

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

PRINTED: 05/18/2011  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                  MAY 27 2011                  05/04/2011                  COMPLETED             </div>
NAME OF PROVIDER OR SUPPLIER  ROCKCASTLE HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409	

OMB NO. 0938-0375  
MAY 27 2011  
05/04/2011  
COMPLETED  
Division of Health Care  
Southern Enforcement Branch

NAME OF PROVIDER OR SUPPLIER  ROCKCASTLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409
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F 000	INITIAL COMMENTS	F 000	<i>Rockcastle Health and Rehabilitation, a Signature Healthcare Facility does not believe and does not admit that any deficiencies existed, either before, during or after the survey. The Facility reserves all rights to contest the survey finding through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all right 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 consider as a waiver of any potentially applicable peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to residents.</i>	6/15/11
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 interview and record review it was determined the facility failed to provide treatment and services to prevent UTI and to restore as much bladder function as possible for one of three sampled residents. The facility also failed to provide documentation that the resident's indwelling catheter had been changed every thirty days.  The findings include:  The facility's policy on indwelling catheters (dated December 2010) revealed the indwelling catheters were to be utilized and changed in accordance with physician's orders.	F 315	1. Resident #1 no longer resides at the facility.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: David D. Dixon TITLE: NHA (X6) DATE: 5/27/11

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409	
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F 315	<p>Continued From page 1</p> <p>A review of the closed medical record of resident #1 revealed resident #1 was admitted to the facility on November 20, 2010, with medical diagnoses that included Closed Fracture Nasal Bones, Congestion Heart Failure, Difficulty Walking, Muscle Weakness, Memory Loss, and Anxiety. A Minimum Data Set (MDS) dated November 20, 2010, revealed resident #1 was occasionally incontinent and was not on a toileting program.</p> <p>Record review of resident #1's record revealed on January 8, 2011, the facility received a physician's order to perform a catheterization and to anchor the catheter if urinary output was greater than 200 cc. An additional physician's order was received on January 10, 2011 to anchor an indwelling catheter to bedside drainage for medical diagnoses of Urinary Retention. Review of resident #1's medical record revealed documentation of treatment records for January, February, and March 2011. Based on documentation, facility staff had changed resident #1's indwelling catheter on January 21, 2011. However, based on documentation, the resident's indwelling catheter was not changed in February or March 2011. The resident was discharged from the facility on April 8, 2011.</p> <p>An interview conducted on May 2, 2011, at 4:50 p.m., with Licensed Practical Nurse (LPN) #1 revealed catheters were to be changed every month and as needed by the nurses on night shift. In addition, according to LPN #1, he/she was responsible to record on the treatment sheet when the catheters were changed.</p> <p>Another interview conducted on May 2, 2011, at</p>	F 315	<ol style="list-style-type: none"> <li>The ADONs have audited orders of residents with catheters to ensure the order contains the frequency of catheter changes.</li> <li>Licensed staff will receive education by the SDC/designee by the date of completion on obtaining proper orders for catheters to include the catheter and balloon size, frequency of changing the catheter and catheter care.</li> </ol> <p>The education also included proper documentation of changing the catheter.</p> <ol style="list-style-type: none"> <li>The ADONs will complete a monthly audit on orders of residents with catheters to ensure the order includes the frequency to change the catheter and that the documentation reflects when it was changed.</li> </ol>	

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F 315	<p>Continued From page 2.</p> <p>5:05 p.m., with Registered Nurse (RN) #1 revealed when a nurse received an order from a physician to utilize an indwelling catheter for a resident the physician should also direct the frequency the catheter was to be changed. RN #1 stated he/she received the physician's order for resident #1's catheter on January 10, 2011, but failed to obtain an order for the frequency of the catheter change.</p> <p>Further interview conducted on May 2, 2011, at 5:55 p.m., with the Assistant Director of Nursing/Unit Manager (ADON/UM) revealed according to the facility's policy, catheters were to be changed as ordered by the physician and on a monthly basis. The ADON/UM stated the facility's policy failed to address a frequency for resident catheter changes. However the ADON/UM confirmed there was no documentation in the facility records that resident #1's indwelling catheter had been changed on a monthly basis.</p> <p>An additional interview conducted on May 2, 2011, at 6:30 p.m., with the Director of Nursing (DON) revealed the facility's policy was to change indwelling catheters as prescribed by the physician. However, according to the DON, the facility requirement was for indwelling catheters to be changed on a monthly basis, unless the physician ordered more frequent catheter change. The DON stated based on facility practice resident #1's catheter should have been changed in February 2011 and March 2011. However there was no documentation the catheter had been changed.</p> <p>An interview conducted on May 2, 2011, at 7:15 p.m., with LPN #2 revealed he/she worked the</p>	F 315	<p>The results of the audit will be reported to the QA committee monthly by the DON with review for further recommendations and follow-up as indicated.</p>	
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F 315	Continued From page 3 night shift and had been responsible to change resident #1's catheter. LPN #2 stated the treatment record was used by the nursing staff to document a due date for the catheter change and also to document the date the catheter had been changed. The interview with LPN #2 revealed there was no documentation on the treatment record that resident #1's catheter had been changed during the months of February or March 2011.	F 315		
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