

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

PRINTED: 04/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2011 C
NAME OF PROVIDER OR SUPPLIER BRITTHAVEN OF BOWLING GREEN			STREET ADDRESS, CITY, STATE, ZIP CODE 5079 SCOTTSVILLE RD. 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 #16164) was initiated on 03/24/11 and concluded on 03/25/11. Regulatory violations were identified. KY #16164 was substantiated with deficiencies cited and the highest S/S at "D".	F 000	Greenwood acknowledges receipt of the Statement of the deficiencies and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the residents. The Plan of Correction is submitted as a written allegation of compliance.		
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 by: Based on interviews and record reviews, it was determined the facility failed to utilize the assessment to develop, review and revise the comprehensive care plan related to the appropriate number of staff for transfer with the	F 279	Greenwoods response to this Statement of Deficiencies does not denote agreement with the Statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greenwood reserves the right to refute any of the deficiencies through the Informal Dispute Resolution, formal appeal procedure, and/or legal proceeding. Resident #1 is no longer a resident in our facility. The discharge date was 3/25/2011		



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

TITLE

(X6) DATE

Jonathan M. Dan

Administrator

4/28/11

Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 279	<p>Continued From page 1</p> <p>mechanical lift for one resident (#1) in the selected sample of three. Resident #1 had a fall during a transfer with one staff assistance and the mechanical lift.</p> <p>Findings include:</p> <p>A record review revealed Resident #1 was admitted to the facility with diagnoses to include Peripheral Vascular Disease (PVD) and Morbid Obesity.</p> <p>A review of the Physical Therapy (PT) Discharge Summary, dated 01/27/11, revealed the resident had been referred to PT secondary to an overall decline in function. .The resident required moderate assistance of two for gait training, related to the resident was unable to shift weight on one leg and advance the other leg. The resident had reached maximum potential for PT and had been discharged; however, the resident was assessed that nursing should still utilize the mechanical lift.</p> <p>A review of the annual Minimum Data Set (MDS), dated 02/10/11, revealed the resident was non-ambulatory and weighed 328 pounds. The facility assessed the resident to require 2+ persons physical assistance with transfers. An assessment for assistive devices, dated 02/10/11, revealed the facility assessed Resident #1 for a mechanical lift for transfers; however, the assessment did not identify the number of staff required to assist with the transfer.</p> <p>A review of the Care Area Assessment (CAA), dated 02/18/11, revealed the resident: 1) required total assistance with transfers due to impaired balance, poor coordination and impaired mobility</p>	F 279	<p>All non-ambulatory residents have the potential to be affected . To prevent the deficiency from occurring again the Nursing Unit Coordinators and the MDS Coordinators have audited every care plan and resident care guide. All audits were completed by 4-28-11. The focus of this audit is to identify any resident that requires transferring with a mechanical lift; and if that resident requires to be transferred with a mechanical lift, the number of staff members required to facilitate a safe transfer is specified on the Care Plan and the Resident care Guide.</p> <p>To prevent the deficiency from re-occurring the DON has re-educated (4-25-11) the MDS nursing staff, stressing the importance of accuracy when assessing and verifying that the care plan matches the resident care guide. The MDS assessment, Care Areas Assessment information will determine that each resident receives adequate supervision to prevent accidents. The number of staff members required to transfer residents with mechanical lifts will be specified and that information will be</p>	

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F 279	<p>Continued From page 2</p> <p>and 2) will receive the necessary physical assistance to transfer through next review.</p> <p>A review of the comprehensive care plan for falls, dated 02/17/11, revealed interventions: 1) mechanical lift for transfers however resident's noncompliance with allowing staff members to assist with transfers due to impulsive behaviors and 2) may use two assist mechanical lift. A care plan for "Requires assistance to maintain maximum function of self-sufficiency for (mobility)" revealed an intervention of two assist with transfers. A care plan for "Requires assistance to maintain maximum function of self-sufficiency for transferring" revealed an intervention "may have two person assist with use of mechanical lift with ADLs/transferring". A review of the Certified Nurse Aide (CNA) Care Guide (updated daily) revealed the resident required 1-2 assistance with mechanical lift.</p> <p>A review of the Kiosk information (a computer system utilized by the CNAs daily by all shifts to record Activities of Daily Living) that included transfer, dated 02/02/11 through 02/09/11. Review of the 7- day look-back period for the MDS assessment revealed Resident #1 required extensive assistance of 2+ person physical assistance with transfers for 11 of the 19 shifts identified.</p> <p>A review of the "Resident Assessment Instrument" User Manual 3.0, dated August 2010, section 4.3, page 4-2, revealed "The completed MDS must be analyzed and combined with other relevant information to develop an individualized care plan".</p> <p>An interview with the MDS Coordinator, on</p>	F 279	<p>incorporated into the Care Plan by the MDS Coordinator. In collaboration with the MDS Coordinator the Nursing Coordinator will update the Resident Care Guide daily.</p> <p>This facility will monitor our performance for sustained solutions by conducting an interdisciplinary meeting each week with the Rehabilitation department, the MDS Coordinators and the Nursing department. The purpose of this weekly meeting is to discuss the resident's plan of care as it relates to ambulation and transfers from one level to another with the appropriate method of transfer and use of lifts as necessary. Progress of resident's will be monitored for improvement or possible decline. Notes will be taken by the MDS nurses to accurately reflect any change that should be made in the Care Plan and the on the Resident's Care Guide. The first meeting will be held on Monday April 25, 2011 and each week thereafter until the Executive Q/I team deems necessary. The members of the</p>	

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F 279	Continued From page 3 03/25/11 at 11:00 AM, revealed he/she was responsible for completion of the MDS assessment, creating, revising and updating the nursing care plan for Resident #1. The MDS Coordinator completed the assessment through interviews with the resident and nursing staff, information obtained from the record and information from the Kiosk. The MDS assessment was completed utilizing the seven day look-back period of the resident's activities. The MDS Coordinator stated he/she had put "may have 1-2 assist with transfers" on the care plan because the resident may not need two assist all the time. The required assistance was determined by the staff that were transferring the resident. The MDS Coordinator did not have an explanation as to the reason there were different interventions on the care plan that involved transferring Resident #1.	F 279	Executive team are: Medical Director, Administrator, Director of Nurses, Quality Improvement Coordinator, Staff Development Coordinator, Director of Maintenance, Dietary Manager, Nursing Unit Coordinators, Director of Social Services and Housekeeping/Laundry Supervisor. The Q/I Coordinator will share the results of these meetings with the Monthly Executive Q/I meeting for additional guidance. Completion date 4-29-11	4/29/11
F 323 SS=D	An interview with the Director of Nursing, on 03/25/11 at 1:40 PM, revealed the care plan should reflect the assessment accurately. 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, it was determined the facility failed to	F 323	Resident #1 is no longer a resident in our facility. The discharge date was 3/25/2011 All non-ambulatory residents have the potential to be affected . To prevent the deficiency from occurring again the Nursing Unit Coordinators and the MDS Coordinators have audited every care plan. All care plan audits were completed by 4-28-11. The focus of this audit is to identify any resident that requires transferring with a mechanical lift; and if that resident required to be transferred with a mechanical lift that the number of staff members required	

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F 323	<p>Continued From page 4</p> <p>ensure each resident received adequate supervision to prevent accidents based on the individual assessed needs related to the appropriate number of staff for transfer with the mechanical lift for one resident (#1) in the selected sample of three. Resident #1 sustained a fall on 03/22/11 during a transfer with the mechanical lift and one staff assistance.</p> <p>Findings include:</p> <p>A record review revealed Resident #1 was admitted to the facility with diagnoses to include Peripheral Vascular Disease (PVD) and Morbid Obesity.</p> <p>An observation of Resident #1, on 03/24/11 at 10:00 AM, revealed the resident was sitting in a bariatric (oversized) wheel chair. The resident was participating in an activity.</p> <p>An interview with Resident #1, on 03/24/11 at 2:30 PM, revealed the mechanical lift tilted when the Certified Nurse Aide (CNA) was putting him/her in the chair by him/herself, causing the resident and CNA to fall backward. Resident #1 revealed it took three staff to assist him/her from the floor. The resident stated it usually took two staff to transfer him/her to the chair or bed.</p> <p>A review of the annual Minimum Data Set (MDS) assessment, dated 02/10/11, revealed the resident was non-ambulatory and weighed 328 pounds. The facility assessed the resident to require 2+ persons physical assistance with transfers and an Assessment for Assistive Devices, dated 02/10/11, revealed the facility assessed Resident #1 for a mechanical lift for transfers; however it did not indicate the number</p>	F 323	<p>to facilitate a safe transfer is specifically stated on the Comprehensive Care Plan and the Resident Care Guide. The Care Plan and Care Guide are compared for completeness and accuracy, when a variance was noted, an immediate correction was made by the MDS Coordinator.</p> <p>Written handouts were distributed to all nursing staff, (RN, LPN, CMA, and Certified Nursing Assistants) on April 14, 2011 by the Staffing Development Coordinator. Each staff member signed a roster acknowledging understanding and that they have received the written information. This written information addresses the safe movement and handling/ transferring of our residents. In addition to safe handling of residents, the information addresses how to read the Resident Care Guide and where to find the specific information for safe transferring/use of the mechanical lift on specific residents.</p>	

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F 323	<p>Continued From page 5 of staff required to assist with the transfer.</p> <p>A review of the comprehensive care plan for "Falls", dated 02/17/11, revealed interventions: 1) mechanical lift for transfers however resident's noncompliance with allowing staff members to assist with transfers due to impulsive behaviors and 2) may use two assist mechanical lift . A care plan for "Requires assistance to maintain maximum function of self-sufficiency for (mobility)" revealed an intervention of two assist with transfers.</p> <p>A review of the CNA Care Guide (updated daily) revealed the resident required 1-2 assistance with the mechanical lift.</p> <p>A review of the nurse's notes, dated 03/22/11, regarding the fall, revealed Resident #1 was lying on his/her back on a fall mat next to the roommates bed with his/her upper body in the CNA's lap. The lower half of the resident's body was on top of his/her personal recliner chair. The resident was lifted with the mechanical lift and three staff assistance back to bed. There were no visible injuries noted at the time of the incident.</p> <p>An observation of the video inservice on the mechanical lift, on 03/25/11 at 8:40 AM, revealed the video included operation and lifting education; however, proper use of lift is the responsibility of the care giver.</p> <p>An interview with the Staff Development Coordinator (SDC), on 03/24/11 at 10:15 AM, revealed all nursing staff viewed the mechanical lift video and received manufacturers guideline information on hire and again annually. The CNAs are checked off by their preceptor, during</p>	F 323	<p>This facility will monitor our performance for sustained solutions by conducting an interdisciplinary meeting each week with the Rehabilitation department, the MDS Coordinators and the Nursing department. The purpose of this weekly meeting is to discuss the resident's plan of care as it relates to ambulation and transfers from one level to another with the appropriate method of transfer and use of lifts as necessary. Progress of resident's will be monitored for improvement or possible decline. Notes will be taken by the MDS nurses. The MDS nurses will utilize this information to accurately reflect any change that should be made in the Care Plan and on the Resident Care Guide. The first meeting will be held on Monday April 25, 2011, and each week thereafter until the Executive Q/I team deems necessary. The Members of the Executive team are: Medical Director, Administrator, Director of Nurses, Quality Improvement Coordinator, Staff Development Coordinator, Director of Maintenance, Dietary Manager, Nursing Unit Managers, MDS Coordinators, Director of Social Services and</p>	

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F 323	<p>Continued From page 6</p> <p>orientation, for the safe use of the lift. There were no specific facility policy on the mechanical lift.</p> <p>An interview with CNA #1, on 03/24/11 at 11:15 AM, revealed he/she transferred Resident #1 with the mechanical lift by him/herself on 03/22/11. CNA #1 revealed he/she was behind the resident holding on the hand loops of the mechanical lift jacket. The resident was being lowered down to the recliner as the he/she guided the resident in the lift jacket. When the resident's body came in contact with the chair, the back came off the recliner chair causing him/her, the resident and the mechanical lift to fall backwards. CNA #1 stated he/she referred to the Resident Care Guide that identified "1-2" for transfers. The CNA made the decision to transfer Resident #1 by him/herself and had transferred Resident #1 by him/herself in the past.</p> <p>Interviews with CNA #3, CNA #4, CNA #5 and CNA #7 on 03/24/11 at 2:30 PM, at 3:25 PM, at 3:40 PM and at 4:00 PM respectively revealed they would not have transferred Resident #1 by themselves with the mechanical lift because they felt it was unsafe related to the weight and size of the resident.</p> <p>An interview with Licensed Practical Nurse (LPN) #1, on 03/24/11 at 2:45 PM, revealed the CNAs referenced the Care Guide to provide care for the residents. Resident #1 was to be transferred with 1-2 assistance of staff. LPN #1 stated the CNA made the determination to utilize one staff or two for transferring based on the Resident Care Guide.</p> <p>An interview with LPN #2, on 03/25/11 at 12:55</p>	F 323	<p>Housekeeping/Laundry Supervisor. The Q/I Coordinator will review the results of these meetings to identify any trends or issues in the Monthly Executive q/I meeting with the Administrator and Medical Director with additional actions taken as indicated.</p> <p>Completion date 4-29-11</p>	4/29/11

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F 323	<p>Continued From page 7</p> <p>PM, revealed the CNAs knew how to handle a resident for transfer and the CNAs made the determination of the number of staff assistance required for a mechanical lift transfer.</p> <p>An interview with LPN #3, on 03/25/11 at 1:00 PM, revealed transfers with the mechanical lift could be done by one staff, but could utilize two staff if the CNA felt uncomfortable transferring a resident by themselves.</p> <p>An interview with the MDS Coordinator, on 03/25/11 at 11:00 AM, revealed he/she was responsible for completion of the MDS assessment, creating, revising and updating the nursing care plan and the Resident Care Guide. The MDS Coordinator stated he/she had put "may have 1-2 assist with transfers" on the care plan because the resident may not need two staff assistance all the time. The CNAs could make that determination at the time of transfer.</p> <p>An interview with the Director of Nursing, on 03/25/11 at 1:40 PM, revealed "depending on the task, the CNAs could make the determination of the number of staff assistance required to transfer a resident".</p>	F 323		