notification and care planning updating will be reviewed and revised, as needed, per DON by 6/19/15. Q) monitor relative to physician notification regarding changes in resident condition, measuring and staging of pressure ulcers developed by

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18B208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314 Continued From page 60
not identified the wound during care.

Additionally, observation of a skin assessment for Resident #2 on 05/21/15, revealed a Stage II Pressure Ulcer to the second finger which had been identified on 05/19/15 per the Clinical Notes Report, but was not measured or staged. Also, there was no documented evidence the Physician was notified to obtain a treatment order until 05/21/15 (two 2) days later, after surveyor intervention.

The findings include:

Review of the facility "Decubitus, Identification and Care" Policy, undated, revealed the facility would provide care to prevent formation and progression of decubiti and care would include the following: assessment of high risk residents and development of plan of care to prevent development of decubiti, implementing Physician's Orders for treatment of decubitus ulcers, a full body assessment at least weekly to monitor for skin issues, and re-evaluate the plan of care and treatment if wound worsened or showed signs of progress towards healing.

Review of the "National Pressure Ulcer Advisory Panel Revised Pressure Ulcer Staging System", dated 09/24/14, revealed a Stage I Pressure Ulcer was intact skin with nonblanchable redness of a localized area, usually over a bony prominence. The area may be firm, soft, warmer or cooler as compared to adjacent tissue. Further review revealed a Stage II Pressure Ulcer was a Partial Thickness Open Wound which presented as a shiny or dry shallow ulcer without slough or bruising. Continued review revealed a Stage III Pressure Ulcer presented as a full

F 314 DON and initiated by 7/2/15. To be completed by DON, Unit Manager, MDS nurse(s), computer nurse, nursing QA staff, or designated charge nurse. To be completed weekly x 4 weeks, every other week x 8 weeks, monthly x 6 months, then quarterly. The Director of Nursing will review all QI monitors relative to physician notification regarding changes in resident condition, measuring and staging of pressure ulcers to assure compliance and forward to the Quality Assurance Director for tracking and trending. All results will be reviewed at the monthly Quality Assurance Committee Meeting.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314 Continued From page 61

Thickness tissue loss, subcutaneous fat may be visible but bone, tendon or muscle were not exposed. Slough may be present but did not obscure the depth of tissue loss, may have undermining or tunneling.

Interview with Registered Nurse (RN)/#2/Minimum Data Set (MDS) Nurse/Wound Nurse on 05/21/15 at 5:30 PM, revealed the facility did not stage a Stage II wound, but called it a partial thickness wound per the National Pressure Ulcer Advisory Panel for Ulcer Staging System and she stated per this system a Stage II was a partial thickness wound.

1. Review of Resident #3's medical record revealed diagnoses which included Dementia with Behavioral Disturbance, Renal Insufficiency, Arthritis, Peripheral Vascular Disease, Chronic Obstructive Pulmonary Disease (COPD), Cerebral Vascular Accident (CVA) with Hemiplegia and a History of Pressure Ulcers. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 03/02/15, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) of a fourteen (14) out of fifteen (15) indicating the resident was cognitively intact. Further review, revealed the facility assessed the resident as requiring extensive assist of two (2) for bed mobility, transfers, and toilet use, as not ambulating, as frequently incontinent of bowel and bladder, and as having a healed Stage II Pressure Ulcer.

Review of the "Risk Assessment for Pressure Ulcers" dated 03/02/15, revealed the resident was at the highest risk for pressure ulcers scoring a fourteen (14) with a range of thirteen (13) to twenty-eight (28) being the highest risk. The risk

F 314

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(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 314	<p>Continued From page 62</p> <p>factors included; chairfast or bedfast, unable to make frequent major positioning changes without assistance, frequent or often moist skin, inadequate nutrition, friction, a history of pressure ulcers, and currently had a pressure ulcer.</p> <p>Review of the Comprehensive Care Plan dated 10/03/14, revealed the resident was at risk for skin breakdown related to Diabetes Mellitus, decreased mobility, Peripheral Vascular Disease, Edema, Pain, history of CVA with Hemiparesis, and fragile skin. The goal stated the resident would be free of skin breakdown related to incontinence and pressure. There were several interventions including; monitor skin during care for signs and symptoms of breakdown such as redness, warmth, non blanchable skin, and notify Physician for further treatment.</p> <p>Review of the Clinical Notes Report, dated 03/30/15 completed by Registered Nurse (RN) #1, revealed the resident had two (2) open areas on the buttocks, and the nurse visualized the left buttock as an approximately 1/4 inch round open area, and the nurse visualized the area above the rectum between the buttocks as approximately a 1/8 inch wide and approximately 1/4 to 3/8 inch long slit, and the area was creamed with protective paste. There was no indication in the record of the Physician being notified of the areas or of staging or actual measurement of the areas. Interview with RN #1 on 05/21/15 at 5:00 PM, revealed he did not notify the Physician of the areas of skin breakdown, and was not sure why he did not notify the Physician right away. He stated the resident already had Calmosoptino Ointment (analgesic, antiseptic, antipruritic, and skin protectant/ingredients include Menthol and zinc oxide) ordered. Review of the March and</p>	F 314			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314 Continued From page 63

April 2015 Medication Administration Record (MARs), revealed the resident was receiving scheduled Calmoseptine Ointment three (TID) times a day from 03/13/15 until 04/08/15. RN #1 stated he did not actually measure the areas and he was not good at staging and measuring ulcers. He stated his expectation was for the wound nurse to measure and stage the wounds the next day because he thought he had documented the skin breakdown on the Twenty-Four Hour Report. He reviewed the Comprehensive Care Plan with the surveyor, and stated he did not follow the care plan related to notification to the Physician for new areas of skin breakdown.

Review of the Skin Assessment performed by Licensed Practical Nurse (LPN) #2/Wound Nurse on 04/05/15, revealed there was an open area to the resident's buttock center, described as partial thickness wound measuring 2.0 centimeter (cm) length x 0.8 cm width x 0.2 cm depth, pink tissue, clear yellow drainage, and Calmoseptine ointment was applied. There was no indication the Physician was notified of the wound on this date.

Review of a Skin Assessment performed by LPN #2/Wound Nurse on 04/08/15 revealed the partial thickness wound to the center upper buttock had increased in size and depth to 2.5 cm length x 2 cm wide x 0.3 cm depth. Review of the Physician's Progress Note dated 04/08/15, revealed the resident had a sacral wound; however, there was no documented evidence of a new treatment for the wound. Further review of Physician's Orders dated 04/08/15, revealed orders for a floating mattress.

Review of the skin assessment dated 04/09/15, revealed the resident's sacral ulcer had increased

F 314

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314 Continued From page 84

In size and was measured as 3.8 cm length x 1.8 cm width x 0.3 cm depth and yellow tissue slough was noted. Physician's Orders were received on 04/09/15 for the buttocks/coccyx ulcer to cleanse with Wound Wash, pat dry, cover with Optifoam dressing and change the dressing three (3) times a week and as needed.

Further review, revealed there was no documented evidence of a skin assessment with measurement and description of the wound from 04/09/15 until 04/23/15. On 04/23/15 the area was described as a partial thickness wound measuring 3.5 cm length x 1 cm wide x 0.3 cm depth, with pink granulating tissue and the area was noted to decrease in size.

Further interview with RN #2/MDS/Wound Nurse on 05/21/15 at 5:30 PM revealed she had experience from working at a hospital wound clinic and also assisted LPN #2 with wounds, and she and LPN #2 measured the wounds together to ensure accuracy each week. She stated she first saw the sacral wound on 04/05/15 and the wound was a Stage II at that time. She stated she could find no measurements from 04/09/15 until 04/23/15, and she was not sure why the sacral wound was not measured and described during that time period.

The skin assessment dated 05/03/15 described the coccyx ulcer as a partial thickness wound (which would be a Stage II per facility protocol) measuring 2 cm length x 0.5 cm width x 0.3 cm depth.

Review of the Care Plan revealed it was revised on 05/03/15 to state the resident had a Stage III wound to the coccyx with a new intervention for

F 314

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2016
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075	
(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 314	Continued From page 65 treatment as ordered to the coccyx; however, there was no documented evidence the care plan had been updated prior to this to state the resident had a Stage II to the coccyx/sacral area, with interventions for wound healing. In addition, there was no indication the area was a Stage III wound on 05/03/15. Record review revealed new Physician's orders were obtained on 05/06/15 to apply a small amount of Med Honey to the wound bed, cover with a 2 x 2 gauze, then 4 x 4 gauze, and secure with paper tape, change daily and as needed. Weekly skin assessments continued and on 05/06/15 the skin assessment revealed the sacral wound was noted to have increased in size to 3.5 cm x 2.2 cm x 0.9 depth and was described as wound bed dark red, partial thickness wound (which would be a Stage II per facility protocol). New Physician's Orders were obtained on 05/07/15 for air flotation alternating low pressure relief to bed, turn and reposition every two (2) hours as tolerated, continue Med Honey Gel Sacral Wound Stage III, cover with Optifoam dressing, change daily and as needed for fourteen (14) days, then re-evaluate, and Foley Catheter inwelling to promote healing of Stage III. Observation of a skin assessment conducted on 05/20/15 at 2:45 PM by LPN #2/Wound Nurse, revealed the resident's sacral wound was a Stage III Pressure Ulcer and measured 3.1 cm length x 2 cm width and the nurse stated there was not a depth to measure. The nurse described the area as twenty-five (25)% slough with pink granulating tissue and a red beefy center.	F 314		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314 Continued From page 66

F 314

Interview on 05/22/15 at 5:30 PM with RN #3/MDS Nurse, revealed the MDS nurses revised and developed care plans, including the care plans related to skin concerns. She stated they received copies of Physician's Orders and also received a report from the nurses each morning to ensure they were aware of changes in condition. RN #3/MDS Nurse revealed they also reviewed the Twenty-Four Hour Report each morning for information related to changes. She stated, Resident #3's comprehensive care plan should have been revised when the resident was noted to have skin breakdown to the sacral area/occyx when it was first identified as a Stage II area with interventions to promote healing. She further stated she did not know why the care plan was not revised; however, she had revised the care plan when she received information related to the ulcer being a Stage III Pressure Ulcer.

2. Observation of a skin assessment for Resident #3 on 05/20/15 at 2:45 PM, revealed the resident had a red area on the right heel and the surveyor asked the nurse to describe the area. LPN #2/Wound Nurse who was conducting the skin assessment pushed on the heel and stated it was soft and boggy but blanchable and it was not a Stage I Pressure Ulcer. Observation by the surveyor revealed there was no blanching noted when the nurse pushed on the heel. The surveyor asked the nurse to have the resident off load the heel so it could be checked in approximately thirty (30) minutes to see if the heel was still red and also asked the nurse to bring another nurse in for a second opinion related to the ulcer. The resident was left to rest at 4:00 PM.

Interview with LPN #2/Wound Nurse on 05/20/15 at 4:10 PM, revealed she was not wound certified

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(R1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314 | Continued From page 67

but had taken a three (3) day wound class. She stated she did the treatments on the days she worked and measured all the wounds weekly. Continued interview revealed she and another RN had to both visualize and measure wounds for accuracy and document the results in the Nurse's Notes and the Physician was to be notified if there was a new wound or area of skin breakdown.

On 05/20/15 at 4:50 PM LPN #2/Wound Nurse, and RN #2/Wound Nurse and the surveyor re-entered the room. The resident's right heel was palpated, assessed and described as a Stage I Pressure Ulcer by RN #2 who measured the wound as 3.8 cm length x 4.2 cm width. The heel remained red even though the heel had been off loaded for fifty (50) minutes.

Review of the medical record revealed there was no documented evidence staff had identified the wound prior to the skin assessment with the surveyor on 05/20/15.

Interview on 05/22/15 at 9:00 AM with LPN #1, revealed she was the nurse assigned to Resident #3 on 05/19/15 on the day shift and she did the treatment to the resident's left foot that day; however, did not do an entire skin assessment and did not notice any redness to the right heel, nor did any staff notify her of the area.

Interview on 05/21/15 at 7:10 PM with LPN #3 who was assigned to Resident #3 on 05/19/15 from 11:00 PM until 7:00 AM on 05/20/15, revealed she was not real familiar with the resident as she was not assigned to her/him much. However, she did remember the resident having redness to the heel while in the bed. She

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314	<p>Continued From page 68</p> <p>stated she did not realize the area was new and did not check to see if there was a treatment ordered or check the Nurse's Notes to see if the area was identified previously. Further interview revealed she did not inform anyone of the red area and the resident already had orders for protective boots.</p> <p>Phone interview on 05/21/15 at 7:17 PM with Certified Nursing Assistant (CNA) #2 who was the CNA assigned to the resident on 05/19/15 from 11:00 PM until 7:00 AM on 05/20/15, revealed she usually worked the personal care unit and could not remember who the resident was.</p> <p>Review of Physician's Orders dated 05/20/15, revealed orders to monitor the right heel red area, off load on pillows, boots, Eucerin Lotion every shift until clears and notify Physician if worsens.</p> <p>3. Review of Resident #2's clinical record revealed the facility admitted the resident on 04/10/12, with diagnoses which included Alzheimer's Disease, Muscular Dystrophy, and Arthritis. Review of the Significant Change MDS Assessment dated 04/15/15, revealed the facility assessed the resident as having both short term and long term memory loss. Further review revealed the facility assessed the resident as requiring total assistance of two (2) for bed mobility, and transfers, as extensive assistance of one (1) person for hygiene, and total assistance of two (2) persons for bathing. Further review revealed the facility assessed the resident as having one (1) Stage II Pressure Ulcer.</p> <p>Review of the Risk Assessment for Pressure Ulcers dated 04/14/15 for Resident #2, revealed the resident was at the highest risk for pressure</p>	F 314		
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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
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F 314 Continued From page 09

ulcers, and scored a seventeen (17) with a thirteen (13) to twenty-eight (28) being the highest risk. The risk factors included; lethargic, bedfast or chair fast, immobile, frequently moist skin, poor nutrition/hydration, friction, a history of pressure ulcers and currently had a pressure ulcer.

Review of the Comprehensive Plan of Care dated 04/16/15, revealed the resident was at risk for skin breakdown related to Alzheimer's Disease, contractures, and was dependent for Activities of Daily Living (ADL's). The goal stated the resident would be free of skin breakdown related to incontinence and pressure. There were several interventions including: monitor skin during care for signs and symptoms of skin breakdown including warmth, redness, non-blanchable skin and notify the Physician if seen for further evaluation.

Review of Physician's Orders dated 04/16/15, revealed orders for Nystatin Powder (antifungal antibiotic) between fingers on left hand three (3) times a day until healed. Review of the Monthly, May 2015 Physician Orders revealed the order continued.

Observation of a skin assessment for Resident #2 on 05/21/15 from 10:00 AM through 11:00 AM, performed by LPN #2/Wound Nurse and RN #2/Wound Nurse revealed the resident had a contracted left hand with a glove in the palm and the fingers of the gloves were between each finger, and a contracted right hand with a palm protector. During the skin assessment a Stage II Pressure Ulcer was identified on the second finger at the first joint, between the second and third fingers of the left hand which measured 1.3 cm length x 1.3 cm width with a red wound bed

F 314

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 109 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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)	(R5) COMPLETION DATE
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F 314 Continued From page 70

and surrounding redness. Interview at the time of the skin assessment with LPN #2 and RN #2 revealed both wound nurses were unaware of the open area and both agreed it was a Stage II Pressure Ulcer.

Interview at the time of the skin assessment with CNA #3 who was assigned to the resident revealed this morning the resident the glove was in place on the left hand and she did not check the resident's hands.

Interview on 06/21/15 at 11:00 AM and at 5:20 PM, with LPN #2/Wound Nurse revealed she had done a Nystatin treatment to the resident's hand yesterday and the area was not there at that time. Continued interview revealed she ensured there were wash cloths or gauze between the fingers and in the contracted hands and she checked the resident's hands and fingers once or twice a day on the days she worked.

Interview on 06/21/15 at 5:15 PM with RN #4 revealed she was the nurse assigned to Resident #2 on 06/20/15 and she was informed yesterday (on 06/20/15) by LPN #1 of the resident having an open area on the finger; however, LPN #1 did not mention if she notified the Physician. She further stated she thought LPN #2/Wound Nurse was notified yesterday and it was the facility protocol to notify the Wound Nurse of any areas of skin breakdown.

Review of the Clinical Notes Report, dated 06/19/15 at 11:47 AM, completed by LPN #1, revealed the resident had a small circular open area noted on the left hand between the second and third digit and a yeast odor was noted. Redness and pain were noted during the

F 314

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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 105 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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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)	COMPLETION DATE
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treatment. Area cleansed with Normal Saline, dried, Nystatin Powder applied per treatment plan. Interview with LPN #1 on 05/22/15 at 9:00 AM, revealed she had last done the treatment for the resident's left hand on 05/19/15 with Nystatin between the fingers. She stated at the time she did the treatment the resident had palm protectors between both hands, but she was unsure if the resident had anything between the fingers. She stated she did not realize this was a new area and did not check the Nurses Notes because she thought the treatment for Nystatin was for the open area. She further stated on 05/19/15 the area between the fingers appeared as an open area and she did not measure or stage the wound. Further interview revealed she was to notify the MD if there was a new area of skin breakdown per the care plan; however, she did not realize the area was new.

Review of the Physician's Orders dated 05/21/15 revealed orders to cleanse the Stage II ulcer to the left hand second finger between the second and third finger, first joint with Wound Wash, apply Polysporin Ointment to the open ulcer, cover with a bandaid and change every day and as needed for ten (10) days. Palm protector on at all times and keep fingers separated left hand with cloth or gauze.

Phone interview on 05/22/15 at 3:40 PM with the Attending Physician, revealed his expectation was for him or one (1) of the providers to be notified for new areas of skin breakdown, and he would look at the wounds, triage, and send the residents to the hospital wound clinic. He stated he would need to see a new open wound even if there was an order in place to the area in order to decide if there was a need for an additional

F 314 |

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2015
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(Y4) 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)	(Y5) COMPLETION DATE	
F 314	<p>Continued From page 72</p> <p>treatment in reference to Resident #3 who already had an order for Calmosapline when the new open area to the sacrum was identified. Further interview in reference to Resident #2, revealed the resident had contracted hands and even though the resident had an order in place for Nystatin when the Stage II ulcer to the finger was identified, he would need to be notified for additional treatment because the Nystatin would just be an adjunctive treatment for an open wound.</p> <p>Interview was conducted with the Unit Coordinator (UC) and the Director of Nursing (DON) on 05/22/15 at 6:00 PM. The UC revealed they had recognized communication was a concern when finding Pressure Ulcers or other types of skin breakdown. She explained when new skin breakdown was noted all the nurses on all shifts as well as the Physician should be notified, but they recognized this was not happening. She stated with the facility protocol when a new area of skin breakdown was found, the nurse was to put it on the Twenty-Four (24) Hour Report, and the next day one (1) of the two (2) Wound Nurses was to measure and stage the wound; however, this follow through did not always occur. The UC stated skin was to be monitored during care by both the CNA's and the nurses and it was all nurses responsibility to ensure this occurred. Continued interview, in reference to Resident #3's right heel, revealed the nurses should be able to differentiate a Stage I Pressure Ulcer, because the area would be a reddened area which was non-blanchable.</p> <p>The DON revealed any new areas of skin breakdown should be documented in the Nurse's Notes with measurement, description, staging,</p>	F 314			