

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  100638	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/15/2012
NAME OF PROVIDER OR SUPPLIER  PINE MEADOWS HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 HILL RISE DRIVE LEXINGTON, KY 40504		
(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
N 000	INITIAL COMMENTS  A Complaint Survey investigating KY#00019332 was initiated on 11/13/12 and concluded on 11/15/12. KY#00019332 was unsubstantiated with unrelated deficiencies cited.	N 000	<p>This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>1. Facility was audited by Director of Nursing and Social Services department for other signs posted outside of resident rooms being used as safety measures to protect residents. No other resident was found or known to be affected by this protective practice.</p> <p>2. This facility will as a future practice ensure, that all signage posted outside of resident rooms used as protective measures will be added to the resident comprehensive care plan. Facility will complete documentation in the comprehensive care plan for each sign posted outside of resident's rooms as a safety measure that is implemented to serve our residents.</p>	
N 192	<p>902 KAR 20:300-7(4)(b)3. Section 7. Resident Assessment</p> <p>(4) Comprehensive care plans. (b) A comprehensive care plan shall be: 3. Periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This requirement is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure that Care Plans were reviewed and revised to reflect changes for one (1) of (3) sampled residents, (Resident #1). The facility failed to ensure Resident #1's Care Plan was revised to reflect that Resident #1 was not to have visitors in he/she room, without first checking with the nurse as a safety measure.</p> <p>The findings include:</p> <p>Review of the facility's policy "Care Plan Policy &amp; Procedure", undated, revealed the comprehensive care plan must be reviewed/updated with significant changes. Changes should be made on an on going basis with the use of the three (3)- part Physician's orders sheet.</p> <p>Review of the clinical record revealed the facility admitted Resident #1 on 10/09/12 with diagnoses which included Cerebral Vascular Accident, Diabetes, Myocardia Infraction, hypertension Asthma, Tracheal Stenosis, Hyperlipidemia and</p>	N 192		

RECEIVED  
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BY \_\_\_\_\_

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

L3VMtt

TITLE

*Almond*

(X6) DATE

*11/15/12*

Office of Inspector General

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N 192	Continued From page 1  Right Hemiparesis.  Review of the Nurses' Notes, dated 10/18/12 revealed, Resident #1 reported to the nurse that his/her sister had tried to smother him/her with a pillow.  Review of Social Services notes, dated 10/19/12, revealed both of Resident #1's sisters were asked not to visit until investigations were completed. As a safety measure, a sign was placed outside of the resident's room for all visitors to check with the nurse, before entering the room. However, on 10/23/12, the decision was made to remove the sign after Resident #1, voiced he/she would like to see his/her sisters. The sisters were allowed to visit with supervision, preferably in the "Day Area".  Review of Resident #1's Comprehensive Care Plan revealed no evidence the plan of care was revised to include that visitors were to check with the nurse before entering the resident's room as a safety measure for the resident.  Interview with Miminal Data Set Coordinator, revealed the information regarding the visitors having to check with the nurse before entering the resident's room, would have been added to the comprehensive care plan on the next assesement date.	N 192	3. Social Services will audit documentation of all signs posted outside of resident rooms as a safety measures taken to protect residents in this facility. All signs posted outside of residents rooms as a safety measures and documentation will also be reviewed at monthly QA meeting for a period six months.  4. Date completed:	12/12/12

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 11/15/2012
NAME OF PROVIDER OR SUPPLIER  PINE MEADOWS HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1608 HILL RISE DRIVE LEXINGTON, KY 40504		
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F 000	INITIAL COMMENTS	F 000	This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.		
F 280 SS=D	<p>An Abbreviated Survey investigating KY #00019332 was initiated on 11/13/12 and concluded on 11/15/12. KY #00019332 was unsubstantiated with unrelated deficiencies cited. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure that Care Plans were reviewed and revised to reflect changes for one (1) of (3)</p>	F 280			

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BY: \_\_\_\_\_

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 12/16/12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1</p> <p>sampled residents, (Resident #1). The facility failed to ensure Resident #1's Care Plan was revised to reflect that Resident #1 was not to have visitors in he/she room, without first checking with the nurse as a safety measure.</p> <p>The findings include:</p> <p>Review of the facility's policy "Care Plan Policy &amp; Procedure", undated, revealed the comprehensive care plan must be reviewed/updated with significant changes. Changes should be made on an on going basis with the use of the three (3)- part Physician's orders sheet.</p> <p>Review of the clinical record revealed the facility admitted Resident #1 on 10/09/12 with diagnoses which included Cerebral Vascular Accident, Diabetes, Myocardia Infraction, hypertension Asthma, Tracheal Stenosis, Hyperlipidemia and Right Hemiparesis.</p> <p>Review of the Nurses' Notes, dated 10/18/12 revealed, Resident #1 reported to the nurse that his/her sister had tried to smother him/her with a pillow.</p> <p>Review of Social Services notes, dated 10/19/12, revealed both of Resident #1's sisters were asked not to visit until investigations were completed. As a safety measure, a sign was placed outside of the resident's room for all visitors to check with the nurse, before entering the room. However, on 10/23/12, the decision was made to remove the sign after Resident #1, voiced he/she would like to see his/her sisters. The sisters were allowed to visit with supervision, preferably in the "Day</p>	F 280	<p>3. Social Services will audit documentation of all signs posted outside of resident rooms as a safety measures taken to protect residents in this facility. All signs posted outside of residents rooms as a safety measures and documentation will also be reviewed at monthly QA meeting for a period six months.</p> <p>4. Date completed:</p>	12/12/12	

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F 280	Continued From page 2 Area".  Review of Resident #1's Comprehensive Care Plan revealed no evidence the plan of care was revised to include that visitors were to check with the nurse before entering the resident's room as a safety measure for the resident.  Interview with Miminal Data Set Coordinator, revealed the information regarding the visitors having to check with the nurse before entering the resident's room, would have been added to the comprehensive care plan on the next assesement date.	F 280			