

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

PRINTED: 07/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/06/2012
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104		
(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 An abbreviated survey (KY #18583) was conducted on 07/02/12 through 07/06/12 to determine the facility's compliance with Federal requirements. The complaint was substantiated with an unrelated deficiency cited.	F 000	The provider wishes this plan of correction to be considered as our allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.		
F 274 SS=D	483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to identify declines in the physical and mental status for one resident (#2), in the selected sample of three, which required a Minimum Data Set (MDS) significant change assessment. The facility failed to complete a significant change MDS assessment when Resident #2 was assessed as having experienced declines in the areas of cognition, behaviors, bed mobility, transfers, ambulation, dressing, toilete use, personal	F 274			



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melanie Eub TITLE: Administrator (X6) DATE: 07/25/12

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

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

Melanie Euba

TITLE

Administrator

(X6) DATE

07/25/12

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F 274	<p>Continued From page 1 hygiene and continent status.</p> <p>Findings include:</p> <p>A record review revealed the facility admitted Resident #2 on 12/27/11 with diagnoses to include Organic Psychotic Condition, Dementia with Behavioral Disturbances, Legally Blind, Depression and Anxiety.</p> <p>A review of the admission MDS assessment, dated 01/08/12, revealed the facility identified Resident #2 as usually able to make self understood and usually able to understand others, with a Brief Interview for Mental Status (BIMS) score of ten (10). The resident had no behavioral symptoms and had not rejected care. Resident #2 required limited assist of staff with bed mobility, transfer, ambulation in room, locomotion on and off unit, dressing, toilet use and personal hygiene. He/she was occasionally incontinent of urine.</p> <p>A review of the quarterly MDS, dated 06/11/12, revealed the facility assessed the resident as having experienced declines in the areas of cognition, behaviors, bed mobility, transfers, ambulation, dressing, toilete use, personal hygiene and continent status. Resident was sometimes able to make self understood and sometimes able to understand others. He/she had a BIMS score of one (1). Resident #2 previously had no behavior issues; however, this assessment detailed he/she had physical behavioral symptoms directed towards others which occurred one (1) to three (3) days, other behavioral symptoms not directed toward others occurred four (4) to six (6) days and had rejected</p>	F 274	<p>3.</p> <p>MDS IDT will monitor for any changes with resident while completing assessments. Any noted changes will be reported to the MDS RN.</p> <p>MDS software will be utilized as backup monitor, upon completion of any assessment, for indication of SCSA need that has not been identified by staff, completed 07/17/12.</p> <p>Weekly team assessment meetings of MDS IDT will discuss all residents and their overall health status, initiating discussion of any needs to evaluate a resident for a SCSA, completed 07/17/12.</p> <p>DON will audit all assessments weekly to verify SCSA are completed for indicated residents, completed 07/13/12.</p> <p>4.</p> <p>DON will report results of weekly audits to Administrator weekly for 4 weeks for review. Administrator, after review, will present audits to QA Committee monthly for additional recommendations or change in frequency of audits.</p>		

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F 274	<p>Continued From page 2</p> <p>care one (1) to three (3) days out of seven. Resident #2 now required extensive assist with bed mobility, transfer, walk in room, locomotion on and off unit, dressing, toilet use and personal hygiene. He/she went from occasionally incontinent of urine to frequently incontinent.</p> <p>An interview with the MDS Coordinator, on 07/06/12 at 10:30 AM, revealed the resident had declines in his/her behaviors and all other areas of activities of daily living (ADL's). She stated a significant change is done when there are declines in two or more care areas. She stated, "I am sure the resident should have had a significant change MDS assessment done."</p> <p>An interview with the Director of Nursing (DON), on 07/06/12 at 10:55 AM, revealed the MDS Coordinator is the person responsible to make the final decision related to a significant change MDS assessment. She stated the MDS Coordinator should have had a significant change assessment completed.</p>	F 274			