

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

PRINTED: 10/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/30/2011
NAME OF PROVIDER OR SUPPLIER MADONNA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017		
(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 F 164 SS-B	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey Investigating ARO#KY00017173 and #KY00017141 was initiated on 09/29/11 and concluded on 09/30/11. ARO#KY00017173 was substantiated with deficiencies cited at 42 CFR 483.10 (F-164) at a scope and severity of a "B". ARO#KY00017141 was substantiated with no deficiencies cited.</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p>	F 000 F 164	<p>DISCLAIMER: THE COMPLETION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION THAT THE FACILITY AGREES WITH THE CITED DEFICIENCIES AS STATED IN THE 2567 INCLUDING ANY DETERMINATIONS OF SCOPE AND SEVERITY OF THE ALLEGED DEFICIENCIES. THE FACILITY IS COMPLETING THE PLAN OF CORRECTION BECAUSE IT IS REQUIRED BY STATE AND FEDERAL LAW. THE FACILITY DISAGREES AND DISPUTES THE DEFICIENCIES STATED IN THE 2567.</p> <p>The facility alleges compliance as of 10/18/11.</p> <p style="text-align: center;"></p>		

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Executive Director 10/17/11

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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F 164	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy it was determined the facility failed to ensure confidentiality of personal and clinical records for four (4) of four (4) sampled residents, Resident's #1, 2, 3, and 4. Observation on, 09/29/11 and 09/30/11 at various times, revealed the unit weight book, which contained all the weights for the residents was left unsupervised on the desk out side of the dinning area. The findings include: Record review of the facility's policy, titled Resident Rights, revised 10/07/07, revealed pertinent medical information is maintained for each apartment resident and is kept in a convenient and secure file in the facility. All medical records are held as confidential documents. Observation on, 09/29/11 at 2:00 PM, 4:20 PM, and 5:00 PM, revealed the unit C weight book was on the desk out side of the dining area, unsupervised. Observation on 09/30/11 at 9:20 AM, 11:00 AM, 1:00 PM, and 4:05 PM, revealed the weight book for unit C was laying on the desk out side of the dining area, unsupervised. Review of the weight book revealed Residents #1's, #2's, #3's, and #4's weights were documented in the weight book for the entire month of September 2011. Further review revealed all the other residents' weights on C unit	F 164 F164	The facility has policies and procedures that address the resident right to personal privacy and confidentiality of the resident's personal and clinical record. 1. The weight book for "C" household which contains the residents # 1, 2, 3, and 4 records is kept in the cabinet above the desk except when weights are being recorded or need to be reviewed. 2. Any other confidential records for all other residents that are maintained by paper and needed on the households are kept in the cabinet above the desk which can be locked. Other resident records are kept at the nurse's station and/or maintained in an electronic health record. 3. CNAs and Nurses were provided an additional in-service on the facility requirements and expectations regarding privacy and medical records by the Director of Nursing on 10/13-10/17/11. Director of Nursing, Assistant Director of Nursing and/or Department Heads are completing audits for the households regarding maintaining the confidentiality of records 3 times a week for the next 4 weeks.	10/18/11	

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F 164	<p>Continued From page 2</p> <p>were documented in the unsupervised weight book as well. The information in the weight book also included specific means of obtaining weights for each resident.</p> <p>Interview with CNA# 7, on 09/29/11 at 11:40 AM, revealed the weight book for unit C was routinely kept on the desk in the little nook out side of the dining area. She further stated because the weight book was kept out on the desk in a common area, it could easily be looked at by anyone who walked by the area. Further interview revealed she felt it should be kept in the cabinet above the desk which could be locked so only staff could look at the weights.</p> <p>Interview with LPN #3, on 09/30/11 at 3:00 PM, revealed she worked on unit A and B most of the time and the weight books on both those units were kept in the cabinet above the desk and the cabinet was kept locked. She further stated that when she worked unit C, the weight book was kept out on the desk, not up in the cabinet. Further interview revealed because the weight book was kept on the desk, it could be accessed by anyone.</p> <p>Interview with the Diet Tech, on 09/30/11 at 3:05 PM, revealed the weight book on unit C was kept on the counter top; however, on units A and B, the weight book was kept in the locked cabinet above the counter. She further stated, it was suppose to be secured in the cabinet above the desk.</p> <p>Interview with CNA #4, on 09/30/11 at 3: 20 PM, revealed the weight book on unit C was kept on the desk out side of the dining area where staff could chart the weights after they obtained them.</p>	F 164	<p>Routine informal nursing rounds are conducted on an ongoing basis at least five times per week by nursing administration including observations of the confidentiality of resident information. If issues are observed, actions are taken at that time as indicated.</p> <p>4. If problems are identified during the formal monitoring process prompt corrective action will be taken, staff involved will be provided additional one-on-one education and actions will be taken as appropriate. The facility administration's role in the monitoring is to track that the monitors are being completed and any identified corrective action are implemented. Review and/or revision of policies will be indicated by the administrator sign off on the policy. The QA committee is made up of at least the following members, Administrator, Director of nursing, Medical Director, MDS Nurse and Assistant Director of nursing. Findings of audits will be reported to QA monthly for review and recommendations.</p>		

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F 164	<p>Continued From page 3 She further stated, it should not be kept there.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 09/30/11 at 4:10 PM, revealed the weight book on all three (3) units should be kept in the locked cabinet above the desk outside of the dining area. She further stated she was unaware the weight book on unit C was being kept on the desk, unsupervised.</p> <p>Interview with the Director of Nursing (DON), on 09/30/11 at 4:40 PM, revealed she was not aware the weight book on unit C was being kept on the desk out side the dining area unsupervised. She stated the weight books should be stored in the locked cabinet above the desk.</p>	F 164		

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/30/2011
NAME OF PROVIDER OR SUPPLIER MADONNA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017		
(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) COMPLETE DATE
N 000	INITIAL COMMENTS An Complaint Survey investigating ARO#KY00017173 and #KY00017141 was initiated on 09/29/11 and concluded on 09/30/11. ARO#KY00017173 was substantiated with deficiencies cited. ARO#KY00017141 was substantiated with no deficiencies cited.	N 000		
N 038	902 KAR 20:300-3(5) Section 3. Resident Rights (5) Privacy and confidentiality of personal and clinical records. The resident shall have the right to personal privacy and confidentiality of his personal and clinical records. This requirement is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy it was determined the facility failed to ensure confidentiality of personal and clinical records for four (4) of four (4) sampled residents, Resident's #1, 2, 3, and 4. Observation on, 09/29/11 and 09/30/11 at various times, revealed the unit weight book, which contained all the weights for the residents was left unsupervised on the desk out side of the dinning area. The findings include: Record review of the facility's policy, titled Resident Rights, revised 10/07/07, revealed pertinent medical information is maintained for each apartment resident and is kept in a convenient and secure file in the facility. All medical records are held as confidential documents. Observation on, 09/29/11 at 2:00 PM, 4:20 PM, and 5:00 PM, revealed the unit C weight book was on the desk out side of the dining area, unsupervised. Observation on 09/30/11 at 9:20	N 038	DISCLAIMER: THE COMPLETION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION THAT THE FACILITY AGREES WITH THE CITED DEFICIENCIES AS STATED IN THE 2567 INCLUDING ANY DETERMINATIONS OF SCOPE AND SEVERITY OF THE ALLEGED DEFICIENCIES. THE FACILITY IS COMPLETING THE PLAN OF CORRECTION BECAUSE IT IS REQUIRED BY STATE AND FEDERAL LAW. THE FACILITY DISAGREES AND DISPUTES THE DEFICIENCIES STATED IN THE 2567. The facility alleges compliance as of 10/18/11. 	

Suzanne C. Dwyer
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

EXECUTIVE DIRECTOR
TITLE
Executive Director

DATE
10/17/11
If continuation sheet 1 of 3

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/30/2011
NAME OF PROVIDER OR SUPPLIER MADONNA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017		
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N 038	<p>Continued From page 1</p> <p>AM, 11:00 AM, 1:00 PM, and 4:05 PM, revealed the weight book for unit C was laying on the desk out side of the dining area, unsupervised.</p> <p>Review of the weight book revealed Residents #1's, #2's, #3's, and #4's weights were documented in the weight book for the entire month of September 2011. Further review revealed all the other residents' weights on C unit were documented in the unsupervised weight book as well. The information in the weight book also included specific means of obtaining weights for each resident.</p> <p>Interview with CNA# 7, on 09/29/11 at 11:40 AM, revealed the weight book for unit C was routinely kept on the desk in the little nook out side of the dining area. She further stated because the weight book was kept out on the desk in a common area, it could easily be looked at by anyone who walked by the area. Further interview revealed she felt it should be kept in the cabinet above the desk which could be locked so only staff could look at the weights.</p> <p>Interview with LPN #3, on 09/30/11 at 3:00 PM, revealed she worked on unit A and B most of the time and the weight books on both those units were kept in the cabinet above the desk and the cabinet was kept locked. She further stated that when she worked unit C, the weight book was kept out on the desk, not up in the cabinet. Further interview revealed because the weight book was kept on the desk, it could be accessed by anyone.</p> <p>Interview with the Diet Tech, on 09/30/11 at 3:05 PM, revealed the weight book on unit C was kept on the counter top; however, on units A and B, the weight book was kept in the locked cabinet above</p>	N 038 N038	<p>The facility has policies and procedures that address the resident right to personal privacy and confidentiality of the resident's personal and clinical record.</p> <ol style="list-style-type: none"> 1. The weight book for "C" household which contains the residents # 1, 2, 3, and 4 records is kept in the cabinet above the desk except when weights are being recorded or need to be reviewed. 2. Any other confidential records for all other residents that are maintained by paper and needed on the households are kept in the cabinet above the desk which can be locked. Other resident records are kept at the nurse's station and/or maintained in an electronic health record. 3. CNAs and Nurses were provided an additional in-service on the facility requirements and expectations regarding privacy and medical records by the Director of Nursing on 10/13-10/17/11. Director of Nursing, Assistant Director of Nursing and/or Department Heads are completing audits for the households regarding maintaining the confidentiality of records 3 times a week for the next 4 weeks. 	10/18/11	

Office of Inspector General

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N 038	Continued From page 2 the counter. She further stated, it was suppose to be secured in the cabinet above the desk. Interview with CNA #4, on 09/30/11 at 3: 20 PM, revealed the weight book on unit C was kept on the desk out side of the dining area where staff could chart the weights after they obtained them. She further stated, it should not be kept there. Interview with the Assistant Director of Nursing (ADON), on 09/30/11 at 4:10 PM, revealed the weight book on all three (3) units should be kept in the locked cabinet above the desk outside of the dining area. She further stated she was unaware the weight book on unit C was being kept on the desk, unsupervised. Interview with the Director of Nursing (DON), on 09/30/11 at 4:40 PM, revealed she was not aware the weight book on unit C was being kept on the desk out side the dining area unsupervised. She stated the weight books should be stored in the locked cabinet above the desk.	N 038	Routine informal nursing rounds are conducted on an ongoing basis at least five times per week by nursing administration including observations of the confidentiality of resident information. If issues are observed, actions are taken at that time as indicated. 4. If problems are identified during the formal monitoring process prompt corrective action will be taken, staff involved will be provided additional one-on-one education and actions will be taken as appropriate. The facility administration's role in the monitoring is to track that the monitors are being completed and any identified corrective action are implemented. Review and/or revision of policies will be indicated by the administrator sign off on the policy. The QA committee is made up of at least the following members, Administrator, Director of nursing, Medical Director, MDS Nurse and Assistant Director of nursing. Findings of audits will be reported to QA monthly for review and recommendations.	