

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

PRINTED: 03/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/31/2015
NAME OF PROVIDER OR SUPPLIER BRADFORD HEIGHTS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 950 HIGHPOINT DR. HOPKINSVILLE, KY 42240		
(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 Based on implementation of the acceptable POC, the facility was deemed to have corrected the deficiencies on 01/31/15, as alleged.	{F 000}			

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

TITLE

(X6) DATE

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 BRADFORD HEIGHTS HEALTH & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 950 HIGHPOINT DR. HOPKINSVILLE, KY 42240
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating Complaint #KY22551 was conducted on 12/15/14 and concluded on 12/18/14. #KY22551 was unsubstantiated with an unrelated deficiency cited at a Ccope and Severity of a "D".	F 000	Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of federal and state law.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review, it was determined the facility failed to ensure the safety of one (1) of four (4) residents (Resident #2). Resident #1 was in the parking lot on 05/22/14 and staff saw the resident in his/her wheelchair behind a parked car and the car's back up lights were on. The facility failed to assess the resident to determine if it was safe for him/her to be outside of the facility unsupervised. The findings include: Review of the facility's policy titled "Incident/Accident", dated 02/07/13, revealed the facility will provide a safe and hazard free environment as is possible. Additionally, incidents, accidents, or injury of unknown origin	F 323	F323 483.25 (h) Accidents.... It is the practice of this facility to provide an environment that is as free of hazards as is possible. <u>Corrective Measures for Resident Identified in the deficiency:</u> 1. On May 27,2014, resident #2 was observed by the Director of Nursing, out in the facility parking lot behind a parked vehicle, the resident was brought back via his wheelchair into the facility by the Director of Nursing Services. The Administrator requested the Social Services Director to set up a meeting with the Ombudsman. A meeting was scheduled for May 28, 2014. A meeting was held May 28, 2014 with the resident, Ombudsman, social Services Director and the Unit Manager of the resident's unit. Resident safety issues were discussed with the resident [BIMS score=13], resident verbalized understanding of the safety issues. A flag was placed on the resident's wheelchair. The care plan was reviewed and revised by the Inter-Disciplinary Team consisting of the Director of Nursing, Activities Director, Social Services Director and Dietary Manager on 12/17/2014. The resident's Nurse Aide Data Sheet was updated by the Unit Manager on 12/17/2014. The resident is seen monthly by the Psychiatrist to address any changes in his abilities to make decisions related to his safety awareness.	1/31/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Carmen Young (X6) DATE 1-27-15

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NAME OF PROVIDER OR SUPPLIER BRADFORD HEIGHTS HEALTH & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 950 HIGHPOINT DR. HOPKINSVILLE, KY 42240		
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F 323	<p>Continued From page 1</p> <p>will be investigated and appropriate interventions taken as needed.</p> <p>Record review revealed the facility admitted Resident #2 on 03/17/04 with diagnoses which included Coronary Artery Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Hypertension, Angina and Depression. Review of an annual Minimal Data Set (MDS) assessment, dated 09/24/14, revealed the facility assessed the resident's cognition as cognitively intact with Basic Interview of Mental Status score of thirteen (13) which indicates the resident is interviewable.</p> <p>Review of the Comprehensive Care Plan, dated 11/14/13, revealed Resident #2 had a history of behavior and mood disorder evident by verbal aggression, refusal of staff providing care, and exit seeking behaviors. In addition, there was an intervention, dated 07/09/14, for an orange flag to be on wheelchair due to resident's preference to sit outdoors and propel self in parking lot.</p> <p>Review of the Nursing Notes, dated 05/22/14, revealed Resident #2 was observed in the parking lot in a wheelchair which was positioned behind a car with its back up lights on.</p> <p>Interview on 12/16/14 at 4:40 PM with Resident Care Coordinator (RCC), and at 4:42 with the MDS Coordinator, revealed on 05/22/14, Resident #2 was observed by the previous Director of Nursing to be in the parking lot in his/her wheelchair parked behind a car with their back up lights on backing from a parking space.</p> <p>Interview, on 12/16/14 at 4:55 PM with the Social Services Director revealed, on 05/22/14, Resident</p>	F 323	<p>F323 continued)</p> <p><u>How other residents who may have been affected by this practice were identified 2.</u></p> <p>Residents with a BIMS greater than 8 will be interviewed by the Inter-Disciplinary Team to determine if they desire to be seated outside at times other than planned activities. Residents preferring to sit outside, will be assessed by the Inter-disciplinary team to identify risk for elopement/ wandering and safety awareness. If determined through assessment to be at risk for elopement/wandering/decreased safety awareness, the resident will be supervised by an assigned facility staff member. The resident's care plan will be reviewed and revised as indicated by the Inter-Disciplinary team to address interventions for supervision while resident is outside on the facility grounds. The resident's Nurse Aide Data Sheet will be reviewed and revised by the Unit Manager as indicated to alert staff to supervision interventions for resident while out on facility grounds.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>3. All staff were educated on the facilities Incident/Accident Reporting by the Staff Development Coordinator on 12/18/2014. All staff were educated by the staff Development Coordinator on 12/18/2014 on resident supervision on facility grounds. Facility Department Heads were educated on 8/19/2014 by the Regional Risk Manager on the importance of investigating incident, accidents, and injury of unknown origin to determine the Root/Cause/Analysis with appropriate interventions developed and implemented as indicated. A Resident Council Meeting was conducted on 1/14/2015 by the Social Services Director to</p>	

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F 323	<p>Continued From page 2</p> <p>#2 was observed in the parking lot in his/her wheelchair parked behind a car with their back up lights on backing from a parking space. She stated the facility brought in the Ombudsman on 05/28/14 related to this incident to attempt to encourage the resident not to go into the parking lot area. She stated his/her reply was very resistant to the Ombudsman and refused to listen to her request.</p> <p>Further review of the record revealed there were no assessments conducted to determine if it was safe for Resident #2 to have access to the parking lot unsupervised.</p> <p>Interview, on 12/16/14 at 5:00 PM with the Administrator, revealed on 05/22/14, Resident #2 was found in the front parking lot area in his/her wheelchair which was parked behind a car with its back up lights on backing from a parking space. She stated the facility attempted to have the Ombudsman to come and encourage the resident to not go into the parking lot but he/she was very resistant to her request. She stated this resident had a BIMS of thirteen (13) and was their own guardian. She stated that placing any restrictions on this resident would be a violation of his/her rights. She confirmed this resident was re-educated at the time of not going into the parking lot area. She stated the interventions put in place included building a sidewalk in the front of the facility to allow residents to have a covered area to go to; however, the resident still must enter into the driveway to reach the front porch and there is no barrier to prevent residents from going into the parking lot.</p> <p>Interview, on 12/18/14 at 10:37 AM with the Advanced Practice Registered Nurse (APRN),</p>	F 323	(F323 continued)		
			<p>provide education to residents regarding resident safety. Plans were developed and bids solicited for construction of an outside sitting area, opening from the enclosed sun room. Construction will begin as soon as weather is appropriate for the project. This area will restrict the resident's access to the parking lot, while providing the opportunity to be outside and enjoy the surroundings. As a temporary measure, the sitting area in the back of the building is secured and the residents will be encouraged to congregate in that area for socialization during the construction process. Staff will provide scheduled outside social time that will be supervised by a staff member for residents requiring supervision or assistance. Prior to and during construction, these events will be held two times weekly for one hour, when weather is suitable. The Residents Council voted, on 1/24/15 to determine the frequency and duration of the outings. If a resident desires to be outside unsupervised, he /she will be screened for appropriateness including physical ability and safety awareness. The screen will be completed with the involvement of the interdisciplinary team, physician and psychiatrist if involved in the resident's care. Residents determined to be appropriate for being outside unsupervised will be required to sign out of the facility on the Leave of Absence Log. The log will be reviewed by the Unit manager monthly to ensure residents are signing out prior to leaving the building. A list of residents who have been screened and found to be appropriate for independent outside activities will be provided to the receptionist, and placed on each unit so that</p>		

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F 323	Continued From page 3 revealed she visits the facility often and provides care for Resident #2. She stated this resident should not be allowed to be in the parking lot area at any time without supervision. She stated some days the resident's judgement is better than other days but the resident often has difficulty making good judgement calls depending on his/her mood that particular day. The APRN stated one day his/her mental abilities may be good and other days he/she is compromised. She stated the current sidewalk in the front of the facility does not protect the resident from potential hazards or being hit by a car. She stated she was concerned the resident would go into the parking lot area and a driver would not see him/her and he/she would be struck by a car. Interview, on 12/18/14 at 11:00 AM with the facility's Medical Director, revealed he would be concerned of residents being in the parking lot area without supervision unless a physician's order reflected them being safe to do so. He stated he was concerned that a resident could be struck by a car.	F 323	(F323 continued) supervisors and person with access to front door will have knowledge of those permitted to be outside alone. <u>Monitoring for Ongoing Compliance:</u> 4. Progress on the new construction will be reported monthly by the Plant Service Director, in the Quality Assurance Meeting. Upon completion, residents will be observed x 3 scheduled outings to verify that the area provides a safe environment for outside socialization. Observations will be repeated monthly x 3 months. This observation will be completed by the Administrator or Director of Nursing. Findings will be reported to the QA committee. Unit Managers will provide results of the Leave of Absence Log audits to verify compliance, to the Quality Assurance Performance Improvement Committee, consisting of the Administrator, Director of Nursing, Social Services Director, Activity Director, Dietary manager, MDS Coordinator monthly for 6 months for review and action if indicated.	