

## **ADDENDUM**

### **Statement of Deficiencies & Plan of Correction for Survey Completed 11/3/15**

#### **F225 shall be modified as follows:**

2. Facility has determined that any resident might have the potential to be affected and a random review of five (5) residents on each hall - A, B, C, D, and E, will be completed by the Unit Manager to identify any issues with care or the way that staff provide care. **The audits will include resident interviews regarding any concerns with care, have you been mistreated by a staff member, do staff treat you with respect, and do you feel staff care about you and treat you well.** The audit will be completed by 12/4/2015. Any issues identified will have a thorough investigation completed and reported to the Director of Nursing, Administrator, and other appropriate agencies.

3. Re-education will be completed for facility staff on reporting abuse and neglect, who (Social Services Director and Administrator) the complaint coordinators are, and how to report allegations of abuse by the Education Training Director by 12/4/2015. A random audit of five (5) residents a week for 4 weeks on each hall - A, B, C, D, and E, will be completed by the Unit Managers to validate no issues with care and/or treatment from staff. The audits will begin the week of 11/30/15. Any identified issues will be reported to

F225

the Director of Nursing and Administrator for thorough investigation and to report to appropriate agencies as necessary. Department managers will complete room rounds two (2) times daily including weekends for four (4) weeks on varying units- Hall A, Hall B, Hall C, Hall D and Hall E, and ongoing once per day thereafter, to identify any issues with care or the way staff provide care. Any issue identified will be addressed immediately. Room rounds will begin the week of 11/30/15.

**F315 shall be modified as follows:**

2. Facility has determined that any resident might have the potential to be affected and a random review of five (5) residents on each hall- A, B, C, D and E, will be completed by Unit Manager to identify if there are any issues with providing toileting or incontinent care and that does not promote normal bladder function as possible. The audits will include resident interviews regarding are your needs being met timely, are toileted in an appropriate amount of time to prevent incontinence, and do you feel that appropriate toileting care is provided by staff. The audit will be completed by 12/4/2015. Any issues identified will be addressed by the Interdisciplinary Care Plan Team and updates made to the residents plan of care and communicated to the residents by 12/11/2015.

F315

3. Re-education will be provided to direct care staff by the Education Training Director on providing toileting and incontinent care, following plan of care, preventing possible infections, promoting normal bladder function, and documenting in the resident medical record by 12/4/2015

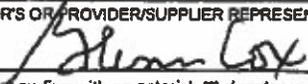
The Unit Managers will complete room rounds two (2) times daily for four (4) weeks on each units- A, B, C, D, and E, to check call light time response, review care issues and ensure residents are receiving toileting and incontinent care to prevent possible urinary tract infections and promote normal bladder function as possible beginning the week of 11/30/15. Any issues identified will be reviewed by IDT team and updates made to plan of care and communicated to the resident. Department managers will complete room rounds two (2) times daily including weekends for four (4) weeks on varying units- Hall A, Hall B, Hall C, Hall D and Hall E, and ongoing once per day thereafter, to identify any issues with providing toileting or incontinent care and that does not promote normal bladder function as possible. Any issue identified will be addressed immediately. Room rounds will begin the week of 11/30/15.

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:  185061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/03/2015
NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475	
(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	Disclaimer: Preparation and/or execution of the 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 the provisions of federal and state law require it. The Provider maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character as to limit the facilities capability to render adequate care.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.  The results of all investigations must be reported to the administrator or his designated	F 225	F225  1. Resident # 1 was interviewed by Social Services on 10/30/15 to verify extent of allegation. The physician and resident's responsible party were notified. A thorough investigation was initiated by the Director of Nursing per the facility's grievance policy. No concerns were noted from Resident # 1 upon Administrator interview with resident on 10/27/15.  2. Facility has determined that any resident might have the potential to be affected and a random review of five (5) residents on each hall - A, B, C, D, and E, will be completed by the Unit Manager to identify any issues with care or the way that staff provide care. The audit will be completed by 12/4/2015. Any issues identified will	

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



TITLE

Administrator

(X6) DATE

11/27/15

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

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F 225	<p>Continued From page 1</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's investigation, and review of facility policy and procedures, it was determined the facility failed to ensure an allegation of mistreatment, neglect, and abuse was reported immediately to the administrator of the facility and to the appropriate state agencies as required for one (1) of three (3) sampled residents (Resident #1). Review of the facility investigation revealed the facility staff failed to immediately notify the administrator when Resident #1 reported to staff that State Registered Nurse Aide (SRNA) #1 yelled at her on 10/24/15.</p> <p>The findings include:</p> <p>A review of the facility's Abuse, Mistreatment, Neglect policy (undated) revealed that all allegations that met the definition of abuse and substantiated violations would be reported to state agencies and to all other agencies including the local law enforcement, elder abuse agencies, and Adult Protective Services, as required. The policy stated that the facility took all necessary corrective actions depending on the result of the investigation. Further review of the policy revealed that all staff was required to report these alleged violations to the Administrator and Director of Nursing (DON)/designee immediately.</p>	F 225	<p>have a thorough investigation completed and reported to the Director of Nursing, Administrator, and other appropriate agencies.</p> <p>3. Re-education will be completed for facility staff on reporting abuse and neglect, who (Social Services Director and Administrator) the complaint coordinators are, and how to report allegations of abuse by the Education Training Director by 12/4/2015. A random audit of five (5) residents a week for 4 weeks on each hall - A, B, C, D, and E, will be completed by the Unit Managers to validate no issues with care and/or treatment from staff. The audits will begin the week of 11/30/15. Any identified issues will be reported to the Director of Nursing and Administrator for thorough investigation and to report to appropriate agencies as necessary.</p> <p>4. The Quality Assurance Team consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor will review all audit findings and revise current plan at least monthly beginning 12/16//15 and ongoing until issue is resolved or satisfactory.</p> <p>5. Date of completion: 12/17/15</p>		

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F 225	<p>Continued From page 2</p> <p>The policy further revealed "immediately" meant as soon as possible, but not to exceed 24 hours after the discovery of the incident, in the absence of a shorter State timeframe requirement.</p> <p>A review of the facility's investigation revealed an investigation was started on 11/02/15. Further review of the investigation revealed on 10/24/15, Resident #1 rang the call light for assistance with toileting and SRNA #1 turned off the call light twice and stated in a rude tone that she was trying to find help. Further review revealed that Resident #1 urinated on herself while waiting on assistance and felt undignified and disrespected. Further review of the investigation revealed the state agencies were not notified of the allegation of abuse and that SRNA #1 was suspended on 10/30/15 and had not returned to work pending the investigation.</p> <p>Interview with Resident #1 on 11/02/15 at 11:05 AM revealed that on 10/24/15 he/she rang his/her call light for assistance with toileting and had to wait an hour. Resident #1 stated that he/she rang his/her call light and SRNA #1 came in, turned off the call light, and stated loudly, "I told you I was trying to get help each time." Resident #1 stated that he/she urinated on himself/herself while waiting on help. Further interview revealed that Resident #1 called SRNA #1 back in his/her room and told him/her that he/she did not appreciate being yelled at and the SRNA stated, "I was not mean." Further interview revealed that Resident #1 reported the incident to LPN #4 on 10/24/15 and to LPN #1 on 10/26/15.</p> <p>Interview on 11/02/15 at 1:25 PM with SRNA #1 revealed that Resident #1 rang the call light wanting assistance with toileting on 10/24/15.</p>	F 225		
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F 225	<p>Continued From page 3</p> <p>SRNA #1 stated Resident #1 required four staff members for assistance and SRNA #1 had to find help when Resident #1 required assistance. SRNA #1 stated she went to her nurse and she stated she had a hurt shoulder and could not assist with Resident #1. SRNA #1 stated she then went to B Hall and the SRNAs on that hall could not help, so she went to D Hall to get help. SRNA #1 stated it took her some time to find help because staff was on breaks and activities were going on. SRNA #1 stated that Resident #1 stated to her that he/she "did not appreciate you yelling at me." SRNA #1 stated she spoke to Resident #1 in a loud tone because Resident #1's curtain was pulled and she spoke loudly so the resident would know why it was taking so long to get assistance. According to SRNA #1, Resident #1 was "fine" after that. The interview further revealed that SRNA #1 reported the incident to LPN #3 on 10/24/15.</p> <p>Interview on 11/02/15 at 1:15 PM with LPN #4 revealed he/she denied anyone reporting any allegations of abuse to him/her. Further interview revealed that Resident #1 required four staff members for assistance with care and that it sometimes it took a long time to get the required amount of help.</p> <p>Interview on 11/02/15 at 2:15 PM with LPN #3 revealed no one had reported any allegations of abuse to her regarding Resident #1. Further interview revealed that if any allegation of abuse was reported to her, a resident concern form would be filled out and she would notify the DON.</p> <p>Interview on 11/02/15 at 2:20 PM with LPN #1 revealed that Resident #1 reported to her on 10/26/15 that someone was rude to the resident</p>	F 225			

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F 225	<p>Continued From page 4</p> <p>over the weekend. LPN #1 stated that Resident #1 reported that he/she put on his/her call light and an aide came in and rudely stated, "I am getting help." The interview further revealed that Resident #1 never stated that he/she felt like he/she was being abused and just stated that the aide was "rude." LPN #1 stated the resident initially reported that SRNA #2 was the staff member that was rude, but SRNA #2 did not work that weekend. LPN #1 stated she went back and spoke to Resident #1 on 10/28/15 and Resident #1 reported that SRNA #1 was the staff member that was "rude." Further interview with LPN #1 revealed that if staff had an allegation of abuse they would report immediately to the supervisor. LPN #1 stated since Resident #1 did not allege abuse, only that staff was rude, the allegation was not reported immediately. LPN #1 stated she reported the incident to the DON and the Social Worker on 10/26/15.</p> <p>Interview on 11/02/15 at 1:30 PM with the DON revealed the DON was made aware of the allegation of abuse on 10/26/15 by the facility social worker that Resident #1 complained of SRNA #2 being rude to him/her over the weekend. SRNA #2 did not work the weekend. Further review revealed the DON stated that she spoke with the Ombudsman on an unknown date and the Ombudsman stated he/she did not perceive the incident as abuse, so the facility did not report. Further review revealed that Social Services talked to Resident #1 on 10/27/15 and he/she stated that SRNA #1 was rude, not SRNA #2. Further review revealed SRNA #1 was not on the schedule again until 10/29/15. Further review revealed that SRNA #1 was put on suspension pending an investigation.</p>	F 225		

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F 225	Continued From page 5 Interview on 11/03/15 at 12:50 PM with the Administrator revealed that it was reported to him on 10/27/15 that Resident #1 alleged someone was rude to him/her over the weekend. The interview further revealed that he spoke with Resident #1 and the resident had no complaints or concerns. The Administrator stated that he did not feel like the allegation was reportable, since the resident reported a staff member was rude to him/her and did not report that he/she was yelled at.	F 225			
F 241 SS=E	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 interviews and record reviews it was determined the facility failed to promote care for residents in a manner that enhanced each resident's dignity for two (2) of three (3) sampled residents (Residents #1 and #2) and three (3) of four (4) unsampled residents (Residents A, B, and D). Interviews with sampled and unsampled residents on 11/02/15 revealed residents had experienced episodes of incontinence related to staff failure to assist the residents with toileting needs in a timely manner. Interviews conducted with facility staff confirmed that as a result of facility staffing residents were required to wait up to thirty (30) minutes at times, to receive assistance with toileting.	F 241	F241  1. Resident # 1, Resident # 2, Resident A, Resident B, and Resident D will have their care plans updated by the Inter-disciplinary Care Plan Team to increase frequency of care by nursing staff and documented in the medical record to ensure needs are being met by care plan and resident preference that promotes dignity and respect by 11/30/15. The intervention added to their care plans will be communicated to Resident #1, Resident #2, Resident A, Resident B, and Resident D by the Unit Manager by 11/30/15.  2. A facility wide audit of residents with a BIMs score of 9 or above will be completed by Social Services to identify if there are any other residents have concerns about care, dignity, and call light response time by 12/4/15. Any issue identified will be addressed immediately.		

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F 241	<p>Continued From page 6</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Bill of Rights," dated 07/01/09, revealed residents had the right to receive care from the facility in a manner that promotes, maintains, and enhances the residents' dignity. The policy also stated residents had the right to choose care that was consistent with the residents' assessments and plans of care.</p> <p>1. Review of Resident #1's medical record revealed the facility admitted the resident on 06/30/15 with diagnoses that included Hypertension, Anemia, Morbid Obesity, Obstructive Sleep Apnea, Depressive Disorder, Esophageal Reflux, Chronic Obstructive Asthma, Lymphedema, Umbilical Hernia, and Methicillin-resistant Staphylococcus aureus (MRSA). Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment dated 08/26/15 revealed staff assessed the resident to be occasionally incontinent of bowel and bladder and required extensive assistance of four (4) staff members with toileting. Staff assessed Resident #1 to be interviewable, with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>Review of the Comprehensive Care Plan for Resident #1, last reviewed and revised on 06/09/15, revealed staff was required to assist the resident with toileting as needed.</p> <p>Interview with Resident #1 on 11/02/15 at 11:05 AM revealed the resident had rung his/her call light for assistance with toileting, and had waited up to an hour for staff to assist the resident as requested. Resident #1 stated, "I had to pee on myself and in the bed because they did not respond in time." Resident #1 stated, "I have a</p>	F 241	<p>3. Re-education will be completed by the Education Training Director for direct care staff on following resident care plans, ensuring resident needs are met, resident preferences promoting dignity and respect, and to ask for assistance if unable to provide care in an adequate time frame. Completion date 12/4/2015. Department managers will complete room rounds two (2) times daily including weekends for four (4) weeks on varying units- Hall A, Hall B, Hall C, Hall D and Hall E, to check call light time response, review care issues and ensure residents are receiving care that promotes dignity and respect. Any issue identified will be addressed immediately with staff re-education as necessary. Room rounds will begin the week of 11/30/15.</p> <p>4. The Quality Assurance Team consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor will review all audit findings and revise current plan at least monthly beginning 12/16//15 and ongoing until issue is resolved or satisfactory.</p> <p>5. Date of completion: 12/17/15</p>		

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F 241	<p>Continued From page 7</p> <p>clock beside my bed and I know how long I waited."</p> <p>2. Review of Resident #2's medical record revealed the facility admitted the resident on 06/06/14 with diagnoses that included History of Urinary Tract Infections, Anxiety, and Depression. Review of Resident #2's Quarterly Minimum Data Set Assessment (MDS) dated 10/14/15 revealed staff assessed the resident to be occasionally incontinent of bowel and bladder and required extensive assistance of two (2) staff members with toileting. Staff had assessed Resident #2 to be interviewable, with a BIMS score of nine (9).</p> <p>Review of Resident #2's Comprehensive Care Plan, last reviewed and revised on 10/14/15, revealed staff had identified that the resident required assistance with activities of daily living (ADL). Resident #2's care plan revealed staff was required to assist the resident with toileting as needed.</p> <p>Interview with Resident #2 on 11/02/15 at 11:30 AM revealed on "several occasions" the resident had rung his/her call light for assistance with toileting, and had waited up to 30 minutes for staff to assist the resident as requested. Resident #2 stated, "I had to poop and pee myself because they don't respond in time here," and stated, "that was very embarrassing." Resident #2 stated he/she had "two clocks in my room, and I know how long I have to wait most of the time."</p> <p>3. Review of the Brief Interview for Mental Status (BIMS) list, provided on 11/02/15 by facility staff revealed Resident A had been assessed by facility staff to be interviewable with a BIMS score of 13.</p>	F 241			

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F 241	<p>Continued From page 8</p> <p>Resident A stated in interview on 11/02/15 at 11:10 AM that he/she "urinated on myself before because I had to wait too long, and it's embarrassing to me." Resident A stated, "It's worse during meal times, and I've waited up to 30 minutes at times."</p> <p>4. Review of Resident B's medical record revealed the facility admitted the resident on 01/05/15 with diagnoses that included History of Urinary Tract Infections, Decreased Mobility, and Incontinence. Review of Resident B's Annual MDS assessment dated 10/01/15 revealed staff assessed the resident to be occasionally incontinent of bladder and the resident required extensive assistance of two staff members with toileting needs. Resident B was assessed to be interviewable, with a BIMS score of 14.</p> <p>Review of Resident B's Comprehensive Care Plan, last reviewed and revised on 10/21/15, revealed staff identified that the resident required assistance with activities of daily living (ADL) and was occasionally incontinent of urine. The resident's care plan stated that staff was required to provide incontinence care as needed for Resident B.</p> <p>Interview with Resident B on 11/02/15 at 11:35 AM revealed the resident stated he/she was incontinent at times, and the resident stated, "I can tell when I am wet." Resident B continued to state, "I sit wet for a while, sometimes up to 20 or 30 minutes, because they just won't come and help you once you've asked." Resident B stated he/she has a clock in his/her room and he/she "knows how long I wait." The resident continued to state "it's embarrassing to know you are wet,</p>	F 241			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/03/2015
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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475
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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	<p>Continued From page 9 and not be able to get cleaned up."</p> <p>5. Review of Resident D's medical record revealed the facility admitted the resident on 10/16/14 with diagnoses that included Cerebral Palsy, Incontinence, and Decreased Mobility. Review of the resident's quarterly MDS assessment dated 10/08/15 revealed the resident was assessed to be frequently incontinent of urine and occasionally Incontinent of bowel. Resident D was assessed by facility staff to require extensive assistance of two staff members with toileting needs. The resident was also assessed to be interviewable, with a BIMS score of 15.</p> <p>Review of Resident D's Comprehensive Care Plan, last reviewed and revised on 10/08/15, revealed staff identified that the resident required assistance with activities of daily living. Resident D's care plan revealed staff was required to provide Resident D with incontinence care as needed.</p> <p>Interview with Resident D on 11/02/15 at 12:00 PM revealed the resident had rung his/her call light for assistance with toileting, and had waited up to 30 minutes to receive assistance from staff. Resident D stated he/she had been incontinent "on myself, many times" because "they'll come in and turn my light off and not return for a long time." Resident D stated he/she "should not have to sit in pee, it's embarrassing."</p> <p>Interview with State Registered Nurse Aide (SRNA) #1 on 11/02/15 at 1:25 PM revealed sometimes, related to staffing concerns, residents are required to wait "longer than they should have to wait" to get assistance with toileting. The</p>	F 241		
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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 138 MEADOWLARK DRIVE RICHMOND, KY 40475	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 241	Continued From page 10 SRNA stated at times residents were required to wait longer than 15 minutes to receive assistance once requested and she acknowledged at times that Resident #1 had been incontinent because assistance was unable to be provided to the resident timely.  Interview with SRNA #2 on 11/02/15 at 3:55 PM revealed residents were required to wait long periods of time to receive assistance with toileting, "especially during meal service." The SRNA stated at an unknown date/time she had been unable to assist Resident A timely and when she returned to provide the requested assistance, the resident had an incontinence episode. The SRNA stated she had reported the incident to licensed staff, but was unable to recall to whom she reported the incident to, or when this incident had occurred.  Interview with the Administrator on 11/03/15 at 12:50 PM revealed he was not aware residents had incontinence episodes because of staff failure to provide assistance timely with toileting. However, he acknowledged if facility residents were having incontinence episodes as a result of not receiving assistance timely, that would be a dignity concern for the residents.	F 241		
F 282 SS=E	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced	F 282	F282  1. Resident #1, Resident #2, Resident B, and Resident D will have their care plan reviewed and updated by Inter-disciplinary team to increase the frequency of care provided to meet their individual needs and preferences by 11/30/15. Changes to the plan of care will be communicated to the	

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475		
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F 282	<p>Continued From page 11</p> <p>by: Based on observation, interview, record review, and review of facility policy it was determined the facility failed to ensure care was provided in accordance with each resident's written plan of care for two (2) of three (3) sampled residents (Resident #1 and Resident #2) and two (2) of four (4) unsampled residents (Resident B and Resident D). Record review revealed the facility developed care plan interventions for Residents #1 and #2 to be toileted as needed, and interventions for Resident B and Resident D to be provided incontinence care as needed. However, interviews with residents revealed they had waited up to an hour to be toileted and as a result had episodes of incontinence while waiting or had to wait an extended period of time to receive incontinence care.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Care Plan Procedures," dated 2013, revealed an individualized comprehensive care plan would be developed that included measurable objectives and timetable to meet the resident's medical, nursing, mental, and psychosocial needs that were identified in the comprehensive assessment. Review of the facility's policy titled "Resident Assessment Policy and Procedure," not dated, revealed that it was the policy of the facility that all residents were assessed to determine their needs. The policy further stated the facility would provide care and treatment to promote the resident's highest practicable physical, psychosocial, and social needs.</p> <p>1. Review of the record for Resident #1 revealed the facility admitted the resident on 06/30/15 with</p>	F 282	<p>Residents by the Unit Manager by 11/30/15.</p> <p>2. A 100% review of residents will be completed by the Unit Managers and/or Social Services to identify if there are any other residents that are not having their needs met per care plan. Any issues identified will be corrected immediately. Any residents identified will have their care plan updated by Inter-disciplinary Care Plan Team to meet their specific care requirements and documented in the resident's medical record by 12/4/15 and communicated to the residents.</p> <p>3. Re-education will be completed by Education Training Director for all direct care staff on following resident care plans, ensuring resident needs are met per their care plan and resident preferences and to ask for assistance if unable to provide care in an adequate time frame. Completion date 12/4/2015 Department managers will complete room rounds two (2) times daily including weekends for four (4) weeks on varying units- Hall A, Hall B, Hall C, Hall D and Hall E to check call light time response, review care issues and ensure residents are receiving care as provided by their care plan. Any issue identified will be addressed immediately with staff re-education as necessary. Room rounds will begin the week of 11/30/15.</p>		

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475	
(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	<p>Continued From page 12</p> <p>diagnoses that included Hypertension, Anemia, Morbid Obesity, Obstructive Sleep Apnea, Depressive Disorder, Esophageal Reflux, Chronic Obstructive Asthma, Lymphedema, Umbilical Hernia, and Methicillin-Resistant Staphylococcus aureus (MRSA). Review of a quarterly Minimum Data Set (MDS) assessment with a reference date of 08/26/15 revealed the resident required the assistance of four staff members for assistance with toileting and was incontinent of bowel and bladder. The MDS further revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was interviewable.</p> <p>Review of the comprehensive care plan for Resident #1 dated 08/09/15 revealed the resident was to be toileted as needed.</p> <p>Interview with Resident #1 on 11/02/15 at 11:05 AM revealed on 10/24/15, during first shift, the resident had rung the call light for assistance with toileting and had to wait an hour to receive help. Resident #1 stated because of waiting so long, he/she was incontinent of urine while waiting for staff assistance.</p> <p>2. Review of Resident #2's medical record revealed the facility admitted the resident on 06/06/14 with diagnoses that included History of Urinary Tract Infections, Anxiety, and Depression. Review of the quarterly MDS dated 10/14/15 revealed facility staff assessed the resident to be occasionally incontinent of bowel and bladder and required extensive assistance of two staff members with toileting. The MDS further assessed Resident #2 to be interviewable, with a BIMS score of 9.</p>	F 282	<p>4. The Quality Assurance Team consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor will review all audit findings and revise current plan at least monthly beginning 12/16//15 and ongoing until issue is resolved or satisfactory.</p> <p>5. Date of completion: 12/17/15</p>	

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40476	
(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	<p>Continued From page 13</p> <p>Review of Resident #2's Comprehensive Care Plan, last reviewed and revised on 10/14/15, revealed staff had identified that Resident #2 required assistance with activities of daily living. The resident's care plan revealed staff was required to assist Resident #2 with toileting as needed.</p> <p>Interview with Resident #2 on 11/02/15 at 11:30 AM revealed on several occasions the resident had rung his/her call light for assistance with toileting, and had waited up to 30 minutes for staff to assist the resident as requested. Resident #2 stated, "I had to poop and pee myself because they don't respond in time here." Continued interview revealed the resident stated he/she had "two clocks in my room, and I know how long I have to wait most of the time."</p> <p>3. Review of Resident B's medical record revealed the facility admitted the resident on 01/05/15 with diagnoses that included History of Urinary Tract Infections, Incontinence, and Decreased Mobility. Review of the resident's Annual MDS assessment dated 10/01/15 revealed facility staff assessed the resident to be occasionally incontinent of bladder and the resident required extensive assistance of two staff members with toileting needs. The MDS further assessed Resident B to be interviewable, with a BIMS score of 14.</p> <p>Review of Resident B's Comprehensive Care Plan, last reviewed and revised on 10/21/15, revealed staff had identified that Resident B required assistance with activities of daily living, and was occasionally incontinent of urine. The resident's care plan revealed staff was required to provide incontinence care as needed for Resident</p>	F 282		

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40476	
(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	<p>Continued From page 14</p> <p>B.</p> <p>Interview with Resident B on 11/02/15 at 11:35 AM revealed the resident stated he/she was incontinent at times, and the resident stated, "I can tell when I am wet." Resident B continued to state, "I sit wet for a while, sometimes up to 20 or 30 minutes, because they just won't come and help you once you've asked." Resident B stated he/she had a clock in his/her room and he/she knew "how long I wait."</p> <p>4. Review of Resident D's medical record revealed the facility admitted the resident on 10/16/14 with diagnoses that included Cerebral Palsy, Incontinence, and Decreased Mobility. Review of the quarterly MDS assessment dated 10/08/15 revealed facility staff assessed the resident to be frequently incontinent of urine and occasionally incontinent of bowel. Resident D was assessed to require extensive assistance of two staff members with toileting, and was assessed to be interviewable, with a BIMS score of 15.</p> <p>Review of Resident D's Comprehensive Care Plan, last reviewed and revised on 10/08/15, revealed staff identified that the resident required assistance with activities of daily living. The resident's care plan revealed staff was required to provide Resident D with incontinence care as needed.</p> <p>Interview with Resident D on 11/02/15 at 12:00 PM revealed on several occasions the resident had rung his/her call light for assistance with toileting, and had waited up to 30 minutes to receive assistance from staff. Resident D stated he/she had been incontinent "on myself, many</p>	F 282		

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475		
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F 282	<p>Continued From page 15</p> <p>times" because "they'll come in and turn my light off and not return for a long time." The resident stated he/she was required to wait long periods of time for assistance "pretty often."</p> <p>Interview with State Registered Nurse Aide (SRNA) #1 on 11/02/15 at 1:25 PM revealed sometimes, related to staffing concerns, residents were required to wait "longer than they should have to wait" to get assistance with toileting. The SRNA stated at times residents were required to wait longer than 15 minutes to receive assistance once requested, and she acknowledged at times that Resident #1 had been incontinent because assistance was unable to be provided to the resident timely.</p> <p>Interview with SRNA #2 on 11/02/15 at 3:55 PM revealed residents were required to wait long periods of time to receive assistance with toileting, "especially during meal service." The SRNA stated at an unknown date/time she had been unable to assist Resident A timely and when she returned to provide the requested assistance, the resident had an incontinence episode. The SRNA stated she had reported the incident to licensed staff, but was unable to recall to whom she reported the incident to, or when this incident had occurred.</p> <p>Interview with the Director of Nursing (DON) on 11/02/15 at 1:30 PM revealed that no one had complained about having to wait on call lights to her at any time.</p> <p>Interview with the Administrator on 11/03/15 at 12:50 PM revealed that no one had complained of having to wait on call lights and he did not believe that anyone had waited up to an hour for</p>	F 282			

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475		
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F 282	Continued From page 16 call lights to be answered or had incontinence episodes while waiting.	F 282			
F 315 SS=E	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and services to restore as much normal bladder function as possible for two (2) of three (3) sampled residents (Residents #1 and #2) and two (2) of four (4) unsampled residents (Residents B and D). Interviews conducted on 11/02/15 with the sampled and unsampled residents, as well as facility staff, revealed residents have had episodes of incontinence as a result of not receiving assistance timely with toileting.  The findings include:  Interview with the Director of Nursing on 11/02/15 at 1:30 PM revealed the facility had no policy related to assistance with Activities of Daily Living but residents should receive assistance timely	F 315	F315  1. Resident #1, Resident #2, Resident B, and Resident D will have their care plan updated by the Inter-disciplinary Care Plan Team to increase frequency of incontinence care to decrease risk of possible urinary tract infection and promote normal bladder function as possible and will be documented in the residents medical record by 12/4/2015. These identified residents were without signs or symptoms of urinary tract infections and their most recent labs did not indicate urinary tract infections.  2. Facility has determined that any resident might have the potential to be affected and a random review of five (5) residents on each hall- A, B, C, D and E, will be completed by Unit Manager to identify if there are any issues with providing incontinent care and that does not promote normal bladder function as possible. The audit will be completed by 12/4/2015. Any issues identified will be addressed by the Interdisciplinary Care Plan Team and updates made to the residents plan of care and communicated to the residents by 12/11/2015.		

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475		
(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 315	<p>Continued From page 17 with toileting needs in the facility.</p> <p>1. Review of Resident #1's medical record revealed the facility admitted the resident on 06/30/15 with diagnoses that included Hypertension, Anemia, Morbid Obesity, Obstructive Sleep Apnea, Depressive Disorder, Esophageal Reflux, Chronic Obstructive Asthma, Lymphedema, Umbilical Hernia, and Methicillin-resistant Staphylococcus aureus (MRSA). Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment dated 08/26/15 revealed staff assessed the resident to be occasionally incontinent of bowel and bladder and required extensive assistance of four staff members with toileting. Staff assessed Resident #1 to be interviewable, with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>Review of the Comprehensive Care Plan for Resident #1, last reviewed and revised on 06/09/15, revealed staff was required to assist the resident with toileting as needed.</p> <p>Interview with Resident #1 on 11/02/15 at 11:05 AM revealed the resident had rung his/her call light for assistance with toileting, and had waited up to an hour for staff to assist the resident as requested. Resident #1 stated, "I had to pee on myself and in the bed because they did not respond in time." Resident #1 stated, "I have a clock beside my bed and I know how long I waited."</p> <p>2. Review of Resident #2's medical record revealed the facility admitted the resident on 06/06/14 with diagnoses that included History of Urinary Tract Infections, Anxiety, and Depression. Review of Resident #2's Quarterly MDS dated</p>	F 315	<p>3. Re-education will be provided to direct care staff by the Education Training Director on providing incontinent care, following plan of care, preventing possible infections, promoting normal bladder function, and documenting in the resident medical record by 12/4/2015 The Unit Managers will complete room rounds two (2) times daily for four (4) weeks on each units- A, B, C,D, and E, to check call light time response, review care issues and ensure residents are receiving incontinent care to prevent possible urinary tract infections and promote normal bladder function as possible beginning the week of 11/30/15. Any issues identified will be reviewed by IDT team and updates made to plan of care and communicated to the resident.</p> <p>4. The Quality Assurance Team consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor will review all audit findings and revise current plan at least monthly beginning 12/16//15 and ongoing until issue is resolved or satisfactory.</p> <p>5. Date of completion: 12/17/15</p>		

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475	
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F 315	<p>Continued From page 18</p> <p>10/14/15 revealed staff assessed the resident to be occasionally incontinent of bowel and bladder and required extensive assistance of two staff members with toileting. Staff had assessed Resident #2 to be interviewable, with a BIMS score of 9.</p> <p>Review of Resident #2's Comprehensive Care Plan last reviewed and revised on 10/14/15, revealed staff had identified that the resident required assistance with activities of daily living. Resident #2's care plan revealed staff was required to assist the resident with toileting as needed.</p> <p>Interview with Resident #2 on 11/02/15 at 11:30 AM revealed on "several occasions" the resident had rung his/her call light for assistance with toileting, and had waited up to 30 minutes for staff to assist the resident as requested. Resident #2 stated, "I had to poop and pee myself because they don't respond in time here," and stated, "that was very embarrassing." Resident #2 stated he/she had "two clocks in my room, and I know how long I have to wait most of the time."</p> <p>3. Review of Resident B's medical record revealed the facility admitted the resident on 01/05/15 with diagnoses that included History of Urinary Tract Infections, Decreased Mobility, and Incontinence. Review of Resident B's Annual MDS assessment dated 10/01/15 revealed staff assessed the resident to be occasionally incontinent of bladder and the resident required extensive assistance of two staff members with toileting needs. Resident B was assessed to be interviewable, with a BIMS score of 14.</p> <p>Review of Resident B's Comprehensive Care</p>	F 315		

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NAME OF PROVIDER OR SUPPLIER  KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475		
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F 315	<p>Continued From page 19</p> <p>Plan, last reviewed and revised on 10/21/15, revealed staff identified that the resident required assistance with activities of daily living, and was occasionally incontinent of urine. The resident's care plan stated that staff was required to provide assistance with toileting and incontinence care as needed for Resident B.</p> <p>Interview with Resident B on 11/02/15 at 11:35 AM revealed the resident stated he/she was incontinent at times, and the resident stated, "I can tell when I am wet." Resident B continued to state, "I sit wet for a while, sometimes up to 20 or 30 minutes, because they just won't come and help you once you've asked." Resident B stated he/she had a clock in his/her room and he/she knew "how long I wait." The resident continued to state, "it's embarrassing to know you are wet, and not be able to get cleaned up."</p> <p>4. Review of Resident D's medical record revealed the facility admitted the resident on 10/16/14 with diagnoses that included Cerebral Palsy, Incontinence, and Decreased Mobility. Review of the resident's quarterly MDS assessment dated 10/08/15 revealed the resident was assessed to be frequently incontinent of urine and occasionally incontinent of bowel. Resident D was assessed by facility staff to require extensive assistance of two staff members with toileting needs. The resident was also assessed to be interviewable, with a BIMS score of 15.</p> <p>Review of Resident D's Comprehensive Care Plan, last reviewed and revised on 10/08/15, revealed staff identified that the resident required assistance with activities of daily living. Resident D's care plan revealed staff was required to</p>	F 315			

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F 315	<p>Continued From page 20 provide Resident D assistance with toileting and incontinence care as needed.</p> <p>Interview with Resident D on 11/02/15 at 12:00 PM revealed the resident had rung his/her call light for assistance with toileting, and had waited up to 30 minutes to receive assistance from staff. Resident D stated he/she had been incontinent "on myself, many times" because "they'll come in and turn my light off and not return for a long time." Resident D stated he/she "should not have to sit in pee, it's embarrassing."</p> <p>Interview with State Registered Nurse Aide (SRNA) #1 on 11/02/15 at 1:25 PM revealed sometimes, related to staffing concerns, residents were required to wait "longer than they should have to wait," to get assistance with toileting. The SRNA stated at times residents were required to wait longer than 15 minutes to receive assistance once requested, and she acknowledged at times that Resident #1 had been incontinent because assistance was unable to be provided to the resident timely.</p> <p>Interview with SRNA #2 on 11/02/15 at 3:55 PM revealed residents were required to wait long periods of time to receive assistance with toileting, "especially during meal service." The SRNA stated at an unknown date/time she had been unable to assist Resident A timely and when she returned to provide the requested assistance, the resident had an incontinence episode. The SRNA stated she had reported the incident to licensed staff but was unable to recall to whom she reported the incident to, or when this incident had occurred.</p> <p>Interview with the Administrator on 11/03/15 at</p>	F 315			

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F 315	Continued From page 21 12:50 PM revealed he was not aware residents had experienced incontinence episodes, related to staff failure to assist the residents in a timely manner with toileting. The Administrator acknowledged residents should receive assistance timely with toileting as outlined in the resident's plan of care.	F 315			
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.  Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility	F 353	F353  1. Upon review of the staffing ratios for the facility's A hall which was allegedly understaffed, there were actually two (2) certified nursing assistants and one (1) nurse assigned to provide care as well as a floating certified nursing assistant/restorative aide to assist A hall with residents who needed additional assistance above the three (3) employees assigned to the A unit. It was determined that staffing numbers are adequate to provide the level of care needed on A Hall. Resident #1, Resident #2, Resident B, and Resident D will have their care plan updated to increase frequency of care to every hour to meet the resident's needs and will be documented in the resident medical record.  2. A 100% review of residents will be completed by the Unit Managers and/or Social Services to identify if there are any other residents that are not having their needs met per care plan. Any issues identified will be corrected immediately. Any residents		

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F 353	<p>Continued From page 22</p> <p>policy review the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care for two (2) of three (3) sampled residents (Resident #1 and Resident #2) and two (2) of four (4) unsampled residents (Resident B and Resident D). Record reviews revealed the residents were assessed to require assistance with toileting needs, but interviews with staff and residents revealed there was not enough staff to assure residents received that assessed level of assistance for toileting.</p> <p>The findings include:</p> <p>Interview with the Director of Nursing (DON) on 11/02/15 at 1:36 PM revealed the facility does not have a policy on staffing and that they staff by acuity.</p> <p>1. Review of the record for Resident #1 revealed the facility admitted the resident on 08/30/15 with diagnoses that included Hypertension, Anemia, Morbid Obesity, Obstructive Sleep Apnea, Depressive Disorder, Esophageal Reflux, Chronic Obstructive Asthma, Lymphedema, Umbilical Hernia, and Methicillin-Resistant Staphylococcus aureus (MRSA). Review of a quarterly Minimum Data Set (MDS) assessment with a reference date of 08/28/15 revealed the resident required the assistance of four staff members for assistance with toileting and was incontinent of bowel and bladder. The MDS further revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was interviewable.</p>	F 353	<p>identified will have their care plan updated by Inter-disciplinary Care Plan Team to meet their specific care requirements and documented in the resident's medical record by 12/4/15 and communicated to the residents.</p> <p>3. Re-education will be completed by Education Training Director for facility staff on answering call lights, providing care to residents per plan of care and asking for assistance if needed when providing resident care by 12/11/2015. Department managers will complete room rounds two (2) times daily for four (4) weeks, including weekends as assigned, and then once per day on-going, to check call light time response to ensure that residents call lights are answered and care provided timely. Any issue identified will be addressed immediately with staff re-education as necessary. Room rounds will begin the week of 11/30/15. The Director of Nursing and Administrator will review the staffing patterns five (5) times per week for four (4) weeks to validate adequate staffing levels to meet resident needs beginning 11/30/15.</p> <p>4. The Quality Assurance Team consisting of at least the Administrator, Medical Director, Director of Nursing, Social Services Director, Dietary Manager and Maintenance Supervisor will review</p>	

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F 353	<p>Continued From page 23</p> <p>Review of the comprehensive care plan for Resident #1 dated 06/09/15 revealed the resident was to be toileted as needed.</p> <p>Interview with Resident #1 on 11/02/15 at 11:05 AM revealed on 10/24/15, during first shift, the resident had rung the call light for assistance with toileting and had to wait an hour to receive help. Resident #1 stated because of waiting so long, he/she was incontinent of urine while waiting for staff assistance.</p> <p>2. Review of Resident #2's medical record revealed the facility admitted the resident on 06/06/14 with diagnoses that included History of Urinary Tract Infections and Depression. Review of Resident #2's Quarterly MDS dated 10/14/15 revealed staff assessed Resident #2 to be occasionally incontinent of bowel and bladder and required extensive assistance of two staff members with toileting. Staff had assessed Resident #2 to be interviewable, with a BIMS score of 9.</p> <p>Review of Resident #2's Comprehensive Care Plan, last reviewed and revised on 10/14/15, revealed staff identified that the resident required assistance with activities of daily living. Review of the resident's care plan revealed staff was required to assist Resident #2 with toileting as needed.</p> <p>Interview with Resident #2 on 11/02/15 at 11:30 AM revealed on "several occasions" the resident had rang his/her call light for assistance with toileting, and had waited up to 30 minutes to receive assistance from staff, as requested. Resident #2 stated, "I had to poop and pee</p>	F 353	<p>all audit findings and revise current plan at least monthly beginning 12/16/15 and ongoing until issue is resolved or satisfactory.</p> <p>5. Date of completion: 12/17/15</p>	

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F 353	<p>Continued From page 24</p> <p>myself because they don't respond in time here" and stated, "that was very embarrassing." The resident stated he/she "had two clocks in my room, and I know how long I have to wait most of the time."</p> <p>3. Review of Resident B's medical record revealed the facility admitted the resident on 01/05/15 with diagnoses that included History of Urinary Tract Infections and Incontinence. Review of Resident B's Annual MDS assessment dated 10/01/15 revealed staff assessed the resident to be occasionally incontinent of bladder and that Resident B required extensive assistance of two (2) staff members with toileting needs. Resident B was assessed to be interviewable, with a BIMS score of fourteen (14).</p> <p>Review of Resident B's Comprehensive Care Plan, last reviewed and revised on 10/21/15, revealed staff identified that the resident required assistance with activities of daily living (ADL)'s, and was occasionally incontinent of urine. The resident's care plan stated that staff was required to provide incontinence care and toileting assistance as needed for the resident.</p> <p>Interview with Resident B on 11/02/15 at 11:35 AM revealed the resident stated he/she was incontinent at times, and the resident stated, "I can tell when I am wet." Resident B continued to state, "I sit wet for a while, sometimes up to twenty or thirty minutes, because they just won't come and help you once you've asked." Resident B stated he/she has a clock in his/her room and he/she "knows how long I wait." Resident B continued to state "it's embarrassing to know you are wet, and not be able to get cleaned up."</p>	F 353			

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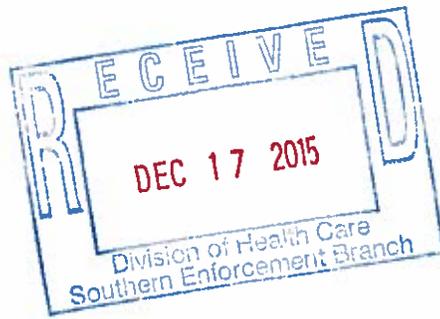
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F 353	<p>Continued From page 25</p> <p>4. Review of Resident D's medical record revealed the facility admitted the resident on 10/16/14 with diagnoses that included Cerebral Palsy, Incontinence, and Decreased Mobility. Review of Resident D's quarterly MDS assessment dated 10/08/15 revealed the resident was assessed to be frequently incontinent of urine and occasionally incontinent of bowel. Resident D was assessed by facility staff to require extensive assistance of two staff members with toileting needs. Resident D was also assessed to be interviewable, with a BIMS score of 15.</p> <p>Review of Resident D's Comprehensive Care Plan, last reviewed and revised on 10/08/15, revealed staff identified that the resident required assistance with activities of daily living. Resident D's care plan revealed staff was required to provide Resident D with incontinence care and toileting assistance as needed.</p> <p>Interview with Resident D on 11/02/15 at 12:00 PM revealed the resident had rung his/her call light for assistance with toileting, and had waited up to 30 minutes to receive assistance from staff. The resident stated he/she had been incontinent "on myself, many times" because "they'll come in and turn my light off and not return for a long time." Resident D stated he/she "should not have to sit in pee, it's embarrassing."</p> <p>Interview with SRNA #1 revealed that residents were having to wait up to 10 minutes for call lights to be answered.</p> <p>Interview with State Registered Nurse Aide (SRNA) #1 on 11/02/15 at 1:25 PM revealed sometimes, related to staffing concerns, residents</p>	F 353			

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F 353	<p>Continued From page 26</p> <p>are required to wait "longer than they should have to wait," to get assistance with toileting. The SRNA stated at times residents are required to wait longer than 15 minutes to receive assistance once requested, and she acknowledged at times that Resident #1 had been incontinent because assistance was unable to be provided to the resident timely.</p> <p>Interview with SRNA #2 on 11/02/15 at 3:55 PM revealed residents were required to wait long periods of time to receive assistance with toileting, "especially during meal service." The SRNA stated at an unknown date/time she had been unable to assist Resident A timely and when she returned to provide the requested assistance, the resident had an incontinence episode. The SRNA stated she had reported the incident to licensed staff but was unable to recall to whom she reported the incident to, or when this incident had occurred.</p> <p>Interview with the Director of Nursing (DON) on 11/02/15 at 1:30 PM revealed that no one had complained about having to wait on call lights to her at any time.</p> <p>Interview with the Administrator on 11/03/15 at 12:50 PM revealed that no one had complained of having to wait on call lights and he did not believe that anyone had waited up to an hour for call lights to be answered or had incontinence episodes while waiting.</p>	F 353			



## **ADDENDUM**

### **Statement of Deficiencies & Plan of Correction for Survey Completed 11/3/15**

#### **N107 shall be modified as follows:**

2. Facility has determined that any resident might have the potential to be affected and a random review of five (5) residents on each hall - A, B, C, D, and E, will be completed by the Unit Manager to identify any issues with care or the way that staff provide care. **The audits will include resident interviews regarding any concerns with care, have you been mistreated by a staff member, do staff treat you with respect, and do you feel staff care about you and treat you well.** The audit will be completed by 12/4/2015. Any issues identified will have a thorough investigation completed and reported to the Director of Nursing, Administrator, and other appropriate agencies.

3. Re-education will be completed for facility staff on reporting abuse and neglect, who (Social Services Director and Administrator) the complaint coordinators are, and how to report allegations of abuse by the Education Training Director by 12/4/2015. A random audit of five (5) residents a week for 4 weeks on each hall - A, B, C, D, and E, will be completed by the Unit Managers to validate no issues with care and/or

treatment from staff. The audits will begin the week of 11/30/15. Any identified issues will be reported to the Director of Nursing and Administrator for thorough investigation and to report to appropriate agencies as necessary. Department managers will complete room rounds two (2) times daily including weekends for four (4) weeks on varying units- Hall A, Hall B, Hall C, Hall D and Hall E, and ongoing once per day thereafter, to identify any issues with care or the way staff provide care. Any issue identified will be addressed immediately. Room rounds will begin the week of 11/30/15.

**N214 shall be modified as follows:**

2. Facility has determined that any resident might have the potential to be affected and a random review of five (5) residents on each hall- A, B, C, D and E, will be completed by Unit Manager to identify if there are any issues with providing toileting or incontinent care and that does not promote normal bladder function as possible. The audits will include resident interviews regarding are your needs being met timely, are toileted in an appropriate amount of time to prevent incontinence, and do you feel that appropriate toileting care is provided by staff. The audit will be completed by 12/4/2015. Any issues identified will be addressed by the Interdisciplinary Care Plan Team and updates made to the residents plan of care and

communicated to the residents by  
12/11/2015.

3. Re-education will be provided to direct care staff by the Education Training Director on providing **toileting and incontinent care**, following plan of care, preventing possible infections, promoting normal bladder function, and documenting in the resident medical record by  
12/4/2015

The Unit Managers will complete room rounds two (2) times daily for four (4) weeks on each units- A, B, C, D, and E, to check call light time response, review care issues and ensure residents are receiving **toileting and incontinent care** to prevent possible urinary tract infections and promote normal bladder function as possible beginning the week of 11/30/15. Any issues identified will be reviewed by IDT team and updates made to plan of care and communicated to the resident. **Department managers will complete room rounds two (2) times daily including weekends for four (4) weeks on varying units- Hall A, Hall B, Hall C, Hall D and Hall E, and ongoing once per day thereafter, to identify any issues with providing toileting or incontinent care and that does not promote normal bladder function as possible. Any issue identified will be addressed immediately. Room rounds will begin the week of 11/30/15.**