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

PRINTED: 05/02/2013
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185272 | A. BUILDING _____<br>B. WING _____ | C<br>04/18/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MCCRACKEN NURSING AND REHABILITATION CENTER | 867 MCGUIRE AVE.<br>PADUCAH, KY 42001 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>An abbreviated survey (KY #19999) was initiated on 04/16/13 and concluded on 04/18/13 to determine the facility's compliance with Federal requirements. KY #19999 was substantiated with deficiencies 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 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 ten (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 time frame should in no way be construed or considered as an agreement with the allegations of noncompliance or admission by the facility. The plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements. | |
| F 281<br>SS=D | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS<br><br>The services provided or arranged by the facility must meet professional standards of quality.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure services provided or arranged by the facility met professional standards of quality for one resident (#1), in the selected sample of three residents. The facility failed to develop an interim care plan which addressed the goals and interventions to meet the needs of Resident #1 related to tracheostomy care.<br><br>Findings include:<br><br>A review of the facility's Preliminary Care Plan Policy from the Nursing Services Policy and Procedure manual (last revised August 2006) revealed "A preliminary plan of care to meet the resident's immediate needs shall be developed for each resident within twenty-four hours of admission." | F 281 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Marjorie Ingram | NHA | 05/10/2013 |

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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| F 281 | Continued From page 1<br>A record review revealed the the facility admitted Resident #1 on 03/28/13 with diagnoses to include Subglottis Stenosis and Post Operative Tracheostomy Status. Further review revealed the resident was sent to the hospital for evaluation after his/her tracheostomy tube came out and could not be reintroduced by staff on 03/31/13 at 1:00 AM. Resident #1 was transferred back to the facility at 4:10 AM. Resident #1 was again sent to the hospital, on 04/01/13 at 8:15 AM, for an evaluation when his/her tube was dislodged and suctioning could not be provided to the resident. Review of the interim care plan revealed there were no interventions to address the resident's tracheostomy care.<br><br>An interview with Registered Nurse (RN) #1, on 04/17/13 at 10:23 AM, revealed she completed the resident's admission to the facility and initiated a standard care plan. She stated care plans were added as needed according to the resident's needs. She revealed she observed the tracheostomy dressing upon admission and provided suctioning.<br><br>An interview with Licensed Practical Nurse (LPN) #1, on 04/17/13 at 12:00 PM, revealed she provided tracheostomy care for Resident #1 after he/she returned from the hospital; however, she did not initiate a care plan to address tracheostomy goals or interventions.<br><br>An interview with LPN #2, on 04/17/13 at 12:14 PM, revealed she provided tracheostomy care for Resident #1 before he/she was transferred to the hospital and upon return from the hospital. She stated she did not initiate a care plan to address | F 281 | 1. Resident #1 no longer resides at this facility. Was discharged on April 1, 2013. .<br>2. On 05/10/203, an audit was conducted by the Director of Nursing/ Assistant Director of Nursing/and Unit Managers on all residents in the facility with to ensure each resident had care plans developed that address their specific needs. No concerns identified during the audit.<br>3. All licensed nurses were re-educated by the Director of Nursing/Assistant Director of Nursing on 5/10/2013 on developing and updating care plans to meet the needs of the resident on admission.<br>4. The Director of Nursing/ Assistant Director of Nursing and/ or Unit Managers will review all new residents' charts daily Monday through Friday for four (4) weeks, then weekly for eight (8) weeks to ensure that each patient has care plans that are developed upon the time of admission that addresses the needs of the resident. The results of these audits will be forward to the Quality Assurance Committee monthly for three (3) months for further recommendations. If at anytime concerns are identified, the Quality Assurance committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, and the Social Services Director with the Medical Director attending at least quarterly. | 05/15/2013 |

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| F 281 | Continued From page 2 the tracheostomy goals or interventions.<br><br>An interview with RN #2, on 04/17/13 at 12:52 PM, revealed she spoke with Resident #1, on 03/31/13, about his/her tracheostomy tube, but did not initiate a care plan to address his/her tracheostomy goals or interventions.<br><br>An interview with the Assistant Director of Nursing (ADON), on 04/17/13 at 12:40 PM, revealed she was notified about Resident #1 being sent to the hospital for his/her tracheostomy tube being "coughed out" on 03/31/13; however, she revealed she did not instruct the staff to initiate a care plan to address tracheostomy goals or interventions. She revealed she expected the staff to initiate an interim care plan to address the immediate care needs of the resident, as well as update the care plan.<br><br>An interview with the Administrator, on 04/17/13 at 1:57 PM, revealed she expected the staff to initiate a care plan to address the tracheostomy care needs of the resident after being hospitalized, due to the resident's condition. | F 281 | | |