

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

PRINTED: 08/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2012
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NAME OF PROVIDER OR SUPPLIER REDBANKS COLONIAL TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 142 ROGER POWELL RD SEBREE, KY 42455
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F 000	INITIAL COMMENTS	F 000	This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure services were provided by the facility that met professional standards of quality related to following the physician's orders for an implanted pacemaker device for one resident (#1), in the selected sample of six residents and one unsampled resident. Findings include: An interview with the Director of Nursing (DON), on 08/10/12 at 3:00 PM, revealed there was no specific policy related to following physician's orders. A record review revealed the facility admitted Resident #1 was admitted on 05/03/11 with diagnoses to include Chronic Ischemic Heart Disease, Hypertension, Tachycardia-Bradycardia Syndrome, Shortness of Breath, Chronic Atrial Fibrillation, and a Pacemaker. A review of the	F 281	Resident #1 had an evaluation by the cardiologist on 7/24/12. This resident no longer resides at Redbanks Colonial Terrace. All residents with hospital/physician visits during the past 30 days were reviewed by program managers on 8/13/12, and physician offices were contacted for clarification of all orders and follow-up visits. All licensed nurses will be educated by the Director of Nursing by 9/1/12 to contact physician offices to clarify and request written orders upon admission/readmission and physician visits. The program managers and week-end supervisors will review all admissions/ MD visits then communicate with physician offices as needed by the next working day, to ensure written orders obtained and followed. N-1A (admission/re-admission CQI tool) will be completed every month times three (3) then quarterly as established by the CQI calendar under the supervision of the DON. Completion dates for all noted corrections shall take place no later than 9/1/12.	9/1/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
v.l. Hendrickson

TITLE
Administrator

(X6) DATE
8/24/12

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 281	<p>Continued From page 1</p> <p>annual Minimum Data Set (MDS), dated 07/09/12, revealed the facility identified the resident as moderately cognitively impaired.</p> <p>A review of the nurse's notes, dated 07/03/12 at 4:00 PM, revealed the resident returned from the hospital after replacement of an implanted pacemaker device.</p> <p>A review of the physician's telephone orders, dated 07/03/12 at 1:00 PM, revealed to remove the pressure dressing in one week and leave the steri-strips in place until they fall off. Do not remove. This order was received by Licensed Practical Nurse (LPN) #1 and signed by the Nurse Practitioner. The order was not written on the Treatment Administration Record (TAR) and was not documented as completed. There was no evidence of any other orders received by the facility on 07/03/12.</p> <p>An interview with LPN #1, on 08/10/12 at 10:40 AM and 1:30 PM, revealed she did not receive any written orders when the resident returned to the facility on 07/03/12. She received verbal orders from a nurse at the hospital, but did not write the orders on the TAR. She revealed the nurse indicated to remove the dressing in one week, but stated "on Thursday." She revealed the dressing was removed on Thursday, 07/12/12, nine days after the surgery.</p> <p>Additional orders (received by the surveyor from the hospital), dated 07/03/12, revealed to remove the gauze bandage on 07/05/12, but leave the steri-strips in place. Wound check in one week.</p> <p>An interview with the Registered Nurse (RN) at</p>	F 281		

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F 281	<p>Continued From page 2</p> <p>the Cardiologist's office, on 08/10/12 at 8:30 AM, revealed the Cardiologist preferred that the resident come back to the physician's office in one week to have the wound checked. She indicated she would have sent orders back to the facility on the care of the wound, but the resident did not come to the appointment.</p> <p>An interview with the DON, on 08/10/12 at 1:40 PM, revealed LPN #1 should have called to clarify the verbal orders received on 07/03/12. She expected her to place the order on the TAR so staff would know what to do for the resident. She expected the staff to follow the physician's orders; however, she did not feel it was intentional. She notified the hospital, on 07/04/12, for written discharge instructions. She stated that the hospital faxed other documentation, but did not fax the discharge orders. The DON admitted she did not call the Cardiologist's office for clarification. She was not aware of the above orders (obtained by the surveyor).</p>	F 281		
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was</p>	F 309	<p>Resident #1 had a pacemaker check completed on 7/2/12 with replacement on 7/3/12. Resident's surgical site was treated by the physician on 7/24/12. The resident no longer resides at Redbanks Colonial Terrace.</p> <p>On 8/11/12 a facility-wide audit was completed by Program Managers and the House Supervisor to ensure that all appropriate pacemaker maintenance including follow up appointments were in place for all residents as deemed necessary per the physician. All residents with a surgical site had verification by the Program Managers and House Supervisor on 8/13/12 that proper monitoring including signs and symptoms of infection and treatment was on the treatment record and is completed daily.</p>	9/1/12

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F 309	<p>Continued From page 3</p> <p>determined the facility identified five residents with implanted pacemaker devices; however, the facility failed to have a system in place to monitor residents with implanted pacemaker devices, as well as the required testing for the optimum performance of these devices for one resident (#1), in the selected sample of six residents and one unsampled resident. Additionally, the facility failed to ensure staff monitored and assessed a surgical site for Resident #1. The resident had an implanted pacemaker device replaced on 07/03/12. He/she was transferred to the hospital on 07/24/12 with a superficial skin infection/cellulitis overlying the recently replaced pacemaker.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An interview with the Director of Nursing (DON), on 08/10/12 at 8:20 AM, revealed there was no policy and procedure related to implanted pacemaker devices. <p>A record review revealed the facility admitted Resident #1 on 05/03/11 with diagnoses to include Chronic Ischemic Heart Disease, Hypertension, Tachycardia-Bradycardia Syndrome, Shortness of Breath, Chronic Atrial Fibrillation, and a Pacemaker. A review of the annual Minimum Data Set (MDS), dated 07/09/12, revealed the facility identified the resident as moderately cognitively impaired. There was no care plan initiated for Resident #1 related to the implanted pacemaker device.</p> <p>A review of the nurse's notes, on 06/18/12 at 4:00 PM, revealed the resident's cardiologist was contacted related to a routine pacemaker check.</p>	F 309	<p>A review will ensue upon admission with all families and residents for any pacemaker presence, with physician confirmation and date(s) of last check. This will then be monitored by the Program Managers for follow-up of maintenance. A list of all residents with pacemakers will be reviewed by Program Managers and the Director of Nursing Monday through Friday, to ensure all maintenance is complete. Surgical site and pacemaker monitoring were added to the Admission checklist for review to include follow up appointments and site monitoring. all Licensed Nurses were educated on these dates- 8/15/12;8/22/12;8/23/12;8/24/12, by the Director of Nursing on surgical site monitoring and pacemaker maintenance to be completed.</p> <p>N-1A (admission/re-admission CQI tool) will be completed every month times three (3) then quarterly as established by the CQI calendar under the supervision of the DON.</p> <p>Completion dates for all noted corrections shall take place not later than 9/1/12.</p>	

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F 309	<p>Continued From page 4</p> <p>An appointment was made for a representative to check the resident's pacemaker at the facility, on 07/02/12. The note on 07/02/12 at 3:00 PM, revealed the resident's pacemaker was dysfunctional and required replacement. There was no record of Resident #1 having a routine pacemaker check prior to 07/02/12, more than a year after admission to the facility.</p> <p>An interview with the Registered Nurse (RN) at the Cardiologist's office, on 08/08/12 at 3:25 PM, revealed a pacemaker should be checked every six months to a year. She verified prior to 07/02/12, the last documented pacemaker check for Resident #1 was in August 2010.</p> <p>An interview with the Power of Attorney (POA) for Resident #1, on 08/08/12 at 4:00 PM, revealed he had taken the resident for routine pacemaker checks prior to placement at the facility; however, he had "forgotten" about getting it checked after the resident was admitted. He "assumed" the facility would have the information about the pacemaker on his/her medical record. He inquired about the pacemaker checks about a year later, and the facility set up an appointment for a routine check. The battery was low and required replacement.</p> <p>An interview with Licensed Practical Nurse (LPN) #3, on 08/10/12 at 11:45 AM, revealed she was the Program Manager in June 2012 for Resident #1. She gathered information from the resident's family, on 06/18/12, in an effort to set up an appointment for a routine pacemaker check. She revealed she had no "protocol" to go by related to pacemakers and the facility told her "nothing." She is no longer employed at the facility.</p>	F 309		

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F 309	<p>Continued From page 5</p> <p>An interview with the DON, on 08/10/12 at 1:40 PM, revealed she had been the DON since November 2011. She revealed when hired, she started a system of tracking resident's having pacemakers, including the resident's last routine pacemaker check and the next scheduled check. She stated that she and the Program Manager review all physician orders for newly admitted residents. If a resident was admitted with a pacemaker, orders would be obtained, if needed, for a routine pacemaker check. She indicated names of all residents having an implanted pacemaker device were written on a "board" in her office, with the dates of each resident's last and upcoming appointment; however, Resident #1 was not written on the board prior to 07/02/12. She revealed a list of resident's having an implanted pacemaker device was compiled prior to her hire date, and she did not ensure all resident's having the device were included.</p> <p>2. A review of the facility's Physical Assessment policy/procedure, undated, revealed it was recommended the physical assessment be completed daily for residents meeting the following criteria: Nursing judgment called for frequent assessment of all or part of the physical assessment.</p> <p>A review of the nurse's notes, dated 07/03/12 at 4:00 PM, revealed Resident #1 returned to the facility after surgical replacement of his/her implanted pacemaker device. A weekly skin assessment, on 07/03/12, revealed a dressing over the pacemaker site. On 07/04/12 at 12:56 PM, 07/05/12 at 1:10 PM, and 07/05/12 at 5:45 PM, documentation indicated the pacemaker</p>	F 309		

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F 309	<p>Continued From page 6</p> <p>dressing site was dry and intact. A weekly skin assessment, on 07/10/12, revealed a dressing over the pacemaker site. A weekly skin assessment, on 07/17/12, revealed a surgical incision with steri-strips. A review of the physician's progress notes, on 07/24/12, revealed a pacemaker site infection with purulent material present. The resident was sent to the hospital for further assessment.</p> <p>An interview with LPN #1, on 08/10/12 at 10:40 AM and 1:30 PM, revealed she removed the resident's pacemaker site dressing on 07/12/12. She indicated there were several layers of steri-strips with "some dried drainage." She indicated she should have documented the findings. She verified the weekly skin assessment was completed by her, on 07/17/12, and the area did not appear any different; however, she did not document the appearance of the surgical site. She verified working on 07/21/12, 07/22/12, and 07/23/12, but did not assess the appearance of the site as the resident was not due for a weekly physical assessment.</p> <p>An interview with LPN #5, on 08/10/12 at 12:20 PM, revealed she worked on 07/20/12, but did not recall anything about the surgical site.</p> <p>An interview with LPN #2, on 08/10/12 at 11:25 AM, revealed she removed the resident's steri-strips on 07/24/12, per the physician's request. Drainage was noted from the surgical site. The resident was transferred to the hospital. She indicated a surgical site was usually assessed until healed.</p> <p>An interview with the DON, on 08/10/12 at 1:40</p>	F 309		

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F 309	Continued From page 7 PM, revealed she expected the staff to monitor and document a surgical site each shift.	F 309		