

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

RECEIVED
JUL 09 2010

PRINTED: 06/23/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2010
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NAME OF PROVIDER OR SUPPLIER TREYTON OAK TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 211 WEST OAK STREET LOUISVILLE, KY 40203
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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 A standard health survey was conducted 06/08/10 through 06/10/10 with investigation of complaint KY #14573. The complaint was found to be unsubstantiated. Deficiencies were cited with the highest scope and severity of a D with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157	see attached	6/28/10

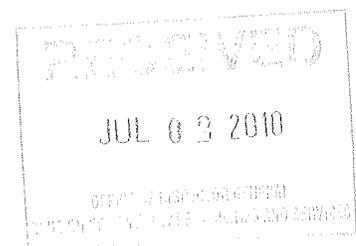
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Orlando H. George TITLE: Asst. Executive Director (X6) DATE: 7/1/10

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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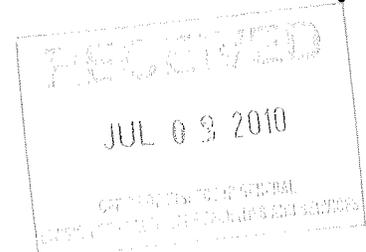
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F 157	<p>Continued From page 1</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to consult with Resident #4's physician regarding a change in Resident #4's physical/mental status in regards to the resident's refusal to wear his/her prescribed heel protectors, or to offload his/her heels on pillows while in the bed.</p> <p>Resident #4 was admitted to the facility on 01/23/09 status post fall with trauma, macular degeneration, spinal stenosis, deafness, diabetes mellitus type II, respiratory disease, hypertension, sleep apnea, vascular disease, and depression.</p> <p>Observation of Resident #4 on 06/08/10 at 3:00pm, 4:00pm, 4:15pm, and 5:00pm revealed Resident #4 in bed without prescribed heel protectors in place, or heels offloaded off of the mattress with legs elevated with pillows. Resident #4's heels were observed lying on the surface of the bed mattress.</p> <p>Observation of Resident #4 on 06/09/10 at 3:00pm and 4:00pm revealed the resident in his/her bed without his/her heel protectors in place. Resident #4's heels were observed lying on the surface of the bed mattress.</p> <p>Observation of Resident #4 on 06/10/10 at 2:30pm revealed the resident in bed without the heel protectors in place. Resident #4's heels were observed lying on the surface of the bed</p>	F 157			



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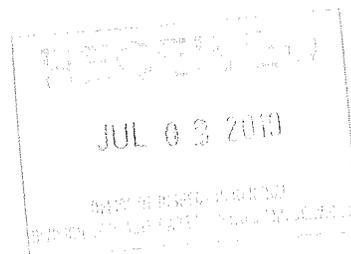
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F 157	<p>Continued From page 2 mattress.</p> <p>Observation of Resident #4 on 06/10/10 at 3:30pm revealed the resident was in the bed with a pillow under the legs and the heels resting on the pillow. Resident #4's heels were not floated or offloaded but remained in contact with the pillow surface.</p> <p>Record review of Resident #4's written physician order dated 05/17/10 revealed that heel protectors were to be applied to both heels while in the bed.</p> <p>Record review of Resident #4's Physician's Order Form dated June 2010 revealed that the resident was to have heel protectors on both heels and both the heels were to be elevated off of the bed by using a pillow.</p> <p>Interview on 6/10/10 at 2:00pm with the Director of Nursing revealed that if a resident had a physician's order, the order should be followed. She stated that the physician should have been notified if the resident was non-compliant with wearing the heel protectors and/or offloading the heels on a pillow.</p> <p>Interview with CNA #1 on 6/10/10 at 2:45pm revealed Resident #4 had a sore on the right heel and that the resident was required to wear heel booties while in the bed. She stated that the resident would not wear the heel protectors because they caused his/her feet to swell, and Resident #4 would not elevate his/her heels on pillows because elevation caused his/her left hip to hurt.</p> <p>Interview on 6/10/10 at 2:45pm with Licensed</p>	F 157		



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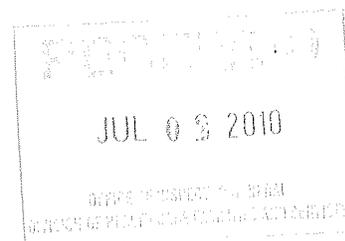
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F 157	Continued From page 3 Practical Nurse #1 revealed that Resident #4 had previous skin break down on the heel, and that it was nursing staff's responsibility to follow the doctor's order for heel protection. She stated the resident disliked the heel protector boots, and she believed the physician knew that but she had not personally contacted him. Interview on 6/10/10 at 3:15pm with LPN # 2 revealed that Resident #4 did refuse to wear the heel protectors. She stated the physician should have been notified about Resident #4's refusal and another therapy initiated that was more comfortable to the resident. Record review of Resident #4's medical record did not indicate that the physician had been notified of the resident's refusal to wear the heel protector boots, or to elevate his/her feet on a pillow. Review of the facility policy titled Notification of Changes in a Resident's Condition (no date) stated that the licensed nurse shall be responsible for assessing the resident and notifying the resident's attending physician, the director of nursing, and the MDS coordinator when: The resident refuses treatments that have the potential for serious negative outcomes. All notification must be made as soon as practical, but in no case shall such notification exceed twenty-four (24) hours. All attempts to make notifications will be documented in the nurse's notes.	F 157			
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a	F 253	see attached	6/11/10	



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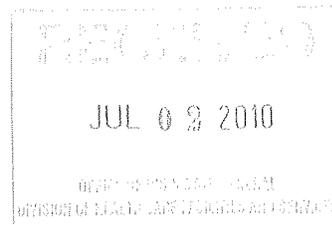
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F 253	Continued From page 4 sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to maintain services necessary to maintain a sanitary interior. One (1) out of twenty-two (22) resident bath rooms had brown stained ceiling tiles. Observation of Resident room number 246 on 06/09/10 at 9:00am revealed a dried brown substance on the ceiling tiles of the bathroom. Record review of the facility's Monthly Maintenance Inspection Checklist HealthCare Center Rooms dated 05/01/2010 does not indicate any staining or brown discoloration on the ceiling tile of room 246. Interview on 06/10/10 at 11:30am with the Maintenance Director revealed that he or one of the maintenance workers made rounds throughout the resident 's room s once a week, usually on Mondays. He stated he had not observed the brown stained tiles, and that the staining could be related to an overflowed toilet from an above room. He stated he was not aware of the stained ceiling.	F 253		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED 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.	F 282	see attached	6/28/10



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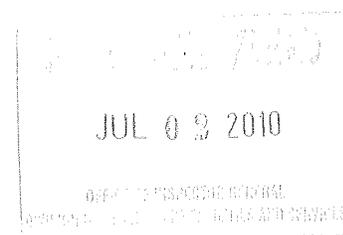
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F 282	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to follow the plan of care for one (1) of twelve (12) sampled residents. Resident #4 was observed not to wear prescribed heel protectors or offload his/her heels with a pillow while in the bed as per the Nursing Care Plan. Resident #4 was admitted to the facility on 01/23/09 status post fall with trauma, macular degeneration, spinal stenosis, deafness, diabetes mellitus type II, respiratory disease, hypertension, sleep apnea, vascular disease, and depression. Observation of Resident #4 on 06/08/10 at 3:00pm, 4:00pm, 4:15pm, and 5:00pm revealed Resident #4 in the bed without heel protectors in place. Resident #4's heels were observed lying on the surface of the bed mattress. Observation of Resident #4 on 06/09/10 at 3:00pm and 4:00pm revealed the resident in the bed without heel protectors in place. Resident #4's heels were observed lying on the surface of the bed mattress. Observation of Resident #4 on 06/10/10 at 2:30pm revealed the resident in his/her bed without heel protectors in place. Resident #4's heels were observed lying on the surface of the bed mattress Observation of Resident #4 on 06/10/10 at 3:30pm revealed the resident in the bed with a pillow under the legs and his/her heels resting on the pillow. Resident #4's heels were not floated	F 282		

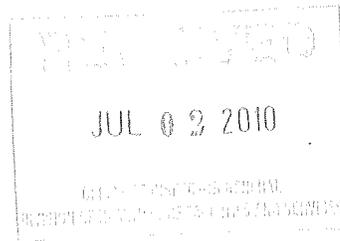


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F 282	<p>Continued From page 6</p> <p>or offloaded but remained in contact with a pillow surface.</p> <p>Record review of Resident's #4 Resident Care Plan revealed the resident was to wear heel protectors and have both of his/her heels off the bed.</p> <p>Interview with CNA #1 on 06/10/10 at 2:45pm revealed Resident #4 had a healed sore on the right heel, and that the resident was required to wear heel booties while in the bed. CNA #1 stated that the heel protectors had not been applied because the resident did not like them, and the heels were not up on a pillow because Resident #4 stated that elevating his/her legs caused pain. She was unsure if the nurses knew this or not.</p> <p>Interview on 06/10/10 at 2:45pm with Licensed Practical Nurse #1(LPN #1) revealed that Resident #4 had a skin break on the right heel in the past, and she stated it was ultimately her responsibility to follow the Care Plan to maintain heel protection. She stated she would check on the application of the resident's heel protectors and offloading more often. She did not want the resident to develop another heel ulcer. She continued to state that the resident should have worn the heel protectors while the resident was in the bed as outlined per the Comprehensive Care Plan.</p> <p>Record review of the Facility's Care Plans-Comprehensive Policy dated August 2006 stated the purpose of the care plan is to identify the professional services that are responsible for each element of care.</p>	F 282		





F157

The on-call physician for resident #4 was notified of her refusal to allow the current ordered intervention for heel protectors of floating heels while in bed on 6/10/10. A new order for alternative intervention was received and approved by resident #4's attending physician on 6/10/10. Reassessment of skin condition of resident #4 6/10/10 and current medical treatment with effectiveness evaluated at that time. With the new order change it is expected that the medical treatment will increase it's effectiveness within the 1-2 weeks. The POA of #4 was also notified of the change of physician order for treatment for resident #4 on 6/10/10 with agreement with noted change. Nursing staff was re-educated by the DON on 6/28/10 for review of current policies; non-licensed staff responsibility to immediately notify charge nurse of any resident refusal of care as identified in their plan of care; the licensed staff responsibilities to follow existing policies regarding completion of the Resident Change/Alert Notification report, notification of the attending physician of ongoing refusal of care, notification of the responsible party of any change in treatment interventions, updating of the resident's plan of care to reflect any change interventions and to communicate these care plan changes to the non-



F157 (cont)

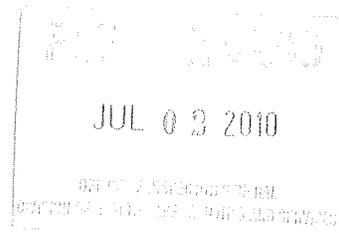
licensed staff responsible for direct care services as well as the following shifts through report.

Orientation content for all new nursing employees will highlight this content. Identified licensed staff who failed to follow policy and accurately reflect the resident care in the medical record have been counseled and/or disciplined as deemed appropriate. A post-test was provided to assure understanding of in-service content.

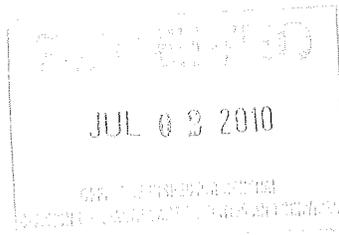
100% of other residents with orders for heel protectors or off-loading of heels when in bed/chair was completed on 6/28/10 with no further occurrences of consistent refusal of care by other residents. All protective devices were in place as ordered for each of these residents. The current policy/procedures in place regarding notification of physician, DON, and RAI coordinator as well as comprehensive care plans have been reviewed deemed to remain appropriate as written. The DON will conduct daily randomly timed observations of all residents with orders for skin protection devices to assure 100% compliance of nursing staff, including all shifts. If 100% compliance is observed x 1 week, weekly randomly timed observation will occur x 4 weeks, then monthly if 100% compliance is

consistently achieved. Report of these audits will be provided to the RAI Coordinator for consistency with care plan follow-up to be completed by the RAI Coordinator. Any staff member(s) found to be non-complaint with stated responsibilities will be disciplined per facility protocol.

Correction Date: 6/28/10.



F282



On 6/10/10, resident #4 comprehensive care plan was reviewed and revised to include the change in intervention for skin protection of the heels while in bed. Re-education of the resident is on-going to assure understanding of the importance of acceptance of the physician ordered care. Nursing staff was re-educated by the DON on 6/28/10 for review of current policies; non-licensed staff responsibility to immediately notify the charge nurse of any resident refusal of care as identified in their plan of care; the licensed staff responsibilities to follow existing policies regarding completion of the Resident Change/Alert Notification report, notification of the attending physician on-going refusal of care, notification of the responsible party of any change in treatment interventions, updating of the resident's plan of care to reflect any change in interventions and outcome to communicate these plan changes to the non-licensed staff responsible for direct care service as well as the following shifts through shift report. Orientation content for all new nursing employees will highlight this content. Identified licensed staff who failed to follow policy and accurately reflect the residents care in the medical record have been counseled and /or disciplined as deemed appropriate.

A post-test was provided to assure understanding of in-service content.

100% audit of care plans for each resident with physician ordered skin protection interventions was completed on 6/28/10 to assure accuracy with current orders. No inaccuracies were identified. The RAI Coordinator will immediately audit care plan revisions upon receipt of the Resident Change/Alert Notification report from the licensed nursing staff to assure accuracy of care plan interventions and inclusion of these revisions upon the receipt of the Resident Change/Alert Notification report from the licensed nursing staff to assure accuracy of care plan interventions and inclusion of these revision onto the nursing assistant care plan. Any future discrepancies between orders care plans, and staff performance will be immediately addressed with appropriate disciplinary measures per facility protocol.
Completion Date: 6/28/10.



TREYTON OAK TOWERS

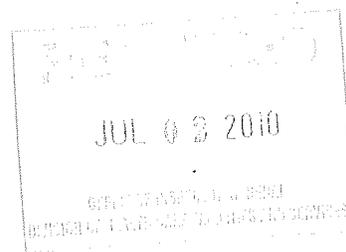
Notification of Changes in a Resident's Condition

POLICY:

It is the policy of this facility to notify the resident, his or her attending physician, responsible party, director of nursing and MDS coordinator of changes in the resident's condition.

PROCEDURE:

1. The licensed nurse shall be responsible for assessing the resident, obtaining vital signs and notifying the resident's attending physician, the director of nursing and the MDS coordinator when:
 - a. The resident is involved in any accident or incident;
 - b. There is a significant change in the resident's physical, mental or emotional status;
 - c. The resident refuses treatment or medications that have the potential for serious negative outcomes;
 - d. There is a need to transfer or discharge the resident from the facility; and/or
 - e. It is deemed necessary or appropriate for the best interest of the resident.
2. All changes in the resident's medical condition must be properly recorded in the resident's medical record, on the 24 hour report and the Resident Change/Alert Notification form (copy attached) completed.
3. The licensed nurse shall be responsible for notifying the resident, his or her next-of-kin, or the responsible party, as each case may apply, when:
 - a. The resident is involved in any accident or incident;
 - b. There is a significant change in the resident's physical, mental or emotional status (e.g., life threatening situations, development of a stage II pressure sore, weight loss/gain, onset or recurrent periods of delirium, change of condition that requires physician intervention);
 - c. A decision has been made to discharge the resident from the facility; and/or
 - d. It is necessary to transfer the resident to the hospital.
4. All notification must be made as soon as practical, but in no case shall such notification exceed twenty-four (24) hours. All attempts to make notification will be documented in the nurses notes.



Resident Change/Alert Notification

Resident Name: _____ Room #: _____

Date change was identified: _____

Describe resident's change in detail: _____

Fall with injury (complete all other follow-ups such as neurochecks, report, etc.)

Weight Change Decrease* Increase* (*Significant weight changes require Dietitian & Physician notification)

Initial/Continued Refusal of Medication/Treatment

New order for Antibiotic Therapy

Restraint or Safety Device Ordered

Return from Acute Care SCU ER Visit

New Pressure Ulcer - Stage/Location/Tx: _____

Significant Change in Bowel or Bladder Functioning

Significant Change in Activities of Daily Living Skills (i.e.: bathing, dressing, toileting, feeding, grooming, etc.)

Behavioral Patterns (i.e.: increased confusion, agitation, etc.)

Refusal of or Poor Appetite at Meals (for more than 72 hours)

Other: _____

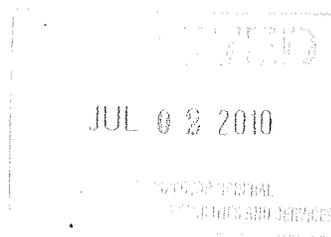
Please Note: Nurse responsibilities require follow-up with physician, and prescribed interventions along with appropriate updates to the resident's plan of care, entry in the medical record, the 24-hour report and family notification.

Completed by: _____ Date: _____

Original Director of Nursing

Yellow MDS Coordinator

Pink Social Services - Dietary - Activities - Restorative Nsg - PT - OT - ST - RT - Skin
(*Circle appropriate department)



Care Plans—Comprehensive

Highlights

Policy Statement

An individualized Comprehensive Care Plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.

Policy Interpretation and Implementation

Developing the Comprehensive Care Plan

1. Our facility's Care Planning/Interdisciplinary Team, in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain.

RAP Summary Sheet

2. The Interdisciplinary Team documents in the RAP summary sheet and/or records in the clinical record:
 - a. The resident's status in triggered RAP areas;
 - b. The team's rationale for deciding whether to proceed with care planning; and
 - c. Evidence that the team considered the development of care planning interventions for all RAPs triggered by the MDS.

Purpose of Care Plan

3. Each resident's Comprehensive Care Plan has been designed to:
 - a. Incorporate identified problem areas;
 - b. Incorporate risk factors associated with identified problems;
 - c. Build on the resident's strengths;
 - d. Reflect treatment goals and objectives in measurable outcomes;
 - e. Identify the professional services that are responsible for each element of care;
 - f. Aid in preventing or reducing declines in the resident's functional status and/or functional levels; and
 - g. Enhance the optimal functioning of the resident by focusing on a rehabilitative program.

Time Frame for Completing the Care Plan

4. The resident's Comprehensive Care Plan is developed within seven (7) days of the completion of the resident's comprehensive assessment (MDS).

Revisions

5. Care plans are revised as changes in the resident's condition dictate. Care plans are reviewed at least quarterly.

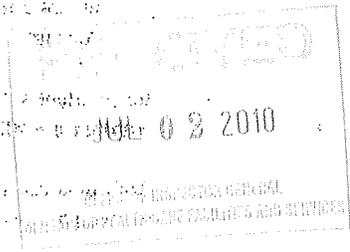
JUL 02 2010

OFFICE OF THE DIRECTOR

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Resident's Right of Refusal

- The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. When such refusals are made, appropriate documentation will be entered into the resident's clinical records in accordance with established policies.



	483.10(b)(4); 483.10(d)(2)&(3); 483.15(b)(1); 483.15(b)(3); 483.20(k)(1)&(2)
	F154; F155; F242; F279; F280
	Care Planning – Interdisciplinary Team Resident/Family Participation – Assessment/Care Plans
	Date: <u>2/15/08</u> By: <u>Ruth W. Jr</u>
	Date: _____ By: _____
	Date: _____ By: _____
	Date: _____ By: _____

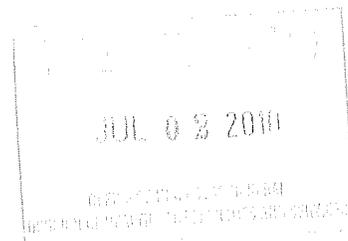
F 253 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES

The stained ceiling tile in room #246 was replaced on 6/11/2010.

Maintenance personnel will monitor all health care rooms and bathrooms on a weekly basis for any unsanitary conditions and note same on the maintenance monthly report. Any conditions found will be corrected immediately.

The Maintenance Director will monitor the report on a weekly basis to ensure that all necessary corrections have been made. The Maintenance Director will also check to ensure that any reported condition has been corrected by physical inspection of the condition as noted on the report.

POC completed on 6/11/2010



**MONTHLY MAINTENANCE INSPECTION CHECKLIST
HEALCARE CENTER ROOMS**

Inspected by: _____

Date: _____

Room #	Lighting	Switches/Covers	Windows	HVAC	Floor Tiles	Walls	Ceiling tiles	Night Lights	Call Sys./cords	Cove base	HVAC Supply Vents	Cubicle Curtains	Blinds	Tracks	Plumbing	Safety Rails	Doors	Comments	
235																			
236																			
237																			
238																			
239																			
240																			
241																			
242																			
243																			
244																			
245																			
246																			
247																			
248																			
249																			
250																			
251																			
252																			

Place a checkmark in areas that need attention or repairs

Checked by: _____	Date: _____

DATE: JUL 02 2010
 TIME: 11:00 AM
 NAME: _____
 TITLE: _____
 DEPARTMENT: _____

**MONTHLY MAINTENANCE INSPECTION CHECKLIST
HEALCARE CENTER ROOMS**

Inspected by: _____

Date: _____

Room #	Lighting	Switches/Covers	Windows	HVAC	Floor Tiles	Walls	Ceiling tiles	Night Lights	Call Sys./cords	Cove base	Cubicle Curtains	HVAC Supply Vent	Blinds	Tracks	Plumbing	Safety Rails	Doors	Comments	
267																			
268																			
269																			
270																			
271																			
272																			
273																			
274																			
275																			
276																			
277																			
278																			
279																			
280																			
281																			
282																			

Place a checkmark in areas that need attention or repairs

Checked by: _____	Date: _____

JUL 02 2010

RECEIVED
GENERAL SERVICES

**MONTHLY MAINTENANCE INSPECTION CHECKLIST
HEALCARE CENTER COMMON AREAS**

Inspected by: _____

Date: _____

AREA	Lighting	Switches/Covers	Windows	HVAC	Filters	Floors	Walls	Ceiling tiles	Call Sys./cords	Cove base	Ceiling vents	Plumbing	Handrails	Furniture	Doors	Comments
east hallway																
west hallway																
solarium																
soiled utility																
east central bath																
west central bath																
pantry																
dining room																
small dining room																
nurse's station																
offices																
Smoke wall penetrations east																
Smoke wall penetrations center																
Smoke wall penetrations west																
Mechanical room																
Therapy Department																

Place a checkmark in areas that need attention or repairs

Checked by: _____
 Checked by: _____
 Checked by: _____
 Checked by: _____

Date: _____
 Date: _____
 Date: _____
 Date: _____

OFFICE OF THE CHIEF OF POLICE
 DIVISION OF PUBLIC SAFETY
 JUL 02 2010

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

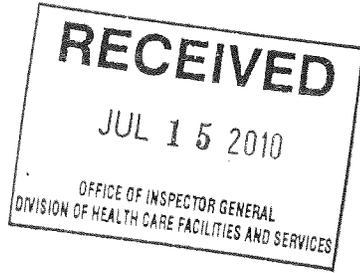
PRINTED: 07/07/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185175	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2010
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NAME OF PROVIDER OR SUPPLIER TREYTON OAK TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 211 WEST OAK STREET LOUISVILLE, KY 40203
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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)	(X6) COMPLETION DATE
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K 000	INITIAL COMMENTS A Life Safety Code survey was initiated and concluded on 06/24/10. The facility was found to not meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was a "D".	K 000		
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exits according to NFPA standards. The findings include: Observation on 06/24/10 at 11:46am revealed the doors leading into the enclosed courtyard area could be confused as exits, as the doors were not marked in that area to identify exits. The Assistant Supervisor of Maintenance was present during the observation. On 06/24/10 at 11:46am, during an interview with the Assistant Supervisor of Maintenance, it was	K 022		7/9/2010



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: W. Derrick Moore TITLE: Administrator (X6) DATE: 7/14/2010

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.

SN

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

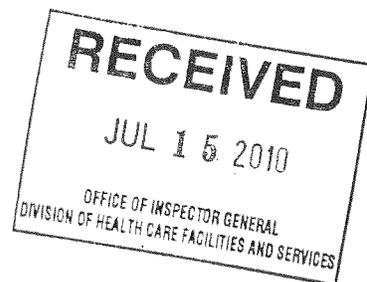
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NAME OF PROVIDER OR SUPPLIER TREYTON OAK TOWERS			STREET ADDRESS, CITY, STATE, ZIP CODE 211 WEST OAK STREET LOUISVILLE, KY 40203	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 022	<p>Continued From page 1</p> <p>revealed that he was unaware of the doors not being marked according to NFPA standards.</p> <p>Reference: NFPA 101 7.10.1.4* Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. Sign placement shall be such that no point in an exit access corridor is in excess of 100 ft (30 m) from the nearest externally illuminated sign and is not in excess of the marked rating for internally illuminated signs. Exception: Signs in exit access corridors in existing buildings shall not be required to meet the placement distance requirements.</p> <p>NFPA 101 7.10.8.1* No Exit. Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT Such sign shall have the word NO in letters 2 in. (5 cm) high with a stroke width of 3/8 in. (1 cm) and the word EXIT in letters 1 in. (2.5 cm) high, with the word EXIT below the word NO. Exception: This requirement shall not apply to approve existing signs. Based on observation and interview, it was</p>	K 022		

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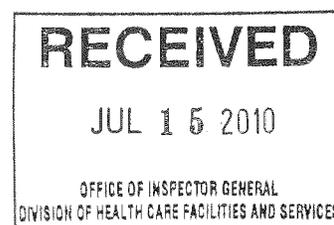
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 022	Continued From page 2	K 022		
K 064 SS=D	<p>determined the facility failed to maintain exits according to NFPA standards.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure that fire extinguishers were maintained according to NFPA standards.</p> <p>The findings include:</p> <p>Observation on 06/24/10 at 10:58am revealed a fire extinguisher in the kitchen area was blocked by cooking equipment. The Assistant Supervisor of Maintenance was present during the observation.</p> <p>Interview on 06/24/10 at 10:58am revealed the Assistant Supervisor of Maintenance was unaware of the blocked extinguisher in the kitchen area.</p> <p>Observation on 06/24/10 at 11:00am revealed the K Type fire extinguisher in the kitchen area did not have a placard posted near the fire extinguisher stating that the fire extinguisher would only be used after the fire suppression system for the kitchen hood was activated in the event of a fire. The Assistant Supervisor was present during the observation.</p>	K 064		7/6/2010



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K 064	Continued From page 3 Interview on 06/24/10 at 11:00am with the Assistant Supervisor of Maintenance revealed that the area had never had a placard. Reference: NFPA 10 1999 4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of at least the following items: (a) Location in designated place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d)* Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or "hefting" (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place 4-3.3 Corrective Action. When an inspection of any fire extinguisher reveals a deficiency in any of the conditions listed in 4-3.2 (a), (b), (h), and (i), immediate corrective action shall be taken. Reference: NFPA 10 (1998 edition)	K 064			



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K 064	Continued From page 4 2-3.2.1 A placard shall be conspicuously placed near the extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher.	K 064			