

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

PRINTED: 12/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2012
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NAME OF PROVIDER OR SUPPLIER SUMMERFIELD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1877 FARNSELY RD. LOUISVILLE, KY 40216
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F 000	INITIAL COMMENTS	F 000	F000 The preparation of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiency. This Plan of Correction is prepared and executed solely because it is required by Federal and State law.	
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. 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 provide medically-related social services to two (2) of seven (7) sampled residents. The Social Service Department failed to individualize goals and approaches and failed to ensure interventions were developed and implemented when residents exhibited combative behaviors, and refusal of care for (Residents #1 and #3). The facility identified Resident #1 and #3 on the Minimum Data Set (MDS) as having rejection of care behaviors. The findings include: Social Services policies were requested, in writing and verbally, and the facility did not provide these policies. Review of the clinical record for Resident #1, revealed the facility admitted the resident on	F 250	F250 Summerfield Health & Rehabilitation Center provides medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This includes developing individualized goals and approaches for residents who exhibit combative behavior and refuse care and then following up to ensure these interventions are implemented and effective. The Social Services Director and Corporate Social Services Consultant re-assessed resident #1 on December 19, 2012. Resident #3 no longer resides in the facility. Following this assessment, the care plan for #1 was reviewed.	01/12/2013

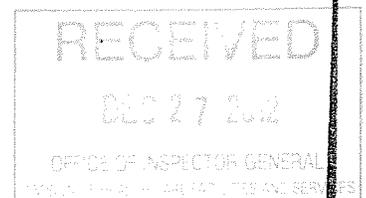
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE X <i>Neer Foot</i>	TITLE X Administrator	(X6) DATE X 12-19-12
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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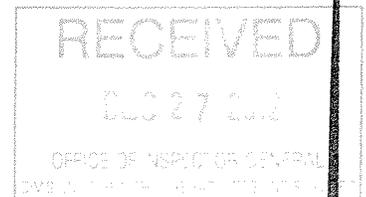
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F 250	<p>Continued From page 1</p> <p>11/06/12 with diagnoses of Seizure Activity, Atrial Fibrillation, Post Cardiovascular Accident and Osteoarthritis. The facility completed an admission MDS assessment on 11/13/12 which revealed the resident was cognitively impaired and rejected care four (4) to (6) days. The Social Progress Notes, dated 11/13/12, noted Resident #1 had severely impaired decision making, inattention, disorganized thinking and altered level of consciousness with short term /long term memory loss.</p> <p>Review of the clinical record for Resident #3 revealed a hospital discharge summary, dated 7/30/12, indicating the facility re-admitted the resident with diagnoses of Status Post Fall, Urinary Tract Infection, and Advanced Dementia. Further review of the past three (3) months Behavior Observation Profile (BOP) sheets revealed behaviors of pulling and throwing the colostomy bag, scratching self, refusal of care, and increased anxiety.</p> <p>Review of the care plan for Resident #1 and #3 revealed no documented evidence to address the resident's individual approaches to behaviors. Continued review of the Certified Nursing Assistant (C.N.A.) Sheet revealed no documented behavior interventions.</p> <p>Interview with the MDS Assistant Coordinator, on 11/29/13 at 3:30 PM, revealed she was responsible to update the care plan when new orders were implemented. She further stated individual interventions would be addressed by the interdisciplinary care plan team. She continued to state Social Services integrated with nursing and are responsible for behavior</p>	F 250	<p>F250 Continued from page 1</p> <p>It now includes individualized approaches to address the resident's behaviors and refusal of care. These approaches were added to the CNA assignment sheets. The Director of Social Services, utilizing the enhanced assessment techniques learned from the Corporate Social Services Consultant, will reassess all residents whose MDS assessment includes rejection of care behaviors. Care plans and CNA assignment sheets for these residents will be revised as needed. This will be completed by January 12, 2013. The IDT will complete a review of all other resident care plans by January 12, 2013 to ensure the plans are relevant to the residents' condition. The care plans will be compared to the CNA assignment sheets to ensure resident care needs have been consistently communicated.</p> <p>On December 19, 2012, the Corporate Social Services Consultant provided in-service training for the DON, ADON, Staff Development Nurse, Social Services Director and Assistants, MDS Coordinator, Activities Director and Dietary Director.</p>		



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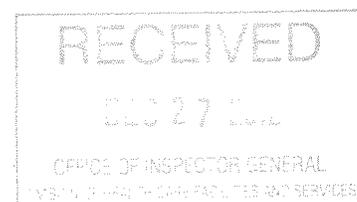
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F 250	Continued From page 2 interventions. Interview with the Social Services Director, on 11/29/12 at 3:10 PM, revealed she reassessed the resident's plan of care when the MDS's are due and ongoing as needed. She further stated she was not always informed of resident behaviors in the biweekly care plan meetings. She continued to state she was responsible for having an accurate assessment of the residents and providing a care plan reflecting the resident's needs.	F 250	F250 Continued from page 2 The training, "What to Do with Behaviors?" will cover the impact of behaviors on psychosocial well-being, identifying behaviors, investigating behaviors, and interventions for behaviors. The Director of Social Services will be responsible for monitoring behavior documentation, 24 hour reports, and verbal reports of behavioral issues to ensure the facility is responsive to its residents' need for individualized approaches to address behaviors. In addition, the consultant reviewed the RAI process, which included the writing of behavior CAAs with the members of the social services department.	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced	F 279	Each month of the next quarter, the Social Services Director will send 10% of the care plans for residents with behaviors or care refusals to the Corporate Social Services consultant for review. The reviews will be used to confirm individualized care plans are being written or they will be used to reeducate the social services department on the completion of individualized care plans.	



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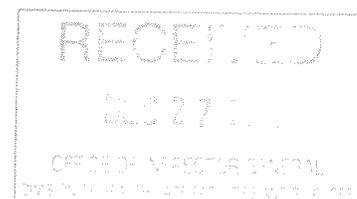
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F 279	Continued From page 3 by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to develop a comprehensive plan of care intervention for two (2) of seven (7) sampled residents. The facility identified Resident #1 and #3 on the Minimum Data Set (MDS) as having rejection of care behaviors. These issues were not individualized with goals and approaches in the care plan. The facility failed to develop an individualized care plan for Resident #1's rejection of care and the Social Worker did not indicate in the Care Area Assessment (CAA) summary the nature of the behavioral disturbance. The facility assessed Resident #3's continuous behaviors of yelling/screaming, striking out, hitting, throwing colostomy bag, refusal of care and scratching self; however failed to develop interventions to address these behaviors. The findings include: Review of the facility's policy regarding Resident Care Plan, undated, revealed the staff was to develop an on-going program of individualized resident care. The sole aim is for the resident to get better care. Review of the clinical record for Resident #1 revealed the facility admitted the resident on 11/06/12 with diagnoses of Seizure Activity, Atrial Fibrillation, Post Cardiovascular Accident and Osteoarthritis. The facility completed and admission MDS assessment on 11/13/12 which revealed the resident was cognitively impaired and rejected care four (4) to (6) days. Resident #1 was noted on 11/13/12 in the Social Progress	F 279	F250 Continued from page 3 The Corporate Social Services Consultant will conduct no less than quarterly visits to review the overall performance of the Social Services department. The purpose of the reviews is to ensure the facility is utilizing the tools available to document resident behaviors, refusals of care, and other need for medically related social services and that the Social Services department is utilizing this information to complete accurate assessments, develop individualized care plans, and that these are communicated to the front line staff. The QA committee will review the written reports from these quarterly visits to determine if compliance is being maintained or the need for additional training or staff change is necessary.		



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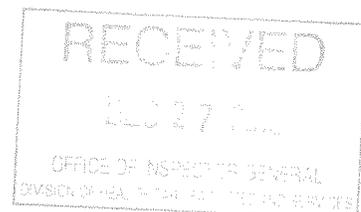
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F 279	<p>Continued From page 4</p> <p>Notes to have severely impaired decision making, inattention, disorganized thinking and altered level of consciousness with short term /long term memory loss. Continued review of the nursing note on 11/17/12 revealed the resident became agitated and was medicated with a one time dose of IM Ativan. Review of the Parkview Psychiatric Service evaluation, dated 11/18/12, revealed the resident received a one time dose of IM Ativan on 11/17/12, which provided short term relief before the resident was agitated/combative again. Review of the Behavior Observation Profile (BOP), dated November 2012, revealed the resident had combative behavior on 11/19/12.</p> <p>Review of the comprehensive care plan on 11/27/12 for Resident #1, revealed a care plan for the behaviors was developed; however, interventions were not individualized. Continued review of the behavior care plan revealed no specific interventions were indicated from the facility's Behavior Intervention Ideas worksheet. Even though, documented information was provided to the Care Plan team by the facility's twenty-four (24) hour Communication Report, dated 11/17/12, which revealed the resident's need for an IM dose of Ativan for agitation.</p> <p>Review of the CNA care plan for Resident #1 revealed documentation of the resident being combative and resistant to care; however, no interventions for the behaviors were identified.</p> <p>Interview with CNA #1, on 11/28/12 at 9:15 AM, revealed she has had no concerns with Resident #1's combative or refusal of care behaviors. She stated caring for Resident #1 often and her interventions to decrease the resident's behavior</p>	F 279	<p>F279 Summerfield Health & Rehabilitation Center develops comprehensive care plans for each resident that include measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident assessment. The care plans describe the services to be furnished to attain or maintain the residents' highest practicable physical, mental, and psychosocial well-being as well. The plans also describe services that would be required, but are not provided, due to the residents' choice to refuse treatment.</p> <p>The Social Services Director and Corporate Social Services Consultant re-assessed resident #1 on December 19, 2012. Resident # 3 no longer resides in the facility. Following this assessment, the care plan for #1 was reviewed. It now includes individualized approaches and goals to address the resident's behaviors and refusal of care. These approaches were added to the CNA assignment sheets. The Director of Social Services, utilizing the enhanced assessment techniques learned from the Corporate Social Services Consultant, will reassess all residents whose MDS assessment includes rejection of care behaviors.</p>	01/12/2013	



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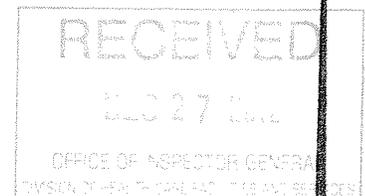
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F 279	Continued From page 5 are to speak in low voice, make eye contact and provide incontinent care often. She further stated the resident gets very agitated when incontinent care is not provided when needed. She continued to state the CNA care plan did not reflect the individual's behavior interventions. Interview with the Green Unit Assistant Manager, on 11/28/12 at 12:40 PM, revealed Resident #1 was combative and required two (2) persons assist for care. She further revealed it was the responsibility of the MDS staff to update the care plan. She continued to state if the care plan was not updated it would not be effective for the resident. Review of the clinical record for Resident #3, revealed the facility re-admitted the resident on 7/30/12, with diagnoses Urinary Tract Infection, Status Post Fall, Diabetes Mellitus II, Colostomy and Dementia with Mood and Delusions. The facility completed a quarterly MDS assessment on 09/24/12 that revealed the resident was cognitively impaired and displayed refusal of care behaviors four (4) to six (6) days a week. Continued review of the Social Service Progress Notes for Resident #3, revealed the resident's had documented behaviors of pulling off colostomy bags and throwing food trays. Continued review of the Nursing Notes dated: 11/2, 11/3, 11/4, 11/5, 11/6, 11/10, 11/12, 11/13, 11/17, 11/18, 11/21, 11/22, 11/28 and 11/29/12 revealed the resident manifested refusal of care, and throwing of colostomy bag, meal tray and removal of the oxygen nasal cannula. Review of the comprehensive care plan for Resident #3 revealed a care plan for behaviors	F 279	F279 continued from page 5 Care plans and CNA assignment sheets for these residents will be revised as needed. This will be completed by January 12, 2013. The IDT will complete a review of all resident care plans by January 12, 2013 to ensure the plans are relevant to the residents' condition. During these reviews, the care plans will be compared to the CNA assignment sheets to insure resident care needs have been consistently communicated. On December 19, 2012, the Corporate Social Services Consultant provided in-service training for the DON, ADON, Staff Development Nurse, Social Services Director and Assistants, MDS Coordinator, Activities Director and Dietary Director. The training, "What to Do with Behaviors?" will cover the impact of behaviors on psychosocial well-being, identifying behaviors, investigating behaviors, and interventions for behaviors. The Director of Social Services will be responsible for monitoring behavior documentation, 24 hour reports, and verbal reports of behavioral issues to ensure the facility is responsive to its residents' need for individualized approaches to address behaviors.		



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F 279	<p>Continued From page 6</p> <p>was developed; however, the resident's document behaviors were not identified and interventions were not individualized. Continued review of the behavior care plan revealed no specific interventions were indicated or documented by the facility's Behavior Intervention Idea worksheet. Even though documented behavior information was provided to the Care Plan team by the facility's nursing notes and the twenty-four (24) hour Communication Report, dated 11/24/12, of the resident's increased behaviors. Review of the September, October and November BOP sheet revealed the resident was combative, and refused care twenty (20) to twenty-five (25) times a month.</p> <p>Review of the CNA care plan Resident #3 revealed documentation of the resident's removal of the colostomy bag; however, no interventions for the behavior were identified.</p> <p>Interview with the CNA #5, on 11/29/12 at 2:35 PM, revealed Resident #3 did not get up in the geri chair because she would throw herself/himself out of the chair. She continued to state the resident stayed in bed all the time. She further revealed Resident #3's care was difficult due to multiple behaviors and the CNA care plan had no interventions to address the behaviors.</p> <p>Interview with LPN #2, on 11/29/12 at 3:30 PM, revealed she had no system to individualize the care plan. She further stated the MDS staff and management would add interventions to the care plan. She stated the purpose of the care plan was to guide the resident's care. However, she continued to state if the care plan was individualized for behaviors the staff could</p>	F 279	<p>F279 continued from page 6</p> <p>In addition, the consultant reviewed the RAI process, which included the writing of behavior CAA's with the members of the social services department. On December 19, 2012, the corporate nurse consultant provided in-service training for the DON, ADON, interdisciplinary team, unit managers, and assistant unit managers to define the responsibility for updating care plans. By January 12, 2013, the DON and Unit Managers will educate all floor nurses of their role in the care planning process which includes responsibility for updating the care plans and CNA assignment sheets when needed.</p> <p>Each week for the next quarter, the DON, MDS Coordinator, and Unit Manager will review 5 resident care plans, focusing on behavioral needs, to ensure they are comprehensive, accurate, and individualized for each resident. The reviews will determine if the care planning process is effective and if the plans reflect the care needs of each resident. Following the conclusion of the weekly reviews. The group will review 10 resident care plans a month for the next 3 quarters. The DON will report any issues identified through the reviews to the QA committee and corporate nurse consultant for resolution.</p>		



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F 279	<p>Continued From page 7</p> <p>de-escalate behaviors and the residents may receive consistent care.</p> <p>Interview with Blue Unit Manager, on 11/29/12 at 3:35 PM, revealed interventions are individualized based on their behaviors. She stated interventions are communicated by the Nurses Notes, CNA task sheets and the care plan. The purpose of the care plan was to understand how to care for the residents. She indicated the MDS was responsible for updating the care plans. She further stated Resident #3's care plan did not appear to be individualized.</p> <p>Interview with the Social Services Assistant #2, on 11/29/12 at 3:45 PM, revealed the importance of individualizing the care plan was to get to the root of the problem. She further stated she did communicate with the resident's family; however, no intervention were added to the care plan.</p> <p>Interview with the Social Services Director, on 11/29/12 at 3:40 PM, revealed she reassessed the resident's plan of care when the MDSs are due and ongoing as needed. She further stated she was not always informed of resident behaviors in the biweekly care plan meetings. She continued to state she was responsible for having an accurate assessment of the resident and providing a care plan which reflected the resident's needs. In addition, she stated the individualized interventions of the behavioral care plan are encompassed in the facility's statement on the care plan as "as indicated". She gave no verbal reason for why combative behaviors were not addressed on the care plan.</p> <p>Interview with the MDS Assistant Coordinator, on</p>	F 279			



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F 279	<p>Continued From page 8</p> <p>11/29/13 at 5:15 PM, revealed she was responsible for updating the care plan when new orders are implemented. She further stated individual interventions would be addressed by the interdisciplinary care plan team. She continued to state social services was integrated with nursing and are responsible for behavior interventions on the care plan.</p> <p>Interview with the Director of Nursing (DON), on 11/28/12 at 5:30 PM, revealed behavior interventions are addressed through verbal communication to the unit manager, nurses and nursing assistants. She further stated a psychiatric consult is initiated to evaluate resident's behaviors. She indicated the facility had a behavior intervention sheet to assist with individualized interventions; however, she acknowledged the individual behavior interventions had not been placed on the care plan and implemented.</p>	F 279		
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