

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: 185266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2011
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NAME OF PROVIDER OR SUPPLIER ELIZABETHTOWN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 WOODLAND DRIVE ELIZABETHTOWN, KY 42701
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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)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated survey was initiated on 12/28/11 and concluded on 12/29/11 to investigate complaint KY17578. The Division of Health Care substantiated the allegation as verified by the evidence. Federal and State deficiencies were cited.	F 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy Nursing Home Dialysis Agreement, it was determined the facility failed to maintain the resident at the highest level of well being for one (1) of three (3) sampled residents (#1). The facility failed to provide peritoneal dialysis (PD) treatments as the Physician ordered or in a timely manner for Resident #1. The findings include: Review of the facility's Nursing Home Dialysis Agreement, dated July 22, 2008, revealed under the paragraph Responsibility of Services, the Facility assumed the responsibility that all services ... b. will be provided timely.	F 309		

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

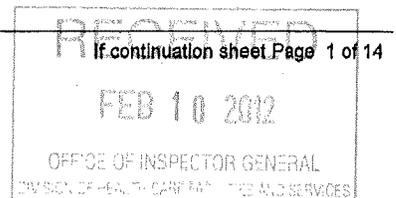
X *Kathy Smith*

LMM X

(X6) DATE

X 2/10/2012

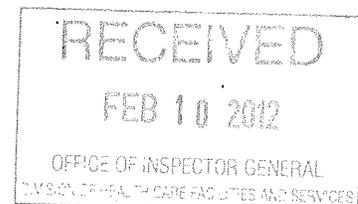
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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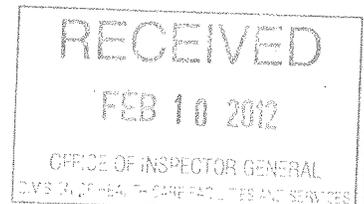
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F 309	<p>Continued From page 1</p> <p>The facility could not provide any evidence of a policy on providing peritoneal dialysis (PD) in the facility by facility staff to the residents. Interview with the Ombudsman, on 12/28/11 at 10:40 AM, revealed she had talked with the Power of Attorney (POA) at least 2 times and conveyed this information to the Administration regarding Resident #1 within the last month. The concern was there was not a Registered Nurse (RN), scheduled to work at the times Resident #1 received PD, to administer the IV medication to the dialysate prior to peritoneal dialysis. The Ombudsman talked to Resident #1 and the resident expressed he/she felt the staff was trying to do the right thing and the resident wanted to stay at the facility.</p> <p>Review of the medical record for Resident #1 revealed the facility admitted the resident on 11/17/11 with diagnoses including End Stage Renal Disease, dialysis dependent, Hypertension (HTN), Blindness and Diabetes. Review of the physician orders written on 11/18/11 revealed Continuous Ambulatory Peritoneal Dialysis (CAPD) four times a day: 7:30 AM with 1.5 % dialysate solution, 1:30 PM with 2.5 % dialysate solution, 5:30 PM with 1.5 % dialysate solution and 9:30 PM with 2.5 % dialysate solution. Staff were to include the resident's daily weight, ideal weight 175-180 pounds, flow sheet each exchange, and fax flow sheet every two weeks. Resident #1 was admitted to the hospital on 12/02/11 with Peritoneal Dialysis (PD) Catheter malfunction and discharged on 12/03/11 with Physician orders to continue PD per previous plan and add 1,000 units of heparin to every liter of PD fluid. On 12/10/11 the facility received an order to increase</p>	F 309	<p>F-309 --- PROVIDING CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>1. Director of Nursing interviewed Resident #1 on 12-30-2011 concerning her preference related to the administration times of the peritoneal Dialysis (PD); Director of Nursing then called physician and a clarification order was obtained and plan of care was updated on 12-30-2011 for Resident #1 to have the peritoneal Dialysis (PD) with heparin additive four times a day each 24 hour period. After Director of Nursing spoke with the Fresenius Dialysis Nurse the PD flow sheets were discontinued and plan of care was updated for resident #1 on 12-30-2011; nurses to continue to document peritoneal dialysis (PD) on the Medication Administration Record per physician order and facilities Medication Administration Policy and a registered nurse will continue to administer the heparin additive to ensure facility is providing the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident #1 comprehensive assessment and plan of care. Director of Nursing</p>	2/10/2012



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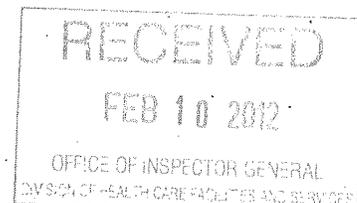
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F 309	<p>Continued From page 2</p> <p>heparin to 1,500 units to every liter of PD fluid. Resident #1 was admitted to the hospital again on 12/14/11 through 12/17/11 with PD catheter malfunction. The resident had refused two exchanges on the morning of 12/14/11. Review of the Physician admission orders on 12/17/11 revealed the orders for PD to include four exchanges per day, 2.5 liter fill volume with each cycle four hours. Use 2.5% dialysate until weight is 175 pounds then alternate with 1.5%. Instill 1000 units of heparin in every bag.</p> <p>Review of the PD flow sheets for Resident #1 from the 11/18/11- 12/28/11 revealed the flow sheets to be incomplete with multiple entry's missing and varied times of administration. From 11/28/11-12/05/11 there is a least one PD exchange missing. 12/07/11 is complete. Continued review of the flow sheets revealed from 12/08/11-12/10/11 at least 1 PD exchange missing. On 12/12/11 only one exchange was documented. The resident was admitted to the hospital on 12/14/11 for PD catheter malfunction.</p> <p>Review of the PD flow sheet from 12/17/11-12/29/11 revealed on 12/18/11 the last exchange was administered at 11:00 PM. On 12/19/11 there was no documentation of the 7:30 AM exchange. On 12/20/11 there was no documentation of the 7:30 AM exchange. On 12/21/11 and 12/22/11 the last exchange was administered at 11:00 PM. On 12/23/11 there was no documentation of the 9:30 PM exchange. On 12/24/11 and 12/25/11 the last exchanges were documented at 11:30 PM and 12:00 AM. On 12/26/11 at 5:00 PM a line was marked through and out to the side, a statement of "per ADON, will receive on 11-7, 11:00 PM and 4 AM", with no</p>	F 309	<p>audited resident #1 Medication Administration Record on 12-30-2011 to ensure residents peritoneal dialysis was given per physicians order. Resident #1 is scheduled to discharge home February 7, 2012. Director of Nursing spoke with Dialysis Home Program Manager on 1-18-2012 related to the concerns stated in the 2567 about facility staff not practicing the PD exchanges the way she had taught; Director of Nursing explained in detail the steps which each trained nurse was taking to administer the peritoneal dialysis and the Home Program Manager stated that yes indeed those were the correct steps and that if each nurse was following these then the peritoneal dialysis was being administered correctly. Director of Nursing ensured that all these steps were outlined and displayed not only in the residents room but also in a binder that is at the residents bed side. Director of Nursing and Assistant Director of Nursing reviewed and changed the master schedule as needed to ensure it was completed with sufficient RN staff to make sure a RN completed treatments for the heparin additive per the physician orders.</p>		



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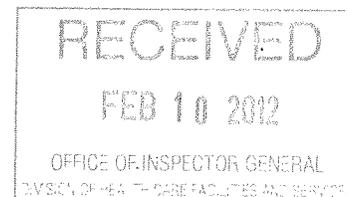
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F 309	<p>Continued From page 3 signature. On 12/27/11 the facility documented administration of the exchanges at 8:00 AM, and 3:30 PM. Times are written in for 11:00 PM and 4:00 AM but nothing else was documented. On 12/28/11 only three exchanges were documented: 8:15 AM; 12:50 PM; and 11:30 PM.</p> <p>Observation, on 12/28/11 at 9:30 AM, for Resident #1 revealed a note on the door stating treatment in progress, do not enter.</p> <p>Observation, on 12/28/11 at 11:30 AM, revealed Resident #1 laying in a specialty air mattress with bolsters. Dialysis supplies are stacked neatly in the room, no odors or trash evident. The resident appears neat, clean and well groomed. The left leg had a dressing from the foot up to the upper calf and left inner thigh.</p> <p>Interview with Resident #1, on 12/28/11 at 11:30 AM, revealed the resident had been here about a month. He/She was able to tell me when they were admitted to the hospital and the reason. The resident could tell me who all the nurses were and Certified Nursing Assistant's (CNA) that provide care. Resident #1 reported he/she had not discussed any concerns with the staff or Administration, only with the Power Of Attorney (POA) and the POA talked with Administration. When questioned if the resident felt like he/she was in danger related to Improper dialysis, he/she stated there was only one nurse he/she felt was a danger, and she had not taken care of him/her for some time. The resident indicated that both times his/her catheter malfunction was when the same nurse did his/her treatment. Resident #1 stated "I'm getting clogged up and had an infection because the inconsistencies of the staff coming in</p>	F 309	<p>2. No other residents that reside in the facility have physician orders for peritoneal dialysis administration or orders for peritoneal dialysis with heparin additive. 100% audit of each residents Medication Administration Record was conducted by Director of Nursing on 12-30-2011 to ensure all physician orders were being followed and completed per the physician order.</p> <p>3. Director of Nursing, Assistant Director of Nursing, or Unit Manager will review all telephone orders at least 5 times a week for 12 weeks to ensure they are completed as ordered and that the facility can meet the needs of each resident per the physician order and that each physician order is being completed as ordered. If facility encounters a physician order which is not felt safe by either the Director of Nursing or Assistant Director of Nursing or is felt that the residents individual needs are not being met the Director of Nursing, Administrator, or Social Service Director will initiate the transfer/discharge process and help assist with proper alternative placement to ensure the residents needs will be met. If a situation arises were the care of the resident</p>		



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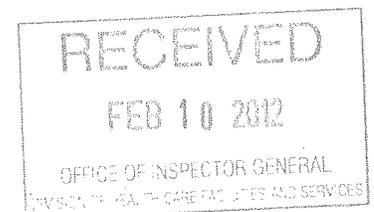
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F 309	<p>Continued From page 4 and doing their job ". He/She stated they were ordered to do four PD exchanges a day; after breakfast, lunch, dinner and around 10-11pm. The resident stated that was his/her requested schedule. Resident #1 stated that yesterday (12/27/11), the treatment after lunch started on time but there was a miscommunication between the Registered Nurse (RN) who added the heparin to the fluid and the Licensed Practical Nurse (LPN) who was doing the treatment. The LPN thought the RN had started the fill, but the resident had clamped his/her own PD tube because he/she started cramping while draining. The resident stated the LPN took too long to come back in and the resident was dry.</p> <p>Interview with LPN #1, on 12/28/11 at 2:40 PM, revealed she had provided care for Resident #1 multiple times. She was trained on PD when Resident #1 was admitted to the facility. If they have any questions they will go to the DON and/or ADON. Resident #1 can tell you what he/she wants and the resident had refused PD exchanges at times. She was the nurse who provided the care for Resident #1 on 12/27/11 and she had started the PD exchange when the DON went in to add the heparin and opened the fill. In about 10-15 minutes the LPN went back in and discovered the PD catheter was clamped. The treatment took about 2 hours but usually only takes about one and half hours to complete. She stated after the PD exchange was completed the PD flow sheet was completed.</p> <p>Interview with the Home Program Manager, on 12/29/11 at 10:40 AM, revealed they had came to the facility for 2 days and did training. She stated the facility staff are not practicing what we taught</p>	F 309	<p>cant wait for proper alternative placement nursing staff will obtain a physicians order to transfer resident to hospital emergency room for treatment to ensure the safety of that residents care. All licensed nursing staff was re-educated on the steps to correctly administer the peritoneal dialysis and return demonstration by each nurse was done 1-19-2012 and 1-20-2012. All licensed nursing staff were re educated 1-25-2012 by Director of Nursing and Assistant Director of Nursing; on the peritoneal dialysis policy and about documentation and the importance for providing the necessary care and services per physician's orders to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the resident's comprehensive assessment and plan of care.</p> <p>All new employees will be educated by Regional Education Director, Director of Nursing or Assistant Director of Nursing on the importance for providing the necessary care and services per physician orders to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident's comprehensive assessment and plan of care during their department orientation.</p>		



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F 309	<p>Continued From page 5</p> <p>them, and the facility told us they did not have an RN on the evenings and that was a little disturbing because you have to add the heparin to the fluid right before it was administered. The facility was not doing the exchanges as scheduled, and the second exchange was not being done timely. She stated Resident #1 would occasionally tell staff to come back later but did not refuse exchanges out right. When questioned about the risk if the exchanges are not completed in a timely manner she stated the potential complications were if the fluid was in too long some of the fluid would reabsorb. She stated not getting the exchanges timely could cause Congestive Heart Failure and Hypertension. The Home Program Manager stated the purpose of the PD flow sheets were to lets us know if the resident was getting the exchanges, removing the fluid, and following the orders of the MD.</p> <p>Interview with the Nephrologist, on 12/29/11 at 3:55 PM, regarding the PD exchanges for Resident #1 revealed it to be a "very complicated situation". He stated the facility was not doing the exchanges as ordered because they were having problems with the heparin additive and then there were delays in the treatment.</p> <p>Interview with the DON and ADON, on 12/29/11 at 4:00 PM, revealed the DON had reviewed the pre-admission criteria for Resident #1 and knew the resident was getting PD, accepted the resident and believed they could meet the residents needs. The DON started the resident did not have heparin ordered to be instilled in the bags upon admission, and that it was added later after the resident started having problems with the PD catheter. The addition of the heparin</p>	F 309	<p>Until 24/7 registered nurse coverage is achieved, facility will continue to provide sufficient registered nurse (RN) coverage to administer the heparin additive to the peritoneal dialysis (PD) fluids for resident #1 per physician order of four times a day each 24 hour period to ensure facility is providing the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident #1 comprehensive assessment and plan of care.</p> <p>4. Director of Nursing, Assistant Director of Nursing, or Unit Manager will conduct a daily audit of the Medication Administration Record 5 times a week for 12 weeks to ensure resident #1 peritoneal dialysis (PD) is being administered per physician order for four times a day each 24 hour period to ensure the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident</p> <p>Continued on Page 6A</p>		



#1 comprehensive assessment and plan of care.

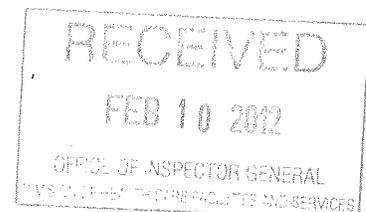
Director of Nursing or Assistant Director of Nursing will review Daily Staffing Sheets daily for 12 weeks and adjust staff to accommodate resident census and resident acuity along with desire, needs and preferences to ensure facility has sufficient nursing staff to provide nursing and related services 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.

Facility will continue to provide and Director of Nursing and Assistant Director of Nursing will ensure sufficient registered nurse (RN) coverage is scheduled to administer the heparin additive to the peritoneal dialysis (PD) fluids for resident #1 per physician order of four times a day each 24 hour period to ensure facility is providing the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident #1 and all other resident's comprehensive assessment and plan of care and to ensure facility has 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.

Director of Nursing, Assistant Director of Nursing, or Unit Manager will conduct a daily audit of the Medication Administration Record 5 times a week for 12 weeks of random residents to ensure physician orders are being carried through in a timely manner per physicians orders.

This Plan of Correction for Providing Care/Service For Highest Well Being compliance monitoring was reviewed and approved by the facility's Performance Improvement Quality Committee on 2/8/2012 and will be integrated into the facility's performance improvement quality system where results will be reviewed and monitored by the Performance Improvement Quality Committee for ensuring on-going compliance for the next 3 months. If at any time concerns are identified during this monitoring process, the Performance Improvement Quality Committee will be convened to analyze and recommend any further interventions, as deemed appropriate.

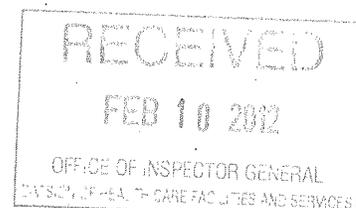
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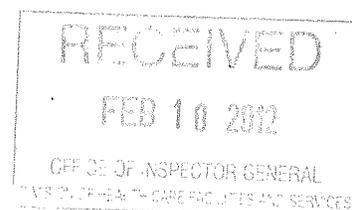
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F 309	Continued From page 6 required an RN to add it to each bag of fluid used for the PD exchange. They believed the heparin was only going to be temporary. They did not have an RN on 3-11 shift and they had adjusted some schedules to ensure the resident could get the exchanges. The DON went on to say they did tell the resident, POA and the Ombudsman it was in the budget to get an additional RN; however, had not hired one. It was a challenge to give the heparin. In regards to the 12/24/11 exchanges for Resident #1 the DON stated the Unit Manager was scheduled to come in and give the Heparin but didn't. The DON stated she was called and came to the facility within thirty minutes. In regards to the 12/26/11 statement on the PD flow sheet and the exchanges changed to 11:00 PM and 4:00 AM, the DON and ADON had no idea who wrote that or why. In regards to the PD flow sheet the DON stated she did not know, there was a form that had to be filled out for each exchange, prior to the admission of Resident #1 to the facility. The PD flow sheet forms for Resident #1 were not complete. The DON stated she did not know the PD exchanges needed to be on a set schedule, as long as all 4 were done in a day, until it was pointed out on the Physician orders, four exchanges with each cycle four hours.	F 309		
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.	F 353	F-353 --- SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS 1. Director of Nursing interviewed Resident #1 on 12-30-2011 concerning her preference related to the administration times of the peritoneal Dialysis (PD); Director of Nursing then called physician and a clarification order was obtained and plan of care was updated on 12-30-2011 for Resident #1 to have	2/10/2012



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F 353	<p>Continued From page 7</p> <p>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:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and review of the facility's grievance log, facility staffing, daily census, and facility staffing pattern, it was determined the facility failed to provide adequate staffing to meet the needs of two (2) of three (3) sampled residents and five (5) of five (5) unsampled residents. The facility failed to staff a Registered Nurse (RN) on the 3-11 shift resulting in Resident #1 not receiving Peritoneal Dialysis (PD) treatments as the Physician ordered and in a timely manner. In addition, the facility failed to implement a new staffing pattern until 12/29/11 that would have resulted in at least one more Certified Nursing Assistant (CNA) on the 3-11 shift, despite having knowledge of inadequate staffing, as evidence by the grievance log and interview with the Director of Nursing and Corporate Nurse. Resident #2, and unsampled residents A,B,C,D, and E voiced concerns of inadequate staffing, especially on the 3-11 shift.</p>	F 353	<p>the peritoneal Dialysis (PD) with heparin additive four times a day each 24 hour period. After Director of nursing spoke with the Fresenius Dialysis Nurse the PD flow sheets were discontinued and plan of care was updated for resident #1 on 12-30-2011; nurses to continue to document peritoneal dialysis (PD) on the Medication Administration Record per physician order and a registered nurse will continue to administer the heparin additive to ensure facility is providing the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident #1 comprehensive assessment and plan of care. Director of Nursing audited resident #1 Medication Administration Record on 12-30-2011 to ensure residents peritoneal dialysis was given in a timely manner per physicians order. Director of Nursing and Assistant Director of Nursing reviewed and changed the master schedule as needed to ensure it was completed with sufficient RN staff to make sure a RN completed treatments for the heparin additive. Resident #1 is scheduled to discharge home February 7, 2012.</p>	



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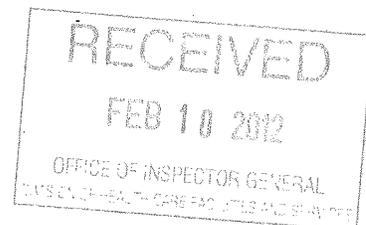
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C. 12/29/2011
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NAME OF PROVIDER OR SUPPLIER ELIZABETHTOWN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 WOODLAND DRIVE ELIZABETHTOWN, KY 42701
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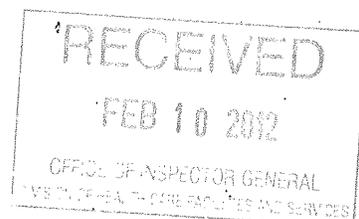
F 353	<p>Continued From page 8</p> <p>The findings include:</p> <p>1. Review of the medical record for Resident #1 revealed the facility admitted the resident on 11/17/11 with diagnoses including ESRD, dialysis dependent, HTN, Blindness and Diabetes. Review of physician orders written on 11/18/11 revealed Continuous Ambulatory Peritoneal Dialysis (CAPD) four times a day. There were no orders for heparin administration with the CAPD exchanges. Resident #1 was admitted to the hospital on 12/02/11 with Peritoneal Dialysis (PD) Catheter malfunction and discharged on 12/03/11 with Physician orders to continue PD per previous plan and add 1000 units of heparin to every liter of PD fluid. On 12/10/11 the facility received an order to increase heparin to 1500 units to every liter of PD fluid. Resident #1 was admitted to the hospital again on 12/14/11 through 12/17/11 with PD catheter malfunction. The resident had refused two exchanges on the morning of 12/14/11. Review of Physician admission orders on 12/17/11 revealed the orders for PD included four exchanges per day to include 1,000 units of heparin to be instilled in every bag.</p> <p>Review of the PD flow sheets for Resident #1 from 11/18/11- 12/28/11 revealed the flow sheets to be incomplete with multiple entry's missing and varied times of administration.</p> <p>Review of the staffing records from 12/04/11-12/16/11 for RN's and LPN's scheduled for 2nd and 3rd shift after the facility received an order for Resident #1 to receive Heparin with each PD exchange on 12/03/11, revealed all staff scheduled were LPN's. Continued review of the</p>	F 353	<p>Unsampled resident E was discharged from the facility. Director of Nursing and Administrator interviewed Resident #1, #2, and unsampled residents A,B,C,D on 12-30-2011, 1-20-2012, 1-21-2012, and 1-22-2012 to their concerns and grievances voiced during our exit interview 12-29-2011 and concerns and grievances stated in the 2567 dated January 17, 2012; each residents plan of care was updated to include their shower preference to accommodate the needs and desires for each of these residents. Facility implemented new staffing pattern on 12-28-2011 to reflect more nursing staff on 2nd and 3rd shift to help accommodate the needs, desires, concerns, grievances, and preferences for each of these residents. Assistant Director of Nursing and Director of Nursing began using new staffing pattern 12-28-2011 to ensure the facility has sufficient nursing staff to provide nursing and related services based on residents desires and preferences 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 (including showers).</p>	
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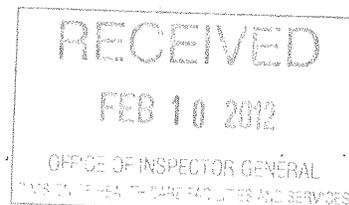
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F 353	<p>Continued From page 9</p> <p>staffing from 12/17/11 -12/28/11 revealed the facility moved an RN to 3rd shift but did not have an RN for 2nd shift.</p> <p>Interview with Resident #1, on 12/28/11 at 11:30 AM, revealed the resident had been here about a month. Resident #1 reported that he/she had not discussed any concerns with the staff or Administration, only to the Power Of Attorney (POA) and the POA talked with Administration. When ask if the resident felt like he/she was in danger related to improper dialysis, he/she stated there was only one nurse he/she felt was a danger, and she had not taken care of him/her for some time. The resident indicated that both times his/her catheter malfunction was when the same nurse did his/her treatment. Resident #1 stated "I'm getting clogged up and had an infection because the inconsistencies of the nurses coming in and doing their job". He/She stated the staff were ordered to provide four PD exchanges a day; after breakfast, lunch, dinner and around 10-11pm. The resident stated that was his/her requested schedule.</p> <p>Interview with the DON and ADON, on 12/29/11 at 4:00 PM, revealed the DON had reviewed the pre-admission criteria for Resident #1 and knew the resident was getting PD, accepted the resident and believed they could meet the residents needs. The DON stated the resident did not have heparin ordered to be instilled in the bags upon admission, and that it was added later after the resident started having problems with the PD catheter malfunction. The addition of the heparin required an RN to add the heparin to each bag of fluid used for the PD exchange. They believed the heparin was only going to be</p>	F 353	<p>2.</p> <p>No other residents that reside in the facility have physician orders for peritoneal dialysis administration with heparin additive. 100% audit of each residents Medication Administration Record was conducted by Director of Nursing on 12-30-2011 to ensure all physician orders were being followed in a timely manner. All other residents with BIM score of 13 or higher and family members of residents with a BIM score of 13 and lower were interviewed by Director of Nursing and Administrator on 1-20-2012, 1-21-2012, and 1-22-2012, no other residents were identified as having been negatively affected by the cited deficiency. No other residents or family members voiced grievances or concerns related to</p> <p>showers, call lights, etc. or any other care issues that would reflect insufficient staffing. Each plan of care was reviewed and updated to reflect the residents needs and desires to ensure their preferences were carried through.</p>	



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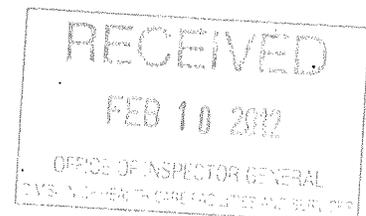
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F 353	Continued From page 10 temporary. They did not have an RN on 3-11 shift and they had adjusted some schedules to ensure the resident could get the exchanges. Other than the DON and ADON there was only one other full time or part time RN and she moved to third shift. The DON went on to say they did tell the resident, POA and the Ombudsman it was in the budget to get an RN; however, had not hired anyone. The DON stated it was a challenge to give the heparin. In regards to the PD flow sheet the DON stated she did not know there was a form that had to fill out for each exchange and the forms for Resident #1 are not complete. The DON stated she did not know the PD exchanges needed to be on a set schedule as long as all 4 were done in a day until it was pointed out on the Physician orders four exchanges with each cycle four hours. 2. Review of the facility staffing pattern supplied by the Director of Nursing revealed if the Census was above 60 residents first shift should have, a Manager, three (3) nurses, six (6) CNA's and one (1) Restorative Aide, second shift should have a Manager, three (3) nurses, five (5) CNA's, third shift should have two (2) nurses and four (4) CNA's. If the census is below 60 the staffing remains the same Except one (1) less CNA on first, second and third shift. The facility has a bed capacity of 65 residents. Review of the Census from 11/12/11- 12/28/11 revealed there were twenty-seven (27) days the census was 60 or greater, seventeen (17) of those were in the month of November. Review of the daily staffing for all three shifts from	F 353	3. Regional Director of Clinical Operations reviewed facilities Labor Management Report on 12-28-2011 and increased facility's labor to ensure the facility has 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, needs, desires, preferences and individual plans of care. Director of Nursing, Assistant Director of Nursing, Administrator, and Regional Director of Clinical Services were educated by Regional Director of Clinical Operations on 12-28-2011 to start using the new increased staffing pattern immediately to ensure the facility has 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.		



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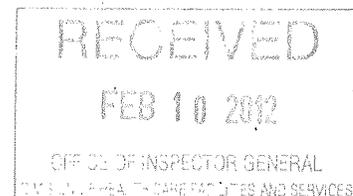
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F 353	<p>Continued From page 11</p> <p>11/12/11 -12/28/11 revealed, twenty (20) of the twenty-seven (27) days the census was 60 or greater, the facility was not adequately staffed with CNA's on first or second shift, and fourteen (14) of twenty-seven (27) days on third shift.</p> <p>Interview with Resident #2, on 12/28/11 at 12:00 PM, revealed the resident stated the facility did not have enough staff on second shift. She stated one person will take their break that left only one person for the entire hallway. She stated she had complained to the evening staff but not to administration. The resident stated he/she was on Hemodialysis and goes out of the facility for the treatments.</p> <p>Interview with Certified Nursing Assistant (CNA) #3, on 12/29/11 at 9:30 AM, revealed she had worked at the facility since 2010. She stated they normally have 12 resident and 2 showers. She stated the floor was usually staffed with five (5) CNA's. She went on to say sometime it can get hectic with the call light because they may have to feed 1-5 residents on any given day.</p> <p>Interview with unsampled Resident A, on 12/29/11 at 9:35 AM, revealed sometimes it takes awhile for the staff to answer a call light, especially on 2nd Shift. The resident stated the roommate will scream for 20 minutes and the staff will not come, so the resident will help the roommate. The resident stated it can be bothersome and it had been reported to administration.</p> <p>Interview with CNA #4, on 12/29/11 at 9:50 AM, revealed she usually had 10-12 residents with 3 showers and had no problems getting them done. She stated during meals there was one CNA in</p>	F 353	<p>Director of Nursing, Assistant Director of Nursing, or Unit Manager will review all telephone orders every day at least 5 times a week for 12 weeks to ensure facility can meet the needs of each resident per the physician order and that each physician order is being completed as ordered. If facility encounters a physician order which is not felt safe by either the Director of Nursing or Assistant Director of Nursing or is felt that the residents individual needs are not being met the Director of</p> <p>Nursing, Administrator, or Social Service Director will initiate the transfer/discharge process and help assist with proper alternative placement to ensure the residents needs will be met. If a situation arises were the care of the resident cant wait for proper alternative placement nursing staff will obtain a physicians order to transfer resident to hospital emergency room for treatment to ensure the safety of that residents care.</p>		



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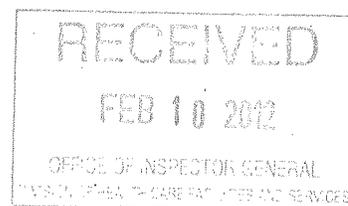
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F 353	<p>Continued From page 12</p> <p>the dining room and two on the floor to feed 3-5 residents, however, the nurses do help answer lights during meals. She stated some residents have complained about night shift and evening shift taking too long to get call lights answered.</p> <p>Interview with unsampled Resident C, on 12/29/11 at 1:20 PM, revealed the resident had been at the facility about one month and stated sometimes it takes a good while to get some help and the resident had to get themselves up and go to the bathroom on the bedside commode. The resident stated the problem appeared to be more on the night shift.</p> <p>Interview with CNA #2, on 12/29/11 at 3:20 PM, revealed she worked second shift. She stated they are normally staffed with four CNA's and sometimes had three or four showers to give. She stated sometimes they had trouble getting them done. She went on to say all the residents complain about the call lights taking too long to get answered, she tells the nurse and they just do the best they can.</p> <p>Interview with unsampled Resident B and D, on 12/28/12 at 8:30 AM, and the family of unsampled Resident E, on 12/29/11 at 1:45 PM, during the survey revealed they had concerns with call lights taking a long time to get answered especially on second shift.</p> <p>Review of the Grievance log from 08/11-12/11 revealed multiple complaints of staff shortage, inconsistent showers, wound dressings not getting done and call lights taking to long to get answered. It appeared as most of the concerns were on second shift.</p>	F 353	<p>All licensed nursing staff were re-educated 1-25-2012 by Director of Nursing and Assistant Director of Nursing about documentation and the importance for providing the necessary care and services in a timely manner to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the resident's comprehensive assessment and plan of care.</p> <p>All new employees will be educated by Regional Education Director, Director of Nursing or Assistant Director of Nursing on the importance for providing the necessary care and services in a timely manner to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident's comprehensive assessment and plan of care during their department orientation.</p> <p>Until 24/7 registered nurse coverage is achieved, facility will continue to provide sufficient registered nurse (RN) coverage to administer the heparin additive to the peritoneal dialysis (PD) fluids for resident #1 per physician order of four times a day each 24 hour period to ensure facility is providing the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident</p>		



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F 353	Continued From page 13 Interview with the DON, ADON and Corporate Nurse, on 12/29/11 at 4:00 PM, revealed they were aware of the concerns of inadequate staffing from the grievance logs and felt things had improved. When informed of the information that twenty-seven (27) of forty-seven (47) days the facility was not adequately staffed based on the staffing pattern numbers previously provided, the ADON stated "I believe the number is below 62 when staffing drops". They acknowledged that was not a full team (going from 65-62) resulting in the loss of a CNA on all three shifts. At this point all three stated they had realized they needed to change the ratio and had been discussing the issue with the corporation since the standard survey on 11/09/11, because those same issues had been discussed. They stated they had gotten the approval to change the staffing ratio to 54 before they would drop staff. When questioned when this had been put into effect, they responded "today".	F 353	Continued on Page 14A		



#1 comprehensive assessment and plan of care.

All nursing staff (including CNA's) were re educated by Director of Nursing and Assistant Director of Nursing on 1-25-2012 on grievance policy and to bring all resident concerns and grievances to their supervisor, Director of Nursing, Assistant Director of Nursing, or Administrator.

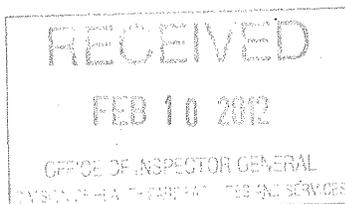
All new employees will be educated by Regional Director of Education, Director of Nursing or Assistant Director of Nursing to bring all resident concerns and grievances to their supervisor, Director of Nursing, Assistant Director of Nursing or Administrator.

Activity Director was educated on 12-30-2011 to interview all new admissions within first week of admission to obtain their care needs, desires and preferences and report these to Director of Nursing or Assistant Director of Nursing to ensure that each residents plan of care is updated to reflect their individual needs. All residents plan of care were reviewed and updated by 1-22-2012 to ensure their care needs, desires and preferences were reflective of their individual needs.

4.

Director of Nursing, Assistant Director of Nursing, or Unit Manager will conduct a call light audit every shift for 7 days, then daily for 7 days, then once weekly for 10 weeks to ensure the facility has 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.

Each Department manager participating in the Caring Partner



Program will interview their assigned residents and/or family at least weekly (Starting for the week of 1-22-2012 and will continue for the next 12 weeks) to ensure they do not have any concerns related to inadequate staffing to ensure facility has 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.

Director of Nursing or Assistant Director of Nursing will review (Starting 12-28-2011) Daily Staffing Sheets 5 days a week for 12 weeks and adjust staff to accommodate resident census and resident acuity along with desire, needs and preferences to ensure facility has 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.

Facility will continue to provide and Director of Nursing and Assistant Director of Nursing will ensure sufficient registered nurse (RN) coverage is scheduled to administer the heparin additive to the peritoneal dialysis (PD) fluids for resident #1 per physician order of four times a day each 24 hour period to ensure facility is providing the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with resident #1 comprehensive assessment and plan of care and to ensure facility has 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

Continued on Page 14B

determined by resident assessments and individual plans of care.

Director of Nursing, Assistant Director of Nursing, or Unit Manager will conduct a daily audit of the Medication Administration Record 5 times a week for 12 weeks of random residents to ensure physician orders are being carried through in a timely manner and completed as ordered.

Grievances will be reviewed (at least monthly for January, February, and March) by Regional Director of Clinical Services and/or RDO randomly over the next 3 months to ensure that resident concerns are being addressed and taken care of in accordance with the grievance policy and procedure.

This Plan of Correction for Sufficient 24-Hour Nursing Staff Per Care Plans compliance monitoring was reviewed and approved by the facility's Performance Improvement Quality Committee on 2/8/2012 and will be integrated into the facility's performance improvement quality system where results will be reviewed and monitored by the Performance Improvement Quality Committee for ensuring on-going compliance for the next 3 months. If at any time concerns are identified during this monitoring process, the Performance Improvement Quality Committee will be convened to analyze and recommend any further interventions, as deemed appropriate.

Compliance date: February 10, 2012

