

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

Acceptable
Amended POC

PRINTED: 01/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/07/2015
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NAME OF PROVIDER OR SUPPLIER HERITAGE HALL HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 331 SOUTH MAIN STREET LAWRENCEBURG, KY 40342
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F 000 INITIAL COMMENTS

F 000

An Abbreviated Survey, investigating KY00022620, was initiated on 01/06/15 and concluded on 01/07/15. KY00022620 was unsubstantiated with unrelated deficiencies cited at a highest Scope and Severity of a "D".

F 279 483.20(d), 483.20(k)(1) DEVELOP SS=D COMPREHENSIVE CARE PLANS

F 279

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 interview and record review, it was determined the facility failed to develop a Comprehensive Care Plan to address the physical and verbal behaviors identified on residents' behavioral assessments for one (1) of

The preparation and execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiency. This Plan of Correction is prepared and executed solely because it is required by Federal and State Law.

F279

Resident #1 expired on 1-2-15

Social Service Director is reviewing all documentation on Caretracker reports of all behaviors that have been documented over the past 6 months to assure all behavior care plans have been identified and developed. This review will be complete by 2-10-15.

2-19-15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dana Smith</i>	TITLE Administrator	(X8) DATE 2-10-15
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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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F 279

Continued From page 1
four (4) sampled residents (Resident #1).

Review of Resident #1's behavior symptom assessment on the Quarterly Minimum Data Set (MDS), dated 12/12/14, revealed the facility had assessed the resident to have physical and verbal behavioral symptoms directed towards others. However, Resident #1's Comprehensive Care Plan contained no documented evidence the behavioral problems were addressed.

The findings include:

Interview with the Director of Nursing (DON) on 01/07/15 at 5:06 PM, revealed the facility had no policy related to creating and developing residents' Comprehensive Care Plans, but the expectation was for the MDS guideline process and standards of care to be followed, and residents' Comprehensive Care Plans developed as assessed and needed.

Review of Resident #1's closed medical record revealed the facility admitted the resident on 12/05/13, with diagnoses which included Diabetes Mellitus, Chronic Kidney Disease, Hepatic Encephalopathy (confusion/altered level of consciousness resulting from liver failure), Obesity, Magnesium Metabolism Disorder and Anxiety. Record review revealed Resident #1 "expired" on 01/02/15. Review of the Quarterly MDS Assessment, dated 12/12/14, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score indicating severe cognitive impairment. Continued review of the Quarterly MDS Assessment revealed Resident #1 was assessed by the facility as having physical and verbal behavioral symptoms, such as hitting, kicking,

F 279

F279 Continued

Re-education will be provided to the Social Services Director on developing behavior care plans by the Director of Nursing and the Assistant Director of Nursing on 2-11-15. Education on developing behavior care plans for the Social Service Director will be repeated on 2-17-15 and will be conducted by the Corporate Nurse Consultant. The Social Service Director will be responsible to ensure the behavior care plan is developed as appropriate.

Social Service Director will continue to review behaviors using the Caretracker report each day and will identify and develop behavior care plans as appropriate.

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F 279 Continued From page 2
 pushing, scratching, grabbing, threatening, screaming and cursing towards others which had occurred one (1) to three (3) days during the assessment period.

Review of the facility's Behavior Symptoms Assessment document revealed dates of 12/08/14 and 12/10/14. Review of the behavior symptoms assessed on 12/08/14, revealed Resident #1 had one (1) incident of physical behavioral symptoms directed at others. Review of the behavioral symptoms assessed on 12/10/14, revealed Resident #1 had one (1) incident of verbal symptoms directed at others. Continued review of the document revealed those were the behavioral symptoms assessed during the Quarterly MDS observation period.

Review of the facility's "Corporate Behavior Detail Report" revealed on 12/08/14 at 12:30 PM, Resident #1 "hit" staff, and on 12/10/14 at 5:00 AM the resident "screamed" and "cursed" at staff.

Interview, on 01/06/14 at 6:01 PM, with State Registered Nursing Assistant (SRNA) #3 revealed Resident #1 was more confused during the last month he/she had resided at the facility. Per interview, Resident #1 had said things which did not always make sense. In addition, SRNA #3 stated Resident #1 was never combative with her, but she had heard the resident was combative at times with staff.

Interview, on 01/06/14 at 2:37 PM, with SRNA #8 revealed "about" the last month before Resident #1 passed away he/she was cognitively impaired. SRNA #8 stated when she went into Resident #1's room one (1) morning before the resident passed away he/she was confused and threw a

F 279

F279 Continued
 Assistant Director of Nursing will review care plans for all residents with reported behaviors each month for 3 months and then quarterly for 2 quarters. The first review will be completed by 2-18-15. The findings will be reported by the Director of Nursing for review by the facility Quality Assurance Committee to determine the need for additional reviews.

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F 279	<p>Continued From page 3 glass of liquid at the SRNA.</p> <p>Interview, on 01/07/15 at 10:51 AM, with Licensed Practical Nurse (LPN) #1 revealed she had cared for Resident #1 routinely prior to his/her death. Per interview, Resident #1's mental condition fluctuated and had declined prior to his/he death. LPN #1 stated Resident #1 "got angry" at times and could be combative; however, had not ever been combative towards her.</p> <p>Interview, on 01/07/15 at 2:09 PM and 4:00 PM, with the Social Services Director (SSD) revealed she performed the MDS behavioral assessments and created residents' behavior care plans for the facility. The SSD revealed she documented Resident #1 to have verbal and physical behaviors on the resident's 12/12/14 MDS Assessment. Per interview, she had gathered the information regarding Resident #1's behaviors after reviewing the December 2014 "aide behavior tracker" which contained documentation of Resident #1 having one (1) physical and verbal behavioral episode. The SSD further revealed she didn't know how it was missed, but after the MDS Assessment dated 12/12/14, Resident #1 had needed a behavioral care plan developed to address his/her behavior problems and provide interventions.</p> <p>Continued interview, on 01/07/15 at 5:06 PM, with the DON revealed it was the SSD's responsibility to create residents' behavior care plans. The DON revealed Resident #1 was assessed to have had verbal/physical behavioral issues on the 12/12/14 MDS Assessment. Per interview, a behavioral care was supposed to be created for Resident #1, based on the MDS Assessment, to identify the problem and interventions to prevent</p>	F 279		2-19-15
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F 279 Continued From page 4
and/or address his/her behavior problems.

F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED
SS=D PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined the facility failed to provide care in accordance with each resident's written plan of care for one (1) of four (4) sampled residents (Resident #1).

Review of the Minimum Data Set (MDS) Assessment, dated 12/12/14, revealed Resident #1 required supervision with eating and two (2) person physical assist. Resident #1's Comprehensive Care Plan noted the resident required two (2) staff in the resident's room when providing care. However, based on staff interview only one (1) aide provided care for the resident at times in his/her room when assisting him/her with eating.

The findings include:
Interview, on 01/07/15 at 5:06 PM, with the Director of Nursing (DON) revealed the facility had no policy related to following the plan of care; however, her expectation was for staff to follow residents' care plan interventions.
Review of Resident #1's closed medical record

F 279
F 282

F 282
Resident #1 expired on 1-2-15.
Care plans for all residents will be reviewed by Director of Nursing, Assistant Director of Nursing and QA Nurse by 2-18-15 to ensure appropriateness.
Walking rounds to include one on one observations of all residents will be completed by 2-18-15 by the Director of Nursing, Assistant Director of Nursing and Unit Coordinators to assure and observe accurate implementation of the care plan.
In-services for all nursing staff will be held beginning 1-30-15 through 2-6-15 for all nursing staff on following care plans.

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F 282: Continued From page 5

revealed the resident was initially admitted to the facility on 12/05/13, and had diagnoses which included Hepatic Encephalopathy (confusion/altered level of consciousness resulting from liver failure), Diabetes Mellitus, Chronic Kidney Disease and Magnesium Metabolism Disorder. Review of the 12/12/14, Quarterly Minimum Data Set (MDS) Assessment for Resident #1 revealed a Brief Interview for Mental Status (BIMS) score of five (5) which indicated the resident had severe cognitive impairment. Continued review of the MDS Assessment revealed the facility assessed Resident #1 as requiring two (2) person physical assistance with eating.

Review of Resident #1's Comprehensive Care Plan, dated October 2014, revealed a care plan with a "problem/need" of the resident requiring staff's assistance with Activities of Daily Living (ADLs) with an intervention of two (2) "people" in the resident's room when providing care. Review of Resident #1's aide care plan revealed two (2) people were required when care was provided in the room.

Interview, on 01/07/15 at 3:39 PM with the MDS Coordinator revealed Resident #1 had a history of making allegations of abuse against staff, so his/her Comprehensive Care Plan was revised to have two (2) staff assist with all ADLs. Per interview, the purpose of this intervention was for there to be a "witness available". Therefore, there should always be two (2) staff providing care for Resident #1 in his/her room.

Interview, on 01/06/14 at 5:40 PM and on 01/07/15 at 4:19 PM with State Registered Nursing Assistant (SRNA) #2 revealed she

F 282

F 282 Continued

This in-service will be repeated each month for 3 months and then will be repeated every 6 months for a year. All newly hired nursing staff will be trained on importance of following care plans during orientation.

The Unit Coordinators will continue to complete walking rounds twice daily and will monitor 10 residents per hall to ensure that care plans are being followed. The unit coordinators will report results of rounds to the Director of Nursing, and the Assistant Director of Nursing.

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F 282 Continued From page 6

routinely cared for Resident #1 and was aware he/she had made allegations of staff abuse in the past. SRNA #2 revealed Resident #1's care plan was for two (2) staff to provide care in his/her room; however, she felt this needed to be clarified because assistance was based on the type of care provided. Per interview, when she assisted Resident #1 with meals in his/her room, another aide was not in the room with her and the resident. SRNA #2 stated however, if the care plan was for two (2) staff to be present in Resident #1's room during care, then another aide was supposed to be present when he/she was being assisted with eating.

Interview, on 01/07/15 at 4:34 PM, with the Assistant Director of Nursing (ADON) revealed she created the facility residents' aide care plans which included Resident #1's aide plan. The ADON revealed Resident #1's Comprehensive Care Plan had an intervention for two (2) staff to be in the room when care was provided. Per interview, the care plan was not specific to the care being performed as the intervention was related to Resident #1's previous allegations of staff abuse and was to help "cover all bases" due to his/her confusion. According to the ADON, there should be two (2) staff assisting with Resident #1's care provided in his/her room.

Continued interview, on 01/07/15 at 5:06 PM, with the DON revealed the intervention on Resident #1's Comprehensive Care Plan for two (2) person assistance with ADLs was to protect the staff related to the resident's prior accusation of staff abuse. The DON revealed it appeared the intervention was not "made clear to staff". She stated she expected staff to follow residents' care plans, therefore there should have been two (2)

F 282

F 282 Continued

The Director of Nursing will report on compliance of following care plans no less than quarterly to the facility Quality Assurance Committee for 3 quarters then as directed by the Quality Assurance Committee to ensure sustained compliance.

2-19-15

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F 282 Continued From page 7
staff in Resident #1's room when care was being provided, as per his/her care plan.

F 282

2-19-15