

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

PRINTED: 11/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF			STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004		
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F 000	INITIAL COMMENTS	F 000			
F 281 SS=D	<p>A standard health survey was conducted on November 13-14, 2013 and Life Safety Code survey on 11/13/13 with deficiencies cited at the highest scope and severity at an "D".</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to develop an initial care plan for aspiration risks for one (1) of five (5) sampled residents. Resident (#2) had a physician's order for nectar thick liquids; however the facility failed to care plan to address the aspiration risks.</p> <p>The findings include: Review of the "Comprehensive Care Plan" Policy, dated 02/23/12, revealed: a care plan would be initiated by nursing for all residents within 24 hours of admission to include measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs. The care plan would be developed after the initial nursing assessment was completed and updated as other problems are identified. Other disciplines would make additions to the care plan within one week of the initial assessment.</p>	F 281			

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

TITLE

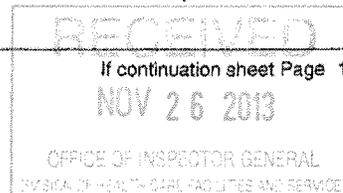
(X6) DATE

Debra M. Moore

K. Wheeler

11-26-13

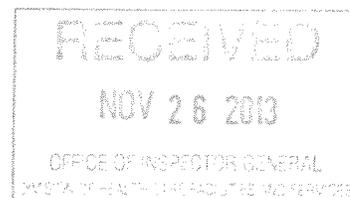
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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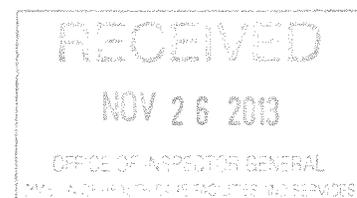
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F 281	Continued From page 1 Review of the clinical record revealed the facility admitted Resident #2 on 11/05/13 with diagnoses of Right Distal Radius Fracture status post a fall with Right Facial Bruise, and Right Hip and Shoulder Bruises. There was also a diagnosis of Aspiration Pneumonia from an October 2013 hospital stay. Review of the physician's progress notes, dated 11/01/13 revealed the resident had received a Speech consult, on 11/04/13, showing aspiration with thin liquids, with recommendations for: mechanical soft diet with nectar thick liquids; 90 degrees upright for all intake; oral care after meals; allow spoon fed sips of water between meals; and oral meds with applesauce. However, review of the resident's initial plan of care, on 11/13/13, revealed there was no care plan developed to address the aspiration risk for the resident nor interventions or recommendations listed from the Speech consult. During observation of the noon meal, on 11/13/13 at 11:55 AM, Resident #2 was observed sitting upright in the activity room/dining room, assisted by the Activity Director/CNA. The resident was observed to continually tuck his/her chin down while eating, with no evidence of coughing or choking. Observation revealed a glass of nectar thick cranberry juice, and approximately 60 cc of a red thin liquid sitting on the resident's tray. Review of Resident #2's tray card showed a diet of Mechanical Soft with nectar thick liquids. The Activity Director asked Resident #2 why he/she kept bowing his/her head while taking sips of the thin liquid, and the resident stated he/she had learned to do this and it kept him/her from coughing or choking.	F 281	F281 The Director of Nursing for the Skilled Nursing Unit completed an aspiration care plan on Rsd #2 on November 14, 2013. F281 The Director of Nursing for the Skilled Nursing Unit obtained an order for a re-evaluation by Speech Therapy on 11-14-13 due to rsd #2 requesting thin liquids. Speech evaluation performed on 11-14-13 and rsd #2 advanced to thin liquids with chin/tuck method to prevent aspiration. F281 The Director of Nursing for the Skilled Nursing Unit updated rsd #2 care plan on 11-15-13 to reflect recommendations from Speech pathologist for thin liquids.	F281 12-14-13	



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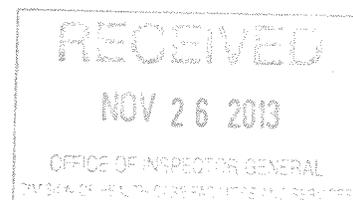
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F 281	<p>Continued From page 2</p> <p>Interview with RN #1 Charge Nurse, on 11/14/13 at 10:45 AM, revealed with regard to the care plans, any new physician's orders are written on the computerized status board and the 11-7 shift nurse was responsible for developing the initial care plans. RN #1 also stated any new diet orders would automatically be generated on the diet card. The RN stated the night shift was responsible for developing the care plans, and the Minimum Data Set (MDS) Coordinator reviewed, and looked over them during the Tuesday meeting, which was conducted with all disciplines. She stated any changes or additions were made at that time.</p> <p>Interview with the Director of Nursing, on 11/14/13 at 10:30 AM, revealed the standards of practice for taking off physician orders would be the system in place to transcribe all orders to the computerized status board, and 11-7 shift completing the initial care plan. She stated the nurses put the initial care plan into the system, and the MDS Coordinator makes any changes or additions needed. In addition, the DON revealed an initial care plan should have been developed from the admission orders; however, was unsure why it was not. The DON stated she remembered discussing the mechanical soft diet in the Tuesday meeting, but did not remember discussing the thickened liquids. Review of the team conference notes, dated 11/12/13, revealed under the Dietary section: Mechanical Soft diet-25-50%.</p> <p>Interview with the MDS Coordinator (MDS), on 11/14/13 at 11:00 AM, via telephone, revealed she had a meeting every Tuesday with all disciplines, and reviewed all the new care plans and made any changes. The MDS Coordinator</p>	F 281	<p>F281</p> <p>The Director of Nursing for the Skilled Nursing Unit will attend weekly multi-disciplinary team meetings to ensure the care plans are comprehensive of the rsd's medical, nursing, mental, and psychological needs.</p> <p>F281</p> <p>The Director of Nursing for the Skilled Nursing Unit will verify & monitor the development of care plans in coordination with the MDS coordinator to ensure care plans include appropriate therapeutic and diet changes through the team conference meetings weekly. In addition the findings will be reported at the quarterly Performance Improvement meetings with the multi-disciplinary team.</p>	



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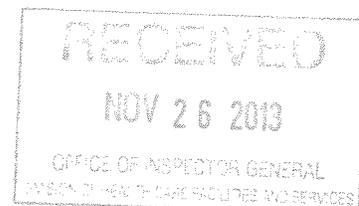
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F 281	Continued From page 3 stated she remembered Tuesday's meeting; however, she did not remember seeing the order for nectar thick liquids, only the mechanical soft diet. She stated that although there was no care plan for thickened liquids or nutritional risks developed initially, she would have caught it when she developed the comprehensive care plan.	F 281			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to provide care and services according to physician's orders for modified liquids for one (1) of the five (5) sampled residents (#2). In addition, observation during the medication pass, on 11/14/13, revealed an antibiotic had not been discontinued according to the physician's orders for Resident #2. The resident received 13 doses of the antibiotic medication not ordered by the physician. The findings include:	F 309			



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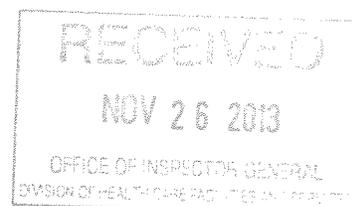
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F 309	<p>Continued From page 4</p> <p>Interview with the Director of Nursing, on 11/14/13 at 9:30 AM, revealed the policy or system for Following Physicians Orders was the same policy as the "Medication Administration in Medtech Policy", dated 10/25/12, as there was not a specific policy for following physician's orders. She stated the system was the same for taking off all orders.</p> <p>Review of the Policy/Procedure "Medication Administration in Medtech" revealed: each medication was entered from the physician's orders sheet onto the patient's medications profile by pharmacy. These medication orders then appear in the patient's EMAR as entered by the pharmacist; Medication Administration times are scheduled according to the standard medication administration scheduled or as ordered; acknowledging orders was a routine used by the nurse to verify that the medication order was entered correctly by pharmacy; acknowledgment of the order should be done prior to administration of the medication; once necessary edits are made by pharmacy, the EMAR was flagged that the edit was complete and the order was acknowledged.</p> <p>1. Review of the clinical record for Resident #2 revealed the facility admitted the resident on 11/05/13, with diagnoses of Right Distal Radius Fracture post fall with Right Facial Bruise, and Right Hip and Shoulder Bruise. There was also a diagnosis of Aspiration Pneumonia. Review of the history and physical, dated 11/01/13, revealed the resident had been treated for Pneumonia in October 2013.</p> <p>Review of the physician's progress notes, dated 11/01/13 revealed the resident had received a</p>	F 309	<p>F309</p> <p>The charge nurse on the day of the survey 11-14-13 sent an order to pharmacy for rsd #2 to discontinue the antibiotic order. The medication was immediately discontinued.</p> <p>The Director of Nursing for the Skilled Nursing unit obtained an order for re-evaluation of rsd #2 for speech therapy on 11-14-13. The speech therapy eval was completed on 11-14-13 and rsd's diet was changed to thin liquids. The care plan was updated to reflect the changes on 11-15-13. All physician orders reviewed on 11-25-13 for the five residents thus confirming all medications and diets were correct.</p>	F309 12-14-13



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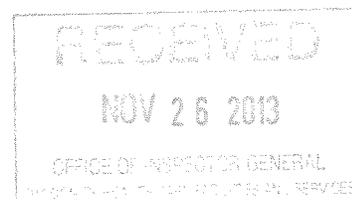
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F 309	<p>Continued From page 5</p> <p>Speech consult on 11/04/13 showing aspiration with thin liquids. The following recommendations were received: mechanical soft diet with nectar thick liquids; 90 degrees upright for all intake; oral care after meals; allow spoon fed sips water between meals; and oral meds with applesauce.</p> <p>Review of the resident's initial plan of care, on 11/13/13, revealed there was no care plan developed to address the nutritional risks for the resident with interventions or recommendations listed by the Speech consult.</p> <p>Observation of Resident #2, during the noon meal, on 11/13/13 at 11:55 AM, revealed the resident sitting upright in the activity room/dining room being assisted by the Activity Director/CNA. The resident was observed to continually tuck his/her chin down while eating, with no evidence of coughing or choking. Observation revealed a glass of nectar thick cranberry juice, and approximately 60 cc of a red thin liquid sitting on the resident's tray. Review of Resident #2's tray card revealed a diet of Mechanical Soft with nectar thick liquids. Observation also revealed the Activity Director asked Resident #2 why he/she kept bowing his/her head while taking sips of the thin liquid, and the resident stated he/she learned to do this and it kept him/her from coughing or choking.</p> <p>Interview with the Activity Director/CNA, on 11/14/13 at 10:10 AM, revealed she always knows what diet each resident is on by looking at the meal tray card. She stated Resident #2 requested thin liquids and because the resident is alert and oriented x 3, she gave it to him/her. She stated the nurses have not talked to her about the thickened liquids and she had not observed</p>	F 309	<p>F309</p> <p>The Director of Nursing for the Skilled Nursing Unit provided staff education on 11-19-13 on the importance of verifying and acknowledging orders in the Meditech system with the original written physician order. The policy "Medication Administration in Meditech" was reviewed during staff meeting with all nurses in attendance and a copy provided for signature for staff that did not attend staff meeting. Policy education provided on the "Diet orders, snacks, & between meal feedings" policy with staff working on 11-25-13. Policy posted for review by all staff not present on 11-25-13.</p>		



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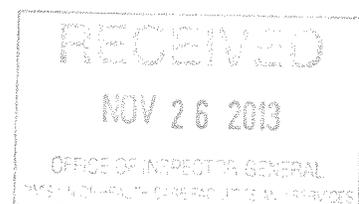
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F 309	<p>Continued From page 6</p> <p>Resident #2 to cough or choke. The AD stated she was not aware there was a physician's order for thickened liquids, but knew the resident received thickened liquids for meals. She said she thought it was the resident's right to receive the thin liquid if the resident wanted it. The AD also revealed if the resident had been confused or disoriented, she would have thickened the liquid, or asked the nurse about it. Further interview with the Activity Director/CNA, at 10:10 AM, revealed she had been trained on thickened liquids and learned about it during her CNA training. The AD revealed the pre-packaged thickener was kept in the dining room and she knew how to thicken liquids using the packages.</p> <p>Interview with the RN #1 Charge Nurse, on 11/14/13 at 10:20 AM, revealed Resident #2 was on thickened liquids; however, the resident had been receiving sips of thin water between meals. RN #1 stated the AD was trained to read meal tray cards, and should have referred this to her, so it could have been clarified with the physician before giving the thin liquids to the resident. The RN also stated the request could have been documented and the risk explained to the resident and a trial could have been completed by the licensed nurse at that time.</p> <p>Interview with the Director of Nursing, on 11/14/13 at 10:30 AM, revealed the Activity Director should have consulted the Charge Nurse before giving any resident thin liquids when nectar thick liquids were ordered. She stated the AD received her CNA certification and Activity course which had social dining requirements included and taught about thickened liquids. The DON revealed she would have needed a clarification order from the physician, and documentation of the risks if the</p>	F 309	<p>F309</p> <p>The Director of Nursing provided education for the Activity Director regarding following physician orders on 11-14-13 especially relating to diet orders.</p> <p>F309</p> <p>The Director of Nursing for the Skilled Nursing unit will verify & monitor the progress of physician order verification through chart audits. The Director of Nursing will audit 25% of monthly admission charts. Audits will be performed weekly based on the number of admits for that week. Ensuring 25% of admission charts are audited. The orders will be compared with MAR's in the Meditech system to ensure the orders are reflected correctly in the MAR and the Kardex.</p> <p>The results of the audits will be discussed in staff meetings and reported quarterly in the Process Improvement Committee meetings.</p>	



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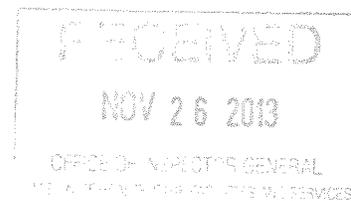
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F 309	<p>Continued From page 7</p> <p>resident wanted to continue with the thin liquids, and this was not done.</p> <p>Further interview with the DON revealed every Tuesday any new orders, changes, or need for care plan revisions are reviewed with all disciplines. She stated the thickened liquids should have been discussed for Resident #2 in Tuesday's meeting, on 11/12/13; however, she did not remember discussing it. The DON stated the Minimum Data Set (MDS) Coordinator would have picked this up when the Comprehensive Assessment was completed. She continued to state most residents have a short term stay with rehab services to home provided. Therefore, most residents are not here for the required fourteen (14) days to meet the MDS timeframe's before discharge. The DON stated the system for taking off physician's orders would be transcribing any new orders to the computerized status board, where the 11-7 nurse would complete the initial care plan, and make sure any changes or additions were added.</p> <p>Attempts were made to interview with the Speech Therapist and the Dietician regarding Resident #2; however, both were out of town and unable to reached.</p> <p>2. Observation during a medication pass, on 11/14/13 at 7:30 AM, revealed Resident #2 to receive 600 mg of Clindamycin (Cleocin) by mouth. Review of Resident #2's physician's orders during reconciliation of the resident's medications revealed physician's orders, dated 11/05/13, for Clindamycin 600 mg by mouth every 8 hours, to be given through 11/09/13. Review of the EMAR record revealed thirteen doses of the antibiotic had been given past the stop order</p>	F 309		



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F 309	Continued From page 8 without a physician's order. Interview with RN #1 Charge Nurse, on 11/14/13 at 10:10 AM, revealed the medication should have been discontinued on 11/09/13. She stated that each admission nurse checks off the physician's orders and faxes all orders to the pharmacy, at which time the pharmacy checks all orders with the EMAR. After pharmacy checks each order, the admitting nurse was responsible for rechecking and acknowledging the orders with the EMAR by a check mark which was documented; RN #1 revealed this was the double check system. However, RN #1 could not explain why the double check system had failed. Interview with the Director of Nursing (DON), on 11/14/13 at 9:30 AM, revealed the physician's orders were apparently overlooked by both pharmacy and the admission nurse. Although the DON was not sure what happened, she stated the double check system should have caught the error. The DON revealed each medication was entered from the physician's orders, at which time the orders and the profile sheet was sent to pharmacy, checked by them, and sent back to the nurse to acknowledge and check.	F 309			



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{F 000}	INITIAL COMMENTS Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 12/14/13 as alleged.	{F 000}			
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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185422	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 3RD FLOOR SNF UNIT B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2013
NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF			STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	
(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>PLAN APPROVAL: 2005</p> <p>SURVEY UNDER: 2000 New</p> <p>FACILITY TYPE: SNF</p> <p>TYPE OF STRUCTURE: Three (3) story structure, Type II (111)</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic (wet) sprinkler system.</p> <p>GENERATOR: Two (2) Type I generators. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 11/13/13. Flaget Memorial Hospital Nursing Facility was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).</p>	K 000		

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

Alexa Monabi

TITLE

Director

(X6) DATE

11-26-13

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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