

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

PRINTED: 01/17/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/29/2011
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NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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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
F 000	INITIAL COMMENTS  A Recertification Survey was conducted 12/27/11 through 12/29/11. Deficiencies were cited with the highest Scope and Severity of a "D". An Abbreviated Survey was conducted to re-open the Investigation of ARO#KY00017347 and #KY00017348 which was initiated on 11/09/11, was concluded on 12/29/11. ARO#KY00017438 was substantiated with no deficiencies cited. ARO #KY00017347 was unsubstantiated with no deficiencies cited.	F 000	I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors.  The corrective action that took place for the resident found to have been affected by the deficient practice; resident #7's Admission Assessment (MDS) with Assessment reference Date, of 7/15/11, has been modified to include the diagnosis of Chronic Renal Disease.  2. How the facility addressed how it would identify if other resident's were affected by the deficient practice; the most recent comprehensive MDS assessment on all active residents will be reviewed by the nurse manager team	
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED  The assessment must accurately reflect the resident's status.  A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.  A registered nurse must sign and certify that the assessment is completed.  Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.  Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.	F 278		

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JAN 30 2012  
BY: \_\_\_\_\_

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE  MHA, LHA	(X6) DATE  1/27/12
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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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NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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F 278	<p>Continued From page 1-</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure the admission assessment was accurate for one (1) of nineteen (19) sampled residents, Resident #7 related to Renal Disease.</p> <p>The findings include:</p> <p>Review of Resident #7's Hospital Discharge Summary, dated 06/23/11, revealed the resident was discharged from the hospital with multiple diagnoses, including Chronic Renal Disease. Per the discharge instructions the resident had a follow-up appointment with the Nephrologist, on 07/21/11 at 9:15 AM.</p> <p>Review of the clinical record revealed Resident #7 was admitted to the facility on 07/08/11. Per the clinical record the facility assessed the resident to have multiple diagnoses, however Chronic Renal Disease was not listed.</p> <p>Review of the Minimum Data Set Admission Assessment (MDS) with Assessment Reference Date, of 07/16/11, revealed no documented evidence the facility identified the resident as having an active diagnoses due to Chronic Renal Disease.</p> <p>Interviews, on 12/29/11 at 3:17 PM, with the</p>	F 278	<p>consisting of the DON, ADON, MDS nurses and unit coordinators for inclusion of appropriate diagnoses and nursing sections of the MDS. In addition, all other individuals who complete a portion of the assessment will verify the accuracy of that portion of the most recent comprehensive assessment.</p> <p>3. <b>The measures put into place or systemic change made to insure that the deficient practice will not recur;</b> The community has implemented training, on 1/16/12, for two MDS nurses. The training is titled "Brookdale Coding Fundamentals" and focused on ICD-9 coding and sequencing for all resident assessments. The MDS nurses and Therapy In-Patient Coordinator (IPC) conduct a daily PPS meeting, Monday through Friday, to review admission discharge summaries for diagnostic review.</p> <p>The clinical nursing team, consisting of the DON, ADON, unit coordinators and nurse transitional coach, are meeting daily, Monday</p>	
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through Friday, to review admissions and readmissions to verify that the appropriate diagnosis and treatment is documented in the clinical record.

The interdisciplinary team who completes a portion of the MDS assessment meets weekly, on Tuesday, for a Quality of Care meeting (QoC). During the weekly QoC meeting the accuracy of the annual, quarterly and significant changes MDS assessment will be verified.

4. **The facility plans to monitor its performance to ensure that solutions are sustained by;** A quality assurance audit tool will be implemented to specifically review MDS coding accuracy. The audit tool will require special attention to residents' diagnoses. The tool will be used to audit one (1) MDS per nursing station for a total of three (3) resident charts weekly times four (4) weeks, then three (3) charts monthly for three (3) months . The MDS

coordinator or another MDS nurse will address concerns and trends and report to the Quality Assurance Committee monthly during the audit review period. If needed, the Quality Assurance Committee will make revisions to the current plan based upon results of the audit.

5. **The date that the corrective action will be completed;**  
'ID Prefix Tag' F278 by  
2/3/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/29/2011
NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509	
(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)	(X6) COMPLETION DATE
F 278	Continued From page 2 facility's three (3) MDS nurses revealed they did not complete the admission assessment for Resident #7. In further interview, Licensed Practical Nurse (LPN) #4 stated the MDS was completed by a corporate nurse. She explained the corporate nurse probably only assessed Resident #7 for those diagnoses listed under the section "Discharge-Diagnosis" and did not read the complete discharge summary.	F 278	F 328	
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS  The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents received the proper treatment and care related to the administration of oxygen for one (1) of nineteen (19) sampled residents, (Resident #8). Resident #8 was observed to have oxygen at a flow rate of rate of two and a half (2 1/2) liters/minute instead of three (3) liters/minutes as per the Physician's Orders.	F 328	1. The corrective action that took place for the resident found to have been affected by this deficient practice; The rate of flow as ordered was corrected immediately after observation on 12/27/2011 by the charge nurse.  2. How the facility addressed how it would identify if other resident's were affected by the deficient practice; All other residents receiving oxygen therapy and any special services were assessed by the nursing team for proper physician ordered flow rate, and special service needs. At this time no other residents were found to be affected. The treatment and care for all residents with special services was reviewed by the nurse management team, which	

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NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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F 328	<p>Continued From page 3 The findings include:</p> <p>Review of the clinical record revealed Resident #8 had diagnoses which include Squamous Cell Lung Cancer and Right Pleural Effusion.</p> <p>Review of the 12/11 Physician's Orders revealed orders for oxygen to be administered at three (3) liters/minute per nasal cannula continuously.</p> <p>Review of the Comprehensive Care Plan, dated 12/28/11, revealed Resident #8 had impaired gas exchange related to lung cancer and pleural effusion.</p> <p>Observation, on 12/27/11 at 4:45 PM revealed the flow rate for Resident #8's oxygen was set on two and a half (2 1/2) liters/minute.</p> <p>Interview, on 12/27/11 at 4:50 PM, with License Practical Nurse (LPN) #7, who was in the resident's room at the time of observation, revealed the oxygen flow was to be set at three (3) liters/minute instead of two and a half (2 1/2) liters/minute as observed. LPN#7 made the correction to reflect the rate of flow as ordered. She stated, the oxygen flow was the Nurse's responsibility and not the responsibility of the Certified Nurse Assistants (CMA's).</p>	F 328	<p>was completed by 1/25/2012. Appropriate interventions were implemented for individual residents' needs and identified on the residents' plan of care. Nursing staff was given additional re-education on care related to special services by the staff development coordinator and nurse managers. Each licensed nurse and CNA will have this information reviewed with them by 2/1/2012. Any nursing associate that has not worked by 2/1/2012 will receive the education prior to working their next shift.</p> <p>3. The measures put into place or systemic change made to insure that the deficient practice will not recur; Charge nurses will implement care plan interventions relating to acute changes of condition of residents that have special services for individualized treatment and</p>	

care. Oxygen therapy will be added to the charge nurses daily check list, which includes oxygen flow rate. Charge nurses will validate oxygen flow rates during their shift and document this on the Medication Administration Record each shift. In addition, the nursing management team will also validate that residents are receiving the appropriate flow rate through direct observation during daily walking rounds and special services will be identified on the residents' care plan. Care plans will be reviewed by the Nurse Managers, consisting of the unit coordinators, ADON, evening and weekend nurse supervisor, who will then validate the treatment and care is occurring through direct observation of special care needs through daily walking rounds. A nurse managers meeting was conducted on 1/26/12 by the Director of Nursing and the Administrator reviewing the requirements for walking

rounds. These walking rounds will be documented on a supervisor walking round check list one (1) time a week and returned to the DON. Results of the audit will be discussed at the weekly Quality of Care meeting.

To address the oxygen flow rate specifically, the nursing staff was re-educated regarding oxygen flow rate and the need to monitor the rate throughout the shift to ensure the current flow rate is being administered. Each nurse and CNA will have the information reviewed with them by 2/1/2012 by the staff development coordinator or nurse manager. Any nursing associate who has not been scheduled to work by 2/1/2012 will receive the education prior to working their next shift for their review.

4. **The facility plans to monitor its performance to ensure that solutions are sustained by; A quality assurance audit tool will be**

implemented to specifically review care related to special services. Using this audit tool the Director of Nursing or nurse managers, consisting of the unit coordinators, ADON, evening and weekend nurse supervisor, will monitor that residents who are receiving special services are receiving the proper treatment and care. The nurse managers will conduct audits of five (5) residents with special services weekly for four (4) weeks then continue the audits monthly for three (3) months. The audit tool requires special attention to residents' with oxygen orders. The Director of Nursing or Assistant Director of Nursing will address concerns and trends in the weekly Quality of Care meeting and the monthly Quality of Assurance committee meeting times three months. Revisions to the current plan will be directed by the Quality Assurance committee, if needed.

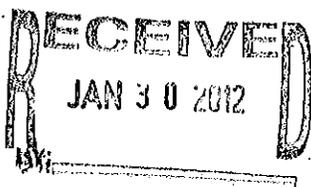
5. **The date that the  
corrective action will be  
completed; 'ID Prefix Tag'**  
F 328 by 2/3/12

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NAME OF PROVIDER OR SUPPLIER  RICHMOND PLACE REHABILITATION AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2770 PALUMBO DRIVE LEXINGTON, KY 40509
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K 000	<p>INITIAL COMMENTS</p> <p>Building: 01</p> <p>Plan Approval: 1991 Addition added in 2011</p> <p>Survey under: NFPA 101 (2000 Edition)</p> <p>Facility type: SNF/NF</p> <p>Type of structure: Type V (000) Unprotected</p> <p>Smoke Compartment: Two (2)</p> <p>Fire Alarm: Complete Fire alarm System</p> <p>Sprinkler System: Complete Sprinkler System (Wet and Dry)</p> <p>Generator: Type II Diesel and Type II Natural Gas</p> <p>A standard Life Safety Code survey was conducted on 12/28/11 and concluded on 12/29/11. Richmond Place Rehabilitation and Health Center was found to be in compliance with the requirements for participation in Medicare and Medicaid.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 1/27/12

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