

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

PRINTED: 12/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/11/2012
NAME OF PROVIDER OR SUPPLIER  JEFFERSON PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 HERR LANE LOUISVILLE, KY 40222	
(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	F 000		
F 241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</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 that the facility failed to promote care of residents in a manner that maintained or enhanced the residents' dignity and respect for three (3) of four (4) sampled residents (Residents #2, #3 and #4). The facility failed to provide prompt toileting assistance for dependent resident resulting in the residents experiencing incontinent episodes of bowel and bladder. The residents' verbalized feeling of discomfort.</p> <p>The findings include:</p> <p>The facility did not provide a policy in regard to dignity.</p> <p>Observations during the survey, on 12/11/12 at 9:40AM to 10:50AM, revealed various facility staff (nursing assistants, housekeeping, therapy) ambulating up and down the hallway while a call light was activated on the 800 hallway. The</p>	F 241	<p>*The Maroon Unit Manager oversees a 3-day elimination diary 12-11-2012 for Resident #2. The Unit Manager develops a revised toileting plan for Resident #2 12-13-2012. The Director of Resident Assessment develops a care plan for Resident #2 addressing the incontinence 12-20-2012. The Unit Manager reevaluates the bladder assessment for Resident #2 1-7-2013. Resident #3 discharges from the facility 12-24-12. Resident #4 discharges from the facility 12-21-12.</p> <p>*The Resident Assessment Coordinators and Nurse Supervisors compare all bowel and bladder assessments and toileting plans to nurse aide CareTracker documentation of continence to identify current residents with a discrepancy by 1-18-2013. Unit Managers and</p>	1-22-13

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

TITLE

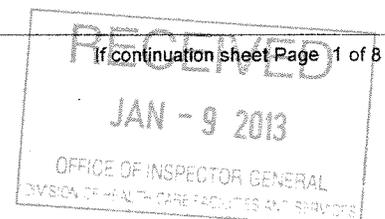
(X6) DATE

*X Dorothy E. Brubaker*

*X Administrator*

*X 1-9-2013*

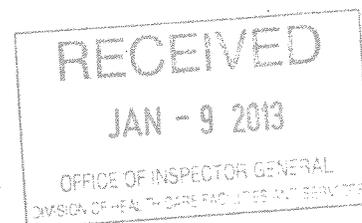
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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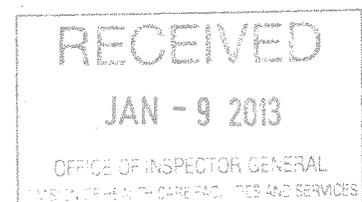
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F 241	<p>Continued From page 1</p> <p>Director of Nursing walked by without acknowledging the call light. In addition, six (6) staff members were engaged with visitors while a call light on the 800 hallway remained on for seven (7) minutes.</p> <p>Interview with Resident #2, on 12/11/12 at 10:00 AM, revealed he/she was admitted to the facility for rehabilitation. The resident stated he/she was continent of bowel and bladder prior to entering the facility. However, the resident stated due to the increased time it took for staff to answer the call light, the resident wet the bed. The resident revealed the staff encouraged the use of a brief instead of providing a bedpan upon request. The resident stated he/she was placed in an incontinent brief. He/She continued to state having to wear an incontinent brief made him/her angry.</p> <p>Review of the clinical record for Resident #2 revealed an admission date of 12/08/12 with a diagnosis of Left Hip Fracture. The facility's Admission Nursing Assessment, dated 12/08/12, revealed the resident to have no cognitive impairment. Review of the initial care plan, dated 12/08/12, revealed the facility identified Resident #2 required assistance with toileting.</p> <p>Interview with Resident #3, on 12/11/12 at 11:35 AM, revealed the resident was at the nursing facility for rehabilitation after a stroke. He /She further stated prior the admission to the facility he/she was totally self-sufficient with toileting. The resident verbalized call lights were not answered timely and he/she became incontinent of bladder twice while waiting on the call light to be answered. Continued interview revealed the</p>	F 241	<p>Charge Nurses meet with all interviewable residents to discuss whether they have experienced problems with call light response affecting continence by 1-21-2013.</p> <p>*Beginning 1-10-13, the Resident Assessment Coordinators audit all bowel and bladder assessments for newly admitted residents to compare initial assessments with nurse aide CareTracker documentation of continence to identify residents with a discrepancy. The Resident Assessment Coordinators report any discrepancies to the Unit Manager. The Unit Manager or Charge Nurse develops toileting plans with regard to 3-day Elimination diaries and/or actual nurse aide observations of continence. The Unit Manager reports discrepancies to the Director of Nursing. The Director of Nursing reeducates nurses as the Unit Manager reports discrepancies by 1-21-2013. Beginning, 1-10-2013, the Administrator reeducates associates regarding the</p>		



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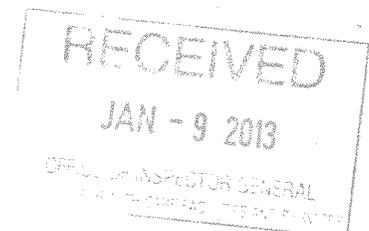
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F 241	<p>Continued From page 2</p> <p>resident stated he/she felt funny having to wet on him/herself.</p> <p>Review of Resident #3's clinical record revealed the resident was admitted to the facility on 10/30/12 with a diagnosis of Cerebral Vascular Accident (CVA) with right sided weakness. Further review of the admission Minimum Data Set (MDS), dated 11/06/12, revealed the resident required assistance with toileting. Review of the Care Plan revealed the resident was able to ambulate to the bathroom with the assist of one.</p> <p>Interview with Resident #4, on 12/11/12 at 11:40 AM, revealed the resident was admitted to the facility for rehabilitation and needed assistance with toileting. He/She verbalized the call lights were not answered timely. The resident stated he/she had become incontinent of bowel on several occasions while waiting for assistance. The resident stated that was not a good feeling and did not like to have accidents.</p> <p>Review of Resident #4's clinical record revealed the resident was admitted to the facility on 11/28/12 with a diagnosis of Right Hip Fracture and C-Diff. Further review of the record revealed the resident needed assistance with toileting.</p> <p>Interviews with CNAs #1, #2 and #3, on 12/11/12 at 11:45AM, 4:45PM and 5:00PM revealed staff are trained to answer the call light as soon as possible. The CNAs further stated answering the call light is the responsibility of everyone. They indicated the importance of answering a call light timely is to validate a resident's needs or concerns.</p>	F 241	<p>importance of timely response to call lights including the shared responsibility of all associates to do so and the impact of that responsiveness on residents' functional status, feelings and dignity. The Administrator or Director of Staff Development will repeat this education quarterly and for all new hires during orientation. Beginning 1-21-2013, the Administrator assigns a schedule for audits for call light response times during peak times including meals, shift change and associate breaks. The Administrator, Department Directors and Charge Nurses audit call light response times twice daily during peak times for 1 week. The Administrator, Department Directors and Charge Nurses audit call light response times daily for the following week. The Administrator, Department Directors and Charge Nurse will audit call light response times 3 times per week for the following 2 weeks. The Administrator, Department Directors and Charge Nurse will</p>		



audit weekly for four weeks. The person auditing call lights discusses the results with the associates present immediately after the audit to evaluate the results and assure improvements. The Administrator posts the results of the audits in the service area for all associates to see. The Director of Social Services or her assistant will interview all residents during their quarterly assessments regarding whether they use the call lights and how long they wait for responses. She will report the results to the Administrator, the Director of Nursing and the Unit Managers who will review results with associates.

\*Each Quarter the Director of Nursing reports to the Quality Assurance Committee the results of the comparisons of assessments for continence to assure that residents are assessed and care plans developed for appropriate toileting plans. The Administrator reports the results of the audits of call light response to the Quality Assurance



committee each quarter to ensure  
that call light response solutions  
are sustained.

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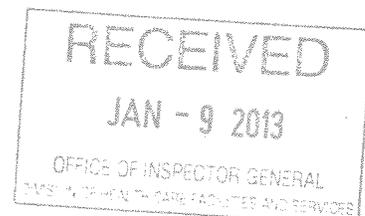
OFFICE OF INSPECTOR GENERAL

HEALTH CARE FACILITIES AND SERVICES

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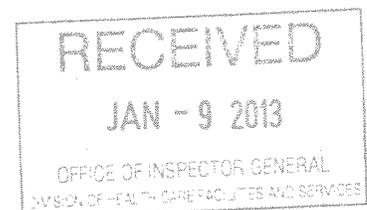
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F 241	Continued From page 3 Interview with the Unit Manager for the 500, 600, 700, and 800 halls, on 12/11/12 at 5:10PM, revealed the expectation is for call lights to be answered within five minutes of activation. She further stated she monitored for any care concerns daily on the unit. However, she was unaware of concerns with Residents' #2, #3, and #4. She further stated that the answering of call lights may need to be improved.  Interview with the Director of Nursing, on 12/11/12 at 5:30PM, revealed call lights are to be answered promptly and to provided assistance as required or requested. The call light is to be answered within 5 minutes or less. She further stated that all staff is responsible to answer the call light and provide assistance to the resident. She indicated she was unaware of passing the room on the 800 hallway twice without answering the call light. She said Residents #2, #3, and #4's dignity has been compromised when the call light was not answered timely and assistance not provided to prevent incontinent episodes.	F 241		
F 311 SS=E	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS  A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determine that the facility failed to provide toileting assistance for three (3) of four (4) sampled residents (Residents #2, #3 and #4). As a result,	F 311	*The Maroon Unit Manager oversees a 3-day elimination diary 12-11-2012 for Resident #2. The Unit Manager develops a revised toileting plan for Resident #2 12-13-2012. The Director of Resident Assessment develops a care plan for Resident #2 addressing the incontinence 12-20-2012. The Unit Manager reevaluates the bladder assessment for Resident #2 1-7-	1-22-13



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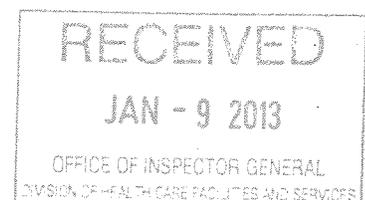
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F 311	<p>Continued From page 4</p> <p>the residents experienced episodes of bowel or bladder incontinence causing the residents discomfort. Refer to F241</p> <p>The findings include:</p> <p>The facility did not provide a policy in regard to ADL care.</p> <p>Observation during the survey, on 12/11/12 at 9:40AM to 10:50AM, revealed various facility staff (nursing assistants, housekeeping, therapy) ambulating up and down the hallway while a call light was activated on the 800 hallway. The Director of Nursing walked by without acknowledging the call light. In addition, six (6) staff members were engaged with the visitors while a call light on the 800 hallway remained on for seven (7) minutes.</p> <p>Interview with Resident #2, on 12/11/12 at 10:00AM, revealed he/she was admitted to the facility for rehabilitation. The resident stated he/she was continent of bowel and bladder prior to entering the facility. However, the resident stated due to the increase time it took for staff to answer the call light, the resident wet the bed. The resident revealed the staff encouraged the use of a brief instead of providing a bedpan upon request. The resident stated he/she was placed in an incontinent brief. He/She continued to state having to wear an incontinent brief made him/her angry.</p> <p>Review of the clinical record for Resident #2</p>	F 311	<p>2013. Resident #3 discharges from the facility 12-24-12. Resident #4 discharges from the facility 12-21-12.</p> <p>*The Resident Assessment Coordinators and Nurse Supervisors compare all bowel and bladder assessments and toileting plans to nurse aide CareTracker documentation of continence to identify current residents with a discrepancy by 1-18-2013. Unit Managers and Charge Nurses meet with all interviewable residents to discuss whether they have experienced problems with call light response affecting continence by 1-21-2013.</p> <p>*Beginning 1-10-13, the Resident Assessment Coordinators audit all bowel and bladder assessments for newly admitted residents to compare initial assessments with nurse aide CareTracker documentation of continence to identify residents with a discrepancy. The Resident Assessment Coordinators report any discrepancies to the Unit Manager. The Unit Manager or</p>	



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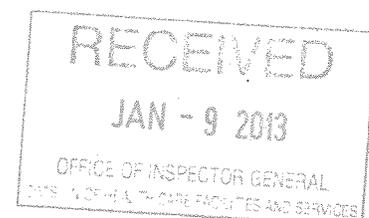
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F 311	<p>Continued From page 5</p> <p>revealed an admission date of 12/08/12 with a diagnosis of Left Hip Fracture. The facility's Admission Nursing Assessment, dated 12/08/12, revealed the resident to have no cognitive impairment. Review of the initial care plan, dated 12/08/12, revealed the facility identified Resident #2 required assistance with toileting.</p> <p>Interview with Resident #3, on 12/11/12 at 11:35 AM, revealed the resident was at the nursing facility for rehabilitation after a stroke. He /She further stated prior to the admission to the facility he/she was totally self-sufficient with toileting. The resident verbalized call lights are not answered timely and he/se became incontinent of bladder twice while waiting on the call light to be answered. Continued interview revealed the resident stated he/she felt funny having to wet on him/herself.</p> <p>Review of Resident #3's clinical record revealed the resident was admitted to the facility on 10/30/12 with a diagnosis of Cerebral Vascular Accident (CVA) with right sided weakness. Further review of the admission Minimum Data Set (MDS), dated 11/06/12, revealed the resident required assistance with toileting. Review of the Care Plan revealed the resident was able to ambulate to the bathroom with the assist of one.</p> <p>Interview with Resident #4, on 12/11/12 at 11:40AM, revealed the resident was admitted to the facility for rehabilitation and needed assistance with toileting. He/She verbalized the call lights are not answered timely. The resident stated he/she had become incontinent of bowel on several occasions while waiting for assistance. The resident stated that was not a good feeling</p>	F 311	<p>Charge Nurse develops toileting plans with regard to 3-day Elimination diaries and/or actual nurse aide observations of continence. The Unit Manager reports discrepancies to the Director of Nursing. The Director of Nursing reeducates nurses as the Unit Manager reports discrepancies by 1-21-2013. Beginning, 1-10-2013, the Administrator reeducates associates regarding the importance of timely response to call lights including the shared responsibility of all associates to do so and the impact of that responsiveness on residents' functional status, feelings and dignity. The Administrator or Director of Staff Development will repeat this education quarterly and for all new hires during orientation. Beginning 1-21-2013, the Administrator assigns a schedule for audits for call light response times during peak times including meals, shift change and associate breaks. The Administrator, Department Directors and Charge Nurses</p>		



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F 311	<p>Continued From page 6 and did not like to have accidents.</p> <p>Review of Resident #4's clinical record revealed the resident was admitted to the facility on 11/28/12 with a diagnosis of Right Hip Fracture and C-Diff. Further review of the record revealed the resident needed assistance with toileting.</p> <p>Interview with CNA #2, on 12/11/12 at 4:45PM, revealed the staff are trained to provide toileting assistance to dependent residents by every two hour checks, or when the resident asks for toileting assistance. The CNA further stated when a resident is incontinent of bowel or bladder their risk of skin breakdown increases. She stated sometimes staff are busy with other residents, or another CNA may need additional assistance with a resident, and that is why answering a call light may be delayed. She further stated the facility's goal is to keep the residents' toileting needs as independent as possible.</p> <p>Interview with the Unit Manager for the 500, 600, 700, and 800 halls, on 12/11/12 at 5:10PM, revealed the expectation is for call lights to be answered with five minutes of activation. She further stated she monitored for any care concerns daily on the unit. However, she was unaware of the toileting concerns with Resident #2, being admitted continent of bladder and the facility placed the resident in a brief. The Unit Manager was also unaware Resident #3 had an incontinent bladder episode while awaiting assistance, and Resident #4 had frequent incontinent episodes of diarrhea. She further stated a residents' toileting needs should not decrease if at all possible.</p>	F 311	<p>audit call light response times twice daily during peak times for 1 week. The Administrator, Department Directors and Charge Nurses audit call light response times daily for the following week. The Administrator, Department Directors and Charge Nurse will audit call light response times 3 times per week for the following 2 weeks. The Administrator, Department Directors and Charge Nurse will audit weekly for four weeks. The person auditing call lights discusses the results with the associates present immediately after the audit to evaluate the results and assure improvements. The Administrator posts the results of the audits in the service area for all associates to see. The Director of Social Services or her assistant will interview all residents during their quarterly assessments regarding whether they use the call lights and how long they wait for responses. She will report the results to the Administrator, the Director of Nursing and the Unit Managers</p>	



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F 311	Continued From page 7  Interview with the Director of Nursing (DON) on 12/11/12 at 5:30PM revealed call lights are to be answered promptly and to provided assistance as required or requested. She further stated the staff and CNA are knowledgeable of the toileting needs of the resident by verbal report and care plan. However, she was unaware of the toileting concerns with Resident #2, being admitted continent of bladder but the facility placed the resident in a brief. Or that Resident #3 had an incontinent bladder episode while awaiting assistance, and Resident #4 had frequent incontinent episodes of diarrhea. The DON stated a resident's toileting needs should not decrease if at all possible for dignity and respect.	F 311	who will review results with associates. *Each Quarter the Director of Nursing reports to the Quality Assurance Committee the results of the comparisons of assessments for continence to assure that residents are assessed and care plans developed for appropriate toileting plans. The Administrator reports the results of the audits of call light response to the Quality Assurance committee each quarter to ensure that call light response solutions are sustained.	

