

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

PRINTED: 10/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/03/2012
NAME OF PROVIDER OR SUPPLIER MCCRACKEN NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 867 MCGUIRE AVE. PADUCAH, KY 42001		
(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 279	<p>Continued From page 1</p> <p>Resident #1 and assessed the resident as having a foley catheter in use. Observations on 10/02/12 revealed Resident #1 continued to use a catheter. There was no evidence the facility had developed a care plan for the resident's use of a catheter.</p> <p>Findings include:</p> <p>A record review revealed Resident #1 was admitted to the facility on 04/18/11 with diagnoses to include Acute Renal Failure due to Chronic Kidney Disease, Dementia, Skin Lesions multiple, Stage III Right Foot Transmetatarsals Amputation, Left Foot Ulcer, Cerebral Vasculer Accident, Psychotic Disorder, Non-Compliance, Intermittent, for Medical Care, Depression and Diabetes Mellitus. A review of a quarterly Minimum Data Set (MDS) assessment, dated 09/07/12, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 16, which indicates the resident is cognitively intact.</p> <p>A review of the Hospital Emergency Room (ER) Report, dated 09/11/12 at 1:25 AM, revealed at 1:50 AM, Resident #1 had a foley catheter inserted.</p> <p>Review of the facility's re-admission assessment, dated 09/18/12, revealed the licensed nurse assessed Resident #1 as using a foley catheter.</p> <p>An observation of a skin assessment for Resident #1, on 10/02/12 at 10:05 AM, revealed the resident had an indwelling catheter to bedside drainage.</p> <p>Review of the care plan revealed no evidence</p>	F 279	<ol style="list-style-type: none"> On 10/02/2012 facility notified physician that Resident #1 did not have care plan developed that addressed specific approaches for resident's use of foley catheter. Facility immediately implemented care plan. On 10/02/2012, the Director of Nursing, the Assistant Director of Nursing, and the Unit Managers conducted an audit on all residents with foley catheters to ensure that each resident had care plans developed that address their specific need for foley catheter use. No concerns identified during audit. All licensed nurses will be reeducated by the Education and Training Director by 10/28/12 on ensuring that upon admission care plans are developed that address specific approaches for resident's use of foley catheter. The Director of Nursing, the Assistant Director of Nursing and/ or Unit Managers will review new admissions daily Monday through Friday for four (4) weeks, then weekly for eight (8) weeks to ensure that if upon admission a resident requires the continued use of a foley catheter, a care plan is developed that addresses specific approaches for resident's use of foley catheter. The results of these audits will be forward to the Quality Assurance Committee monthly for three (3) months for further recommendations. If at anytime concerns are identified, the Quality Assurance committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, and the Social Services Director with the Medical Director attending at least quarterly. 	10/28/2012	

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F 279	<p>Continued From page 2</p> <p>that the facility had developed a care plan for the resident's continued use of a catheter.</p> <p>A record review and interview with Licensed Practical Nurse (LPN) #1, on 10/02/12 at 2:50 PM, revealed there was no care plan related to the indwelling catheter. She speculated that Resident #1 may have returned from the hospital with the foley catheter. She stated there should be a care plan in place.</p> <p>An interview with the DON, on 10/03/12 at 8:20 AM, revealed the resident readmitted to the facility from the hospital on 09/18/12 with the indwelling catheter. She stated she expect a care plan to have been developed related to the resident's use of a foley catheter.</p>	F 279		
F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews it was determined the facility failed to ensure one resident (#1) in the selected sample of four (4), was not catheterized unless the</p>	F 315	<p>1. On 10/02/12, the facility obtained physician's order detailing the clinical necessity for the continued use of foley catheter for Resident #1.</p> <p>2. On 10/02/2012, the Director of Nursing, the Assistant Director of Nursing, and the Unit Managers conducted an audit on all residents with foley catheters to ensure that each resident has physician order with appropriate diagnosis for continued use of foley catheter. No concerns were identified during audit.</p> <p>3. All licensed nurses were reeducated on 10/02/2012 on ensuring that an order is obtained from the physician that indicates the clinical necessity for the continued use of Foley catheter.</p>	

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F 315	<p>Continued From page 3</p> <p>resident's clinical condition demonstrated that catheterization was necessary. The facility transferred Resident #1 to the hospital on 09/11/12 and was readmitted to the facility on 09/18/12 with an indwelling catheter. Observations revealed the resident utilized an indwelling catheter. While the facility assessed Resident #1 as having a catheter upon readmission, they failed to ensure a physician's order was obtained, detailing the clinical necessity for its continued use and failed to develop and initiate a care plan for the use of the catheter.</p> <p>Findings include:</p> <p>An interview with the Director of Nursing, on 10/02/12 at 3:15 PM, revealed the facility had no policy/procedure related to indwelling catheters.</p> <p>A record review revealed the facility admitted Resident #1 on 04/18/11 with diagnoses to include Acute Renal Failure due to Chronic Kidney Disease, Dementia, Skin Lesions multiple, Stage III Right Foot Transmetatarsis Amputation, Left Foot Ulcer, Cerebral Vascular Accident, Psychotic Disorder, Non-Compliance, Intermittent, for Medical Care, Depression and Diabetes Mellitus. A review of a quarterly Minimum Data Set (MDS) assessment, dated 09/07/12, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact.</p> <p>A review of the Hospital Emergency Room (ER) Report dated 09/11/12 at 1:25 AM, revealed at 1:50 AM, a foley catheter was placed, and</p>	F 315	<p>4. The Director of Nursing, the Assistant Director of Nursing and/or Unit Managers will review new admissions daily Monday through Friday for four (4) weeks, then weekly for eight (8) weeks to ensure that if upon admission a resident requires the continued use of a Foley catheter, a physician's order is received that indicates the clinical necessity for ongoing use. The results of these audits will be forward to the Quality Assurance Committee monthly for three (3) months for further recommendations. If at any time concerns are identified, the Quality Assurance committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, and the Social Services Director with the Medical Director attending at least quarterly</p>	10/28/12 per permission of Marilyn Ingram, Adm M
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F 315	<p>Continued From page 4</p> <p>Resident #1 tolerated the procedure fair.</p> <p>Review of the facility's re-admission assessment document dated 9/18/12 revealed the licensed nurse assessed Resident #1 as having a foley catheter and being Incontinent of bowel. An interview with the DON, on 10/03/12 at 8:20 AM, revealed the facility readmitted Resident #1 to the facility from the hospital on 09/18/12 with the indwelling catheter.</p> <p>Further record review revealed no documented evidence of a physician's order for Resident #1's use of an indwelling catheter upon readmission. Additionally, there was no evidence the facility had initiated a care plan for the resident's use of an indwelling catheter at the time of readmission.</p> <p>An observation of a skin assessment for Resident #1, on 10/02/12 at 10:05 AM, revealed the resident had an indwelling catheter to bedside drainage covered with a dignity bag.</p> <p>Further record review revealed there was no evidence the facility had notified the physician to obtain a physician's order and medical diagnoses for the Resident's continued use of the indwelling catheter nor had they developed a care plan to address Resident #1's use of the indwelling catheter.</p> <p>A record review and interview with Licensed Practical Nurse (LPN) #1, on 10/02/12 at 2:50 PM, revealed there was no care plan and no physician's order related to the indwelling catheter. She speculated that Resident #1 may have returned from the hospital with the foley catheter. She stated there should be a</p>	F 315			

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F 315	Continued From page 5 physician's order for the catheter and a care plan in place. An interview with the DON, on 10/03/12 at 8:20 AM, revealed the resident should have had a physician's order with the diagnosis for the continued use of the catheter and a care plan in place related to the catheter.	F 315			