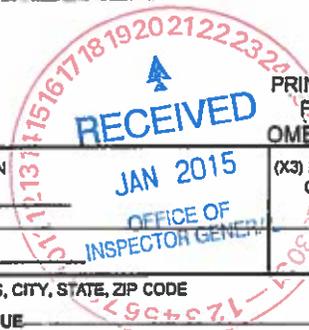


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2015  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186382	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/19/2014
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NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 47-MARGO AVENUE BARDWELL, KY 42023
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F 000	INITIAL COMMENTS	F 000		
F 279 SS=D	<p>An Abbreviated Survey Investigating Complaint #KY22556 was conducted on 12/18/14 through 12/19/14 to determine the facility's compliance with Federal requirements. Complaint #KY22556 was substantiated with deficiencies cited at a Scope and Severity of a "D".</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and a review of the facility's policy, it was determined the facility failed to ensure a comprehensive care plan was developed for one (1) of three (3)</p>	F 279	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, <b>Countryside Center</b> does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p><u>F 279</u></p> <p>Resident # 1 Comprehensive Care Plan was updated/revise by Clinical Reimbursement Coordinator and MDS Kardex report updated/revise by Director of Nursing on 12/22/14 to reflect mechanical lift for transfers with assist of two.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>D. Lynn Cagle</i>	TITLE <i>Administrator</i>	(X6) DATE <i>1/16/15</i>
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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 279	<p>Continued From page 1</p> <p>sampled residents (Resident #1) to reflect the required assistance needed for transfers as assessed on the resident's quarterly 10/03/14 Minimum Data Set (MDS) assessment. The facility had identified Resident #1 required extensive assistance of two (2) staff with bed mobility; however, the MDS Kardex report, which was utilized by staff as a resource to provide care to residents, stated Resident #1 was a one (1) person assist for transfers. On the evening of 11/30/14, State Registered Nurse Aide (SRNA) #5 transferred Resident #1 with no assistance from other staff.</p> <p>The findings include:</p> <p>Review of the facility's Care Plan Policy, revised 01/02/14, revealed a comprehensive, individualized care plan will be developed by the interdisciplinary team for each patient. The care plan will include measurable objectives to meet patient needs and goals as identified by the assessment process. The comprehensive care plan is based on Nursing Assessment, subsequent assessments/evaluations, Care Area Assessment (CAA), and other observations. It is also reviewed and revised a minimum of quarterly and as needed to reflect response to care and changing needs and goals.</p> <p>Record review revealed the facility admitted Resident #1 on 10/01/06 with diagnoses which included Alzheimer's Disease and Muscle Weakness.</p> <p>Review of the Quarterly MDS, dated 10/03/14, revealed the facility assessed Resident #1's cognition as severely impaired with a Brief Interview of Mental Status (BIMS) score of "3"</p>	F 279	<p>Current residents' MDSs, (47 of 47) care plans and MDS Kardex reports were audited for correctness and correlation in relation to transfers with staff assist by 1/23/15 by Clinical Reimbursement Coordinator with updates as indicated.</p> <p>All licensed nurses are to be reeducated by Nurse Practice Educator (NPE) on developing, updating, and revising the care plan, MDS Kardex report to include transfer assists with a post test and will be completed by 1-23-2015. All nursing staff are to be reeducated by NPE on following the care plan including transfer assists with a post test of 100% pass rate by 1/23/15. Post tests will be graded by the NPE.</p>	

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F 279	<p>Continued From page 2</p> <p>indicating the resident was not interviewable. Further review revealed the facility assessed the resident was totally dependent on two (2) plus persons for transfers; however, review of the Comprehensive Care Plan, last revised 03/18/14, revealed the resident required one (1) person continual guidance and physical assist for transfers.</p> <p>Review of the MDS Kardex for Resident #1 indicated the resident was a one to two (1-2) person assist for transfers, not a two (2) person assist as assessed by the facility.</p> <p>Interview with SRNA #5, on 12/19/14 at 10:26 AM, revealed he had cared for Resident #1 on 11/30/14 and stated "I was the one that transferred him/her from the chair to the bed." The SRNA reported the resident required the assistance of one (1) staff for transfers.</p> <p>Interview with SRNA/Certified Medication Aide (CMA) #1, on 12/18/14 at 2:18 PM, revealed Resident #1 required transfer assist of two (2) and the SRNA revealed that she always used two (2). She revealed every hall has a care plan book that they can look at to identify the needs of the resident or staff can ask the nurse if unsure.</p> <p>Interview with Registered Nurse (RN) #1, on 12/19/14 at 10:55 AM, revealed the resident was hard to move at times due to his/her contractures and she thought the resident required the assist of two (2) with transfers, but couldn't remember, it might have been one (1).</p> <p>Interview with SRNA #2, on 12/18/14 at 1:27 PM, revealed the resident usually required two to three (2-3) staff for transfers from the chair to the</p>	F 279	<p>Director of Nursing, Assistant Director of Nursing, Clinical Reimbursement Manager, &amp;/or Unit Manager will audit five (5) Care Plans per week for updating/revising comprehensive plan of care to include correlation of MDS and MDS Kardex reports for transfer assists, for four (4) weeks then five (5) per month for three (3) months. Corrective action and/or re-education will be provided at point of discovery. Director of Nursing will report findings to Performance Improvement Committee which consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dining Services Director, and Maintenance Director for further recommendations.</p> <p>Completion Date</p>	1-23-2015

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F 279	<p>Continued From page 3</p> <p>bed and she had never seen staff transfer this resident alone. SRNA #2 stated she would utilize the ADL book to look at the MDS sheet to find out the transfer needs of a resident if unknown.</p> <p>Interview with SRNA #1, on 12/18/14 at 1:17 PM, revealed she was working with two other SRNAs with Resident #1 in the shower room when she noticed the resident's left arm was bruised and swollen. SRNA #1 stated the resident usually required the transfer assistance of one-two (1-2) staff. She stated the ADL book or the SRNA Care Plan was where the staff would refer for guidance on the needs of the residents.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 12/18/14 at 1:55 PM, revealed the Kardex should have the information about the transfer needs for a resident or staff can ask the nurse.</p> <p>Interview with the MDS Coordinator, on 12/18/14 at 2:41 PM, revealed the Quarterly MDS for the resident, dated 10/03/14, revealed Resident #1 required the assistance of two (2) for transfers. She confirmed the MDS Kardex reflected the resident needed one - two (1-2) assists for transfers. The MDS Coordinator revealed the discrepancy was related to the seven (7) day look back period which reflected the resident had required varying assistance for transfers for that period. She revealed that the SRNA would make the decision whether they would need additional assistance for the transfer.</p> <p>Interview with the Unit Manager (UM), on 12/19/14 at 11:05 AM, revealed she was pretty sure Resident #1 required the transfer assistance of 1-2 staff. The UM stated some days the resident was more "with it" than other days. The</p>	F 279		

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F 279	Continued From page 4 UM reported the SRNAs know whether they will need additional assistance with a resident.  Interview with the Director of Nursing (DON), on 12/18/14 at 2:53 PM, revealed the MDS reflected the seven (7) day look back period. If the resident required the assistance of two (2) at any point during that time, the MDS would automatically code the resident at the higher level of assistance.	F 279			