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Revised
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Amended SOD

PRINTED: 10/07/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/17/2015
NAME OF PROVIDER OR SUPPLIER OAKMONT MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 GRANDVIEW DRIVE FLATWOODS, KY 41139		
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F 000	INITIAL COMMENTS	F 000	Oakmont Manor does not believe and does not admit that any deficiencies existed, either before, during or after survey. Oakmont Manor reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative legal proceedings.		
F 278 BS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment. Clinical disagreement does not constitute a material and false statement.	F 278	This plan of correction does not constitute any admission regarding any alleged deficiencies to which it responds, nor is it meant to establish any standard of care, contract obligation or position, and Oakmont Manor reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver or any potentially applicable		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shanna Carver TITLE: Administrator (X6) DATE: 11-20-15

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 278	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, review of facility policy, and review of the Resident Assessment Instrument, User Manual Version 3.0, it was determined the facility failed to ensure the Minimum Data Set (MDS) Assessment accurately reflected the resident's status for three (3) of ten (10) sampled residents (Resident #1, Resident #5, and Resident #10) related to skin issues and urinary tract infections (UTIs).</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Attestation to accuracy of the Resident Assessment," dated 08/01/13, revealed all personnel who completed any part of the Resident Assessment MDS must sign and certify the accuracy of that portion of the assessment.</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument, User Manual Version 3.0, Section I, Item 12300 UTI, revealed the UTI had a look-back period of thirty (30) days for active disease. Further review revealed "code only" if all the following are met: Physician, Nurse Practitioner, Physician Assistant or Clinical Nurse Specialist, or authorized licensed staff as permitted by state law diagnosed a UTI in the last thirty (30) days, sign or symptom attributed to UTI, significant laboratory findings, and current medication or treatment for a UTI in the last thirty (30) days.</p> <p>1. Review of Resident #1's medical record revealed the facility admitted the resident on 01/01/11 with diagnoses that included Alzheimer's</p>	F 278	<p>peer review, quality assurance or self-critical examination of privileges which Oakmont Manor does not waive, and administrative, civil or criminal claim, action or proceeding. Oakmont Manor offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to its residents.</p> <p>It is and was on the day of survey the policy of Oakmont Manor that an assessment accurately reflects the resident's status and that an individual who completes a portion of the assessment signs and certifies accuracy of the assessment.</p> <p>There were no adverse effects to any resident due to the identified practice.</p> <p>The current MDS assessment for all active residents was reviewed by the DON and/or MDS nurses for accuracy. on 9/21/2015.</p>		

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F 278	<p>Continued From page 2</p> <p>Disease, Rhabdomyolysis, Hypertension, and Chronic Kidney Disease. Review of the Quarterly Minimum Data Set assessment with an assessment reference date (ARD) of 07/03/15 revealed items M0100A, M0210, M0300B, M1200E, and M1200I were coded to say that Resident #1 did not have a pressure sore and was not receiving treatment. However, continued review of the medical record revealed a Physician's Telephone Order dated 07/02/15 to clean the left great toe with normal saline, pat it dry with gauze, apply Mepilex (a wound care dressing), and change the dressing every three (3) days. Review of the Weekly Progress Note dated 07/02/15 under measurement/description revealed the size of the ulcer was 0.5 by 0.5 centimeters, and documentation that stated the area remained open with a scant amount of drainage noted and to continue the Mepilex. Review of the Wound Care Summary dated 05/28/15 revealed the wound developed/was discovered on 05/28/15 and the diagnosis was pressure due to shoes.</p> <p>Interview with the Licensed Practical Nurse (LPN) MDS Coordinator on 09/15/15 at 3:50 PM revealed she believed the area on the toe was due to a Podiatrist visit, and not due to pressure. She stated she did fail to code M1200 correctly that Resident #1 had application of a dressing to the feet.</p> <p>Interview with the Director of Nursing (DON) on 09/17/15 at 3:15 PM revealed the facility had a quality of care meeting every Thursday. She stated during the meeting each department was given a copy of the wound sheet and they discussed the progress of the wound. She stated the LPN MDS Coordinator attended the meetings</p>	F 278	<p>As part of the ongoing Quality Assurance Program, the MDS assessments will be reviewed by the DON and/or ADON during the weekly care plan meeting to compare the medical record for accurate coding. Ten percent (10%) of the most recent MDS completed will be reviewed quarterly by the MDS Coordinator and MDS nurse for specific MDS items and specific indicators for accurate coding compared to the medical record.</p> <p>The results of the audit will be reviewed by the Quality Assurance Committee on a monthly basis for six months to determine compliance.</p>	10/1/2015	

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F 278	<p>Continued From page 3</p> <p>weekly. The DON stated she expected the MDS Coordinators to review the physicians orders, the treatment sheets, and wound care sheets when doing a MDS to assure accuracy. She stated she did not know how the MDS Coordinator missed coding the pressure ulcer for Resident #1.</p> <p>2. Review of Resident #5's medical record revealed the facility admitted the resident on 05/12/14 with diagnoses that included Urinary Tract Infection, Osteoarthritis, and Unspecified Pyelonephritis. Review of the Quarterly/14-day Medicare Required Prospective Payment System (PPS) assessment with an ARD of 09/09/15 revealed item I2300 UTI was not checked, indicating that Resident #5 did not have a UTI in the past 30 days. Continued review of the assessment revealed the facility assessed Resident #5's Brief Interview for Mental Status (BIMS) score as 15 indicating the resident was interviewable.</p> <p>Continued review of the medical record revealed a physician's order dated 09/02/15 for a urinalysis (UA), culture and sensitivity (C&S), chest x-ray, complete blood count, and complete metabolic panel due to an elevated temperature. Review of a physician's order dated 09/05/15 revealed an order for Keflex (an antibiotic) 500 milligrams (mg) by mouth every six hours for 10 days for a UTI. Review of the UA dated 09/03/15 revealed cloudy yellow urine with 4+ bacteria. Review of the C&S report dated 09/05/15 revealed Escherichia coli (E. coli) greater than 100,000 colony forming units per milliliter (CFU/ml).</p> <p>During an interview with Resident #5 on 09/16/15 at 2:30 PM, the resident stated he/she was aware of the UTI due to having pain during urination.</p>	F 278			

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F 278	Continued From page 4 Interview on 09/17/15 at 10:05 AM with the LPN MDS Coordinator revealed she had not coded the UTI because she could not find documentation of any symptoms of a UTI in the nurse's notes. She stated an elevated temperature could be a sign of a UTI but she had not counted the elevated temperature because she could not find a baseline temperature documented. She stated to be counted as an elevated temperature per the facility's policy the temperature had to be two (2) points Fahrenheit over the baseline temperature. She stated she had not interviewed the resident about the symptoms when completing the MDS. The LPN MDS Coordinator stated the resident had all four (4) criteria and the UTI should have been coded on the MDS. 3. Review of the medical record revealed the facility readmitted Resident #10 on 06/26/15 with diagnoses which included Congestive Heart failure, Diabetes Mellitus, Hyperlipidemia, and Dementia. Review of the Quarterly MDS Assessment dated 07/23/15, revealed in section C0500, the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of 9, revealing the resident had moderate cognitive impairment. Further review of the Quarterly MDS, dated 07/23/15, revealed section I Active Diagnoses, section 12300, was coded to reflect the resident had a UTI within the last 30 days, the ARD plus 29 days. Review of the nurse's notes dated 07/22/15, revealed a Urinalysis (UA) and Culture and Sensitivity (C&S) via a straight cath was obtained with large amounts of sediment and trace	F 278			

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F 278	<p>Continued From page 5</p> <p>amounts of visible blood. Continued review of the nurse's notes dated 07/23/15, revealed Resident #10 complained of dysuria and frequency and the lab report was pending. Review of the final lab report status dated 07/24/15, revealed a culture of <i>Proteus Mirabilis</i> (gram negative anaerobic rod shaped bacterium) greater than 100,000.</p> <p>Review of the Physician/Prescriber Sign and Return Order Sheet dated 07/24/15 revealed an order for Keflex (antibiotic medication) 500 milligrams (mg) per mouth every six (6) hours for ten (10) days. Continued review of the Physician Order Sheet revealed a diagnosis of UTI.</p> <p>Review of the Medication Administration Record (MAR) dated July 2015 revealed on 07/24/15 at 6:00 PM, the first dose of Keflex 500 mg was given to Resident #10 and initialed by the administering nurse.</p> <p>Interview on 09/17/15 at 9:48 AM with the Registered Nurse (RN) MDS Coordinator revealed she signed the MDS to reflect the MDS was completed within the period of the ARD. Continued interview revealed each person that completed their portion must sign and certify the MDS was accurate. Further interview revealed the MDS was not accurate because the UTI did not fall within the 30-day look-back period.</p> <p>Interview on 09/17/15 at 10:15 AM with the LPN MDS Coordinator revealed she coded the MDS for the UTI and did not look at the correct date. Continued interview revealed she should not have coded the MDS for the UTI, because it was not within the 30-day look-back period. Further interview revealed she signed the MDS and it was not an accurate assessment.</p>	F 278			

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F 278	Continued From page 6	F 278	It is and was on the day of survey the policy of Oakmont Manor that all MDS assessments completed within the last 15 months be part of the active medical record regardless of the form of storage and the records are easily retrievable.	
F 288 SS=D	<p>483.20(d) MAINTAIN 15 MONTHS OF RESIDENT ASSESSMENTS</p> <p>A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the Resident Assessment Instrument (RAI) manual it was determined the facility failed to ensure all resident assessments completed within the previous fifteen (15) months were available in the active clinical record for two (2) of ten (10) sampled residents (Resident #1 and Resident #4). Some Minimum Data Set (MDS) assessments that were completed within the previous 15 months for Resident #1 and Resident #4 had to be retrieved from the Medical Records Department.</p> <p>The findings include:</p> <p>Review of the Resident Assessment Instrument (RAI) manual dated 2015 revealed the federal regulatory requirement at 42 CFR 483.20(d) requires nursing homes to maintain all resident assessments completed within the previous 15</p>	F 288	<p>The current MDS is on the resident's chart and the remaining assessments for the 15-month period are kept in a binder at the nurses station and readily available. The assessments were moved to the nurses station on 11/19/2015. This task was completed by the Medical Records Director.</p> <p>The Director of Medical Records will complete an audit on a monthly basis for six months to ensure that the most recent MDS is on the resident's chart and that the remaining 15-months of assessments are in binders at the nurses station.</p> <p>As part of the ongoing Quality Assurance Program, the audit of Maintaining 15-months of MDS Assessments will be reviewed by The Quality Assurance Committee on a monthly basis for six months To ensure compliance.</p>	11/20/2015

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F 286	<p>Continued From page 7</p> <p>months in the resident's active clinical record. This requirement applies to all MDS assessment types regardless of the form of storage. After the 15-month period, RAI information may be thinned from the clinical record and stored in the medical records department, provided that it is easily retrievable if requested by clinical staff, State agency surveyors, CMS, or others as authorized by law.</p> <p>Record review and observation of the charts for Resident #1 and Resident #4 revealed fifteen (15) months of MDS assessments were not in the medical record, but some were stored in Medical Records in the MDS overflow.</p> <p>Interview with the Medical Records Clerk on 09/15/15 at 2:15 PM revealed some of the MDS's were kept in Medical Records. She stated when the facility bought new charts she wanted three-inch charts, but the facility purchased two-inch charts. She stated the keys to medical records were kept in the front office and all the nurses knew where the keys were located. She stated 15 months of MDS's could not be kept in the two-inch charts. She stated the Corporate MDS nurse stated it was okay for the MDS's to be moved to the Medical Records Department and the Director of Nursing (DON) had moved them herself.</p> <p>Interview with the DON on 09/17/15 at 3:15 PM revealed the MDS's were accessible to the nurses because the nurses knew where the keys were kept and the nurses could access the MDS's any time.</p> <p>Interview with the Administrator on 09/17/15 at 3:15 PM revealed 15 months of MDS's would not</p>	F 286			

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F 286	Continued From page 8 fit in the charts and that the charts got so big they would not fit in the chart rack. She stated there was no room at the nurses' station for a MDS binder and that the nurses always had access.	F 286			