

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

PRINTED: 09/27/2012
FORM APPROVED
OMB NO. 0938-0391

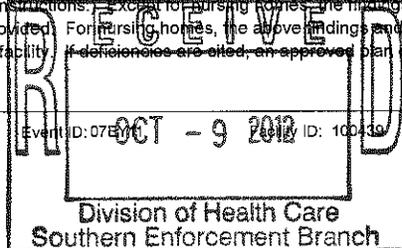
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2012
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NAME OF PROVIDER OR SUPPLIER LORETTO MOTHERHOUSE INFIRMARY	STREET ADDRESS, CITY, STATE, ZIP CODE 515 NERINX ROAD NERINX, KY 40049
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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	F 000		
F 502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of facility guidelines, the facility failed to provide laboratory services for one of fifteen sampled residents (Resident #1). Resident #1 had a physician's order for a Lipid panel to be obtained on 07/30/12. However, a review of documentation conducted on 09/12/12 revealed the laboratory test was not obtained in July 2012. The findings include: Review of the facility's guidelines for Labs revealed lab tests would be done as ordered by the physician. The guidelines noted prior to each physician visit the Director of Nurses (DON) or designee would review the chart to ensure that labs were obtained as ordered. A review of the medical record revealed the facility admitted Resident #1 on 06/30/09 with diagnoses of Depression, Hypertension, Hyperpotassemia, Diabetes Mellitus, Type II, and Senile Dementia. A review of the 07/30/12 physician's orders revealed a Lipid (Total Cholesterol, Triglycerides, Cholesterol HDL) panel, Comprehensive Metabolic Panel (CMP), Complete Blood Count (CBC), and a Thyroid</p>	F 502	<p>Corrective action for Resident #1 was achieved when the correct lab test was completed per physician orders. The lab for a Lipid Panel was drawn on 09/20/12 and lab test results were forward to the physician for review on 09/21/12. There were no new orders from the physician following a review of the faxed lab results or after his in-house visit on 10/02/12.</p> <p>A review of current labs was conducted to identify other residents having the potential to be affected by the deficient practice. This review was completed by a Quality Assurance focus group and no other residents were identified as having the potential to be affected by the deficient practice.</p> <p>(continued on page 2)</p>	10/02/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Michelle Essey* TITLE: *Administrator* (X6) DATE: *10/3/12*

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



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NAME OF PROVIDER OR SUPPLIER LORETTO MOTHERHOUSE INFIRMARY			STREET ADDRESS, CITY, STATE, ZIP CODE 515 NERINX ROAD NERINX, KY 40049		
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F 502	<p>Continued From page 1</p> <p>Stimulating Hormone (TSH) level were to be obtained every six months. The physician's orders indicated the lab test was due to be conducted in July 2012.</p> <p>A review of the laboratory tests revealed a CMP, CBC, and TSH was obtained on 07/10/12; however, there was no evidence the facility obtained a Lipid Panel in July 2012. Continued review of the medical record revealed staff obtained a Lipid panel on 01/18/12, six months prior to the test ordered for 07/30/12, and at that time the resident's Lipid panel revealed the resident's Total Cholesterol was out of normal range at 257 mg/dL (normal range 11-199 mg/dL), the Triglycerides were out of normal range at 486 mg/dL (normal range 0-149 mg/dL), and the HDL (high density lipoprotein) Cholesterol was out of normal range at 37 mg/dL (normal range >39 mg/dL).</p> <p>Interview conducted with Licensed Practical Nurse (LPN) #2 on 09/12/12, at 10:15 AM, revealed the facility staff nurses were responsible to obtain lab specimens as ordered by the resident's physician. LPN #2 stated she obtained a lab specimen for Resident #1 on 07/10/12 for the six-month routine lab tests. The LPN stated she failed to mark the box for Lipid Panel on the lab requisition slip and the lab test was not conducted as ordered.</p> <p>Interview with the Director of Nursing (DON) on 09/12/12, at 12:00 PM, revealed the facility did not have a policy related to obtaining lab tests. The DON stated the lab guidelines were utilized to ensure lab tests were performed as ordered by the resident's physician. The DON stated she routinely checked the lab test orders/results when the physician's 60-day orders were reviewed, prior to the physician's visit to the facility, to</p>	F 502	<p>(continued from page 1)</p> <p>The following measures have been put in place to make sure the deficient practice will not recur. A Lab and Diagnostic Test Policy and Procedure has been developed to ensure that quality lab services are provided and obtained per physician orders to meet the needs of the residents in a timely manner (see attachment A: Lab Policy). A Lab Tracking Log as a Quality Assurance tool has been implemented to ensure that the lab ordered was drawn correctly, results received, and the physician notified timely (see attachment B: Lab Tracking Log). This Log will be audited by being compared to the lab order form carbon copy to confirm the correct lab test was completed and will be reviewed by Quality Assurance to evaluate the quality and timeliness of the lab service.</p> <p>The Administrator will monitor compliance and evaluate the effectiveness of the Lab Services Policy by reviewing the audited Lab Tracking Logs with the Quality Assurance focus group.</p>	11/10/2012	

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NAME OF PROVIDER OR SUPPLIER LORETTO MOTHERHOUSE INFIRMARY			STREET ADDRESS, CITY, STATE, ZIP CODE 515 NERINX ROAD NERINX, KY 40049		
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F 502	Continued From page 2 ensure lab tests were obtained as ordered. The DON stated Resident #1's physician was not due to visit the facility until the end of September 2012, she had not checked the lab orders and, as a result, she failed to identify the Lipid Panel was not obtained as ordered.	F 502			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185276	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/11/2012
NAME OF PROVIDER OR SUPPLIER LORETTO MOTHERHOUSE INFIRMARY			STREET ADDRESS, CITY, STATE, ZIP CODE 515 NERINX ROAD NERINX, KY 40049		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: 3 story, Type II (222)</p> <p>SMOKE COMPARTMENTS: 7</p> <p>FIRE ALARM: Complete automatic fire alarm system.</p> <p>SPRINKLER SYSTEM: Complete automatic (wet) sprinkler system.</p> <p>GENERATOR: Type II diesel generator.</p> <p>A life safety code survey was initiated and concluded on 09/11/12, for compliance with Title 42, Code of Federal Regulations, 483.70(a) and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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