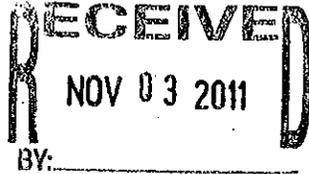


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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| NAME OF PROVIDER OR SUPPLIER PINE MEADOWS HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1608 HILL RISE DRIVE LEXINGTON, KY 40504 | |
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| F 000 | INITIAL COMMENTS An Abbreviated Survey investigating ARO #'s KY00016295, KY00016318, KY00016414, KY00016531, KY00016620, KY00016829 and KY00017170 was initiated on 10/12/11 and concluded on 10/14/11. ARO #'s KY00016295, KY00016318, KY00016531, KY00016620, and KY00016829 were substantiated without deficiencies cited. ARO # KY00016414 was substantiated with deficiencies cited. ARO # KY17170 was unsubstantiated without deficiencies cited. In addition, an unrelated deficiency was cited. The highest scope and severity (S/S) was a "D". | 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 | F 157 | | F 157 1. An audit was conducted of all residents who had been seen by Park View Psychiatric Services over the past six months to ensure that no other resident had been seen by Park View who did not have a physician's order. None were found excluding resident #2. 2. To ensure that no resident will be seen by Psychiatric Services without proper consent or a physician's order the Administrator, DON & SSD met with the Long Term Care Liaison from Parkview Psychiatric Services on 10/19/11. This meeting was used to review and adjust the system used at Pine Meadows for residents to receive psychiatric services. To ensure that a resident is not seen without proper consent and a physician's order |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 11/2/11

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 157 | <p>Continued From page 1</p> <p>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.</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 interview and record review, it was determined the facility failed to notify the resident's legal representative of a significant change in the resident's physical, mental, or psychosocial status. The facility failed to obtain consent from the legal representative for a psychiatric consultation for one (1) of nine (9) sampled residents, Resident #2.</p> <p>The findings include:</p> <p>Review of Resident #2's medical records revealed the facility readmitted the resident on 12/08/10 with diagnoses which included Alzheimer's, Psychosis and Anxiety. The facility assessed Resident #2, in a quarterly Minimum Data Set (MDS) Assessment, dated 09/07/11, as having severe cognitive impairment.</p> <p>Interview with Resident #2's legal representative (Daughter #2) on, 10/14/11 at 10:13 AM, revealed the facility had sent Resident #2 for a psychiatric evaluation on 05/06/11 and then called her to inform her of the results. She further revealed that she had not given permission for Resident #2</p> | F 157 | <p>F 157 cont.</p> <p>Pine Meadows has added a new consent form for psychiatric services to the admission packet for review and acceptance or to be declined before resident is seen by psychiatric services. This consent form will be kept in the resident's chart. Consent will be provided by responsible party and/or resident.</p> <p>If deemed necessary that a resident is in need of psychiatric services, the first step will be for a nurse or social services to check to see if consent was provided by responsible party. If consent was granted then a nurse will write an order for the resident to be seen by psychiatric services and notify the family of the order. After the order is written a written referral will be sent to Park View to be added to the list of residents to be evaluated. Park View will not have contact with a resident until they verify that consent has been granted and a physician's order has been written.</p> <p>A note will be placed in the "Allergy" page of chart for any resident who is not to be seen by psychiatric services or who has specific orders only to be followed by their physician.</p> <p>3. A Quality Assurance audit will be conducted monthly for the first three months and then quarterly, if compliance is met during the first three months. Also, the list of residents to be seen by Psychiatric services will be reviewed monthly by Pine Meadows and Park View to assure that the appropriate residents are being seen as based on consent forms and physician's orders.</p> | 11/07/11 |

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| F 157 | <p>Continued From page 2</p> <p>to receive a psychiatric evaluation and the facility did not inform her prior to sending Resident #2 for the evaluation.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 10/13/11 at 11:15 AM, revealed anyone admitted to the facility after 08/10 had a statement on their Physician's Order Form under ancillary orders that stated "may see psychiatrist as needed". LPN #1 went on to reveal the initial Physician's Order Form was reviewed with residents or their legal representatives and signed by the nursing staff indicating they had reviewed it with the family.</p> <p>Interview with LPN #2, on 10/13/11 at 3:36 PM, revealed it was facility protocol for residents to receive a quarterly psychiatric evaluation whenever they were prescribed psychiatric medications. Regarding informing families of pending psychiatric evaluations, LPN #2 revealed social services put together a list of residents who were receiving psychiatric medications, including information detailing residents who did not want to be seen for psychiatric services.</p> <p>Interview with the Social Services Director (SSD), on 10/14/11 at 8:09 AM, revealed information regarding psychiatric evaluations was included on resident care plans. She further revealed she reviewed the initial care plans with families, although the legal representative was not always the family member present during the initial care plan review. Continued interview revealed Resident #2's name was not on the list of residents who did not want to be seen for psychiatric services. The SSD revealed families would inform her when new residents entered the</p> | F 157 | <p>F157 Cont.</p> <p>The QA audit will be conducted by the QA nurse.</p> | 11/07/11 |

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| F 157 | Continued From page 3 facility if they did not want the resident to be seen for a psychiatric evaluation. Further interview revealed there was no formal facility procedure to notify legal representatives of psychiatric evaluations. Interview with the Administrator, on 10/14/11 at 11:01 AM, revealed he was aware of the situation in which Resident #2 received a psychiatric evaluation without prior approval of his/her legal representative. The Administrator stated he was not aware of the situation prior to the survey, and was not sure where the system failed. | F 157 | | | |
| F 315 SS=D | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. 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 ensure incontinent residents received appropriate treatment and services for one (1) of nine (9) sampled residents (Resident #7). Observation during the initial tour on 10/12/11 at 12:20 PM revealed Resident #7 was sitting in a wheelchair, by the resident's bed, | F 315 | F 315 1. After resident # 7 was found incontinent of urine the resident was immediately showered and changed into clean clothing. Also, the resident's bed, wheelchair and room were thoroughly cleaned. All known incontinent residents on 10/12/11 were then checked for incontinence by SRNAs, nurses and nurse managers. No other residents were found to be affected. The SRNA assigned to resident #7 was interviewed and asked to provide a statement detailing why resident #7 was in the found condition. The SRNA was suspended while the incident was being investigated. During the investigation a camera audit showed that the SRNAs actions did not match her statement given to DON. The SRNA assigned to resident #7 was terminated due to not following the individualized resident plan of care for resident # 7. | | |

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| F 315 | <p>Continued From page 4</p> <p>with his/her shirt wet with urine up to his/her chest. The resident's bed sheets and fabric mattress pad was also soaked with urine.</p> <p>The findings include:</p> <p>Review of the Use of Call Light Policy (undated) revealed all staff were to be aware of call lights at all times, answer call lights promptly whether assigned to the resident or not.</p> <p>Record Review revealed the facility admitted Resident #7 on 01/21/08 with diagnosis which included Paranoid Schizophrenic Disorder, Anxiety, Diabetes and Depression.</p> <p>Review of the resident's Care Plan, dated 11/08/10, revealed the resident required staff assistance with toileting and incontinence care with an intervention to assist resident to the bathroom.</p> <p>Review of the 07/05/11 Minimum Data Set (MDS) Assessment revealed the facility assessed the resident's mental status to be moderately impaired. Further review revealed the facility assessed the Resident #7 as being occasionally incontinent of urine.</p> <p>Observation during the initial tour, on 10/12/11 at 12:20 PM, revealed Resident #7 was sitting in a wheelchair with his/her shirt wet with urine, up to his/her chest. Further observation revealed the resident's sheets and fabric mattress pad was urine-soaked with brownish areas which appeared to be dried.</p> <p>During interview, on 10/12/11 at 12:25 PM,</p> | F 315 | <p>F 315 cont.</p> <p>2. Starting 11/01/11 all SRNA schedules were adjusted to allow for more detailed walking rounds during shift transition. These rounds also include a newly developed worksheet focused on each resident's individualized plan of care, including incontinence (see attachment #1). This shift adjustment will allow for a duration of double coverage during shift transition for toileting as indicated by individualized plans of care. Pine Meadows is also implementing a program of dividing all 120 residents among 20 managers, supervisors and key personnel to check-on and observe their assigned residents each day the employee is scheduled. This program will enhance even further the level of observation including toileting needs our residents receive while living at Pine Meadows.</p> <p>3. To ensure community compliance, a Quality Assurance audit will be conducted monthly. The QA audit will include 10 selected residents divided over both units (5 residents per unit) to be monitored, ensuring that their individualized toileting plans are being followed. The QA audit will be conducted monthly for the first three months and quarterly thereafter, if compliance is met during the first three months. The QA audit will be conducted by the QA nurse.</p> | 11/07/11 | |

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| F 315 | <p>Continued From page 5</p> <p>Resident #7 stated he/she was cold and at least thirty (30) minutes earlier, had told an aide that he/she needed to be changed. The resident stated he/she usually wasn't incontinent but was asleep and didn't wake up in time to make it to the bathroom. Interview further revealed an aide turned off the call light and told the resident she would be back.</p> <p>Interview on 10/12/11 at 1:09 PM with State Registered Nurse Aide (SRNA) #1 revealed she checked on the resident off and on in the AM and the resident was dry. She stated she had a resident, in another room, in the bathroom and she couldn't leave that resident to help Resident #7. Further interview revealed she turned Resident #7's call light off and told the resident she would change him/her when she finished with the other resident. She stated she was unable to help Resident #7 afterwards because other residents needed to go to the bathroom, needed to be changed or asked for coffee. She further revealed she turned the resident's call light off between 11:00 AM and 12:00 PM.</p> <p>Interview, on 10/12/11 at 1:44 PM with SRNA #2, Team Leader, revealed call lights were to remain on, until the resident's need was met to alert staff that the resident required assistance.</p> <p>Interview, on 10/12/11 at 1:57 PM, with the Unit Coordinator revealed call lights were to be answered within five (5) minutes and were not to be turned off until the resident's need was met. All staff were to answer call lights and if unable to meet the resident's need, the light was to remain on.</p> | F 315 | | |

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| F 315 | Continued From page 6 Interview, on 10/12/11 at 2:10 PM, with the Director of Nursing (DON) revealed call lights were to be answered within 5 minutes, and although it wasn't in the policy, it was good practice to leave the call light on until the resident's need was met. Further interview revealed the policy stated all staff members were expected to answer call bells and find a staff member who could meet the resident's need. | F 315 | | | |