

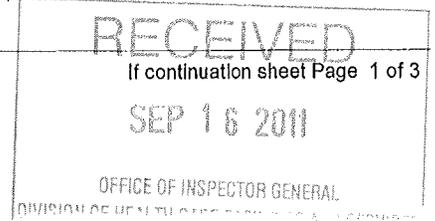
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/09/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185455	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/25/2011
NAME OF PROVIDER OR SUPPLIER  OAKLAWN NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 SHELBY STATION DRIVE LOUISVILLE, KY 40245	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 281 SS=D	<p>An abbreviate survey to investigate complaint #KY16931 was initiated on 08/24/11 and concluded on 08/25/11. The complaint was found to be substantiated with regulatory violations cited at the highest S/S of a "D".</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews, review of facility policy, and record review it was determined the facility failed to ensure an accurate initial assessment was conducted for one of three (3) sampled residents. (Resident #1)</p> <p>The findings include:</p> <p>Review of the facility policy for identifying and management of residents who exhibited exit seeking behavior revealed any resident identified at risk of elopement shall have a plan developed to eliminate or reduce the risk of elopement. The plan may include but is not limited to: frequent visual checks, use of 1-1 services, bed alarms, motion detectors at doorways, activity programs, code alert bracelet or wandering monitoring system.</p> <p>Review of the admission assessment dated 08/18/11 revealed Resident #1 was assessed as alert and oriented times three (3).</p>	F 281	<p>Corrective action for the resident found to be affected by the deficient practice was immediate re-education of the admitting nurses on accurately completing all assessment forms, initial care plans, care plans, and CNA assignment sheets. This was completed by the Director of Education on 8/25/11.</p> <p>To identify any other resident having the potential to be affected by the same deficient practice a 100% review of all resident elopement assessments was conducted to determine presence of accurate risk assessment, initial care plan, care plan, and CNA assignment. There were no other residents affected by the deficient practice. The</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *M. Barb Stephens* TITLE *administrator* (X6) DATE *9/12/11*

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 281	<p>Continued From page 1</p> <p>Review of medical record for Resident #1 on 08/24/11 revealed the initial care plan did not specify special instructions regarding the placement of a Roam alert. Review of the physician progress notes dated 08/19/11 documented the resident as alert and oriented times three (3). The psychiatric evaluation dated 08/19/11 revealed the resident's thought processes were logical and noted the resident had immediate memory for three (3) of three (3) words.</p> <p>Interview on 08/25/11 with LPN (licensed practical nurse) #2 revealed she had completed the admission assessment for Resident #1. She stated the resident was alert and oriented times three (3). LPN #1 stated the resident mentioned wanting to go home and the daughter had stated the resident needed to stay at the facility. LPN #1 stated she thought of possible elopement and wanted to ensure the resident was safe. She stated when she completed the initial elopement risk assessment she may have not completed it accurately. She stated resident did not have a history of leaving. She stated the resident was admitted for rehab to build up strength from a recent brain surgery. She stated she placed the Roam guard on the resident even though he/she was able to identify who he/she was, where he/she was, and who the President was. She said she erred on the side of safety.</p> <p>Interview on 08/25/11 with the Administrator and Director of Nursing revealed the risk assessments identified was to be placed on the care plan and also onto the nurse aide plan of care. They stated the initial care plan completed</p>	F 281	<p>review was completed by Unit Managers, and was completed 8/26/11.</p> <p>To ensure the deficient practice does not recur all staff was re-educated on elopement risk assessment and care plan process. This was completed by the Director of Education, 9/6/11.</p> <p>To monitor facility performance in order to ensure that solutions are sustained, an audit of all residents at risk for elopement will be done monthly by the unit managers to determine accurate assessment, initial care plan, care</p>		



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F 281	Continued From page 2 by LPN #1 did not accurately identify the instructions and were not sufficient, as the resident was allowed to leave the facility by signing himself out.	F 281	plan, and CNA assignment are in place. The results of the audit will be reported to the quarterly QA committee until substantial compliance is demonstrated for 3 quarters.		

