

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

PRINTED: 03/21/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185447 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/07/2013 |
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| NAME OF PROVIDER OR SUPPLIER VILLASPRING OF ERLANGER | STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018 |
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| (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 |
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F 000 INITIAL COMMENTS

An Abbreviated Survey investigating KY00019827 was initiated on 03/05/13 and concluded on 03/07/13. KY00019827 was unsubstantiated with deficiencies cited.

F 164 483.10(e), 483.75(l)(4) PERSONAL SS-D PRIVACY/CONFIDENTIALITY OF RECORDS

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

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.

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.

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.

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.

F 000 Without admitting or denying the validity or existence of the alleged deficiencies, Villaspring Health Care and Rehabilitation ("Villaspring") provides the following plan of correction. However, the law requires us to prepare a plan of correction for the citation regardless of whether we agree with it.

F 164

This plan of correction is not meant to establish any standard of care, contract, obligation or position and Villaspring reserves all rights to raise all possible contentions and defenses in any civil or criminal claim action or proceeding.

THIS PLAN OF CORRECTION SERVES AS VILLASPRING'S CREDIBLE ALLEGATION OF SUBSTANTIAL COMPLIANCE AS OF APRIL 12, 2013.

F164 S/S=D

This facility shall ensure the resident has the right to personal privacy.

Resident #4 receives continued follow-up and support from Social Services to ensure there were no negative effects related to the invasion of privacy. The resident has and continues to express she has no negative effect from the occurrence.

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BY

This REQUIREMENT is not met as evidenced

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

[Signature] Administrator 3/29/13

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 | <p>Continued From page 1</p> <p>by:</p> <p>Based on interview and record review it was determined the facility failed to ensure privacy for one (1) resident in the selected sample of four (4) residents (Resident #4). Resident #4 was observed by an outside vendor using the shower room bathroom, allowing full visualization of the resident as he/she stood up to preform hygiene after using the bathroom.</p> <p>The findings include:</p> <p>Review of the clinical record for Resident #4 revealed the facility admitted the resident, on 09/30/11, with diagnoses which included Vitamin B Deficiency, Depression and a History of Constipation.</p> <p>Review of the Minimum Data Set (MDS) annual assessment, dated 12/19/12, revealed the facility assessed Resident #4 with a Brief Interview for Mental Status (BIMS) score of fifteen (15) out of fifteen (15), meaning Resident #4 was alert and oriented. The facility also assessed Resident #4 as always being continent of bowel and bladder, requiring supervision and set-up help only for transfers, toilet use and personal hygiene.</p> <p>Interview, with Resident #4 on 03/07/13 at 10:35 AM, revealed on 03/05/13 at supper time, while in the shower room using the toilet a man came in the shower room while he/she was standing with his/her pants down finishing his/her personal hygiene. Resident #4 stated he/she was very embarrassed. Resident #4 stated the man did not knock on the shower room door.</p> <p>Interview with Licensed Practical Nurse (LPN) #2</p> | F 164 | <p>The Nursing Management Team reviewed the MDS of each resident in order to identify residents who were independent in toileting and have potential to use communal shower/toilet. Nursing to provide education and training to utilize privacy measures provided in these rooms to residents with BIMS \geq 8. Each resident who was independent in toileting was educated on the personal privacy measures Villaspring had in place at the time of the occurrence, specifically if a resident chooses to use a communal bathroom to utilize the privacy curtain and the 'in use' sign.</p> <p>The personnel employed by Villaspring have received in-service education by the LNHA, DON or RN Unit Management Team by April 11th, 2013 on the resident's right to privacy and specifically knocking and announcing self before entering bathrooms. The Maintenance Director and/or Housekeeping Supervisor have educated each outside vendor who works in patient care areas on the resident's right to privacy and specifically knocking and announcing self before entering bathrooms by April 11th, 2013. Any future outside vendors will be educated via in-service education card prior to being able to work in any patient care area.</p> | |

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| F 164 | Continued From page 2 on 03/07/13 at 10:45 AM, revealed the facility was having problems with the call bell system and an outside vendor had come in to work on it. The LPN stated the outside vendor was concerned about going into the shower room but she had told him it was supper time and there were no showers scheduled. She stated she looked in the shower room and there were no residents in the shower room. The LPN then stated she went back to her duties. She stated she was not aware that the outside vendor was going to be in and out of the shower room. She stated Resident #4 and another resident frequently use the shower rooms to go to the bathroom, due to the shower room being closer than their room. Interview with the outside vendor on 03/07/13 at 12:30 PM revealed he had walked in on Resident #4, he stated he did not knock on the door because he was told by the nurse no one would be in there. | F 164 | Observation audits of the staff and outside vendors honoring and ensuring the resident's right to privacy shall be conducted by the DON or designee daily for 2 weeks (Exhibit A) and monthly thereafter. The findings of the audits shall be reported to the Quality Assurance Committee as part of the facility's Quality Assurance Program for review, additional recommendations and the need for ongoing formal monitoring. Completion Date: April 12 th , 2013 | 4/12/13 | |
| F 514 SS-D | 483.75(l)(1) RES RECORDS-COMPLET.E/ACCURATE/ACCESSIB LE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. | F 514 | F514 S/S = D Villaspring maintains clinical records for each resident within the accepted professional standards and the records are complete, accurately documented, readily accessible and systematically organized. Resident #1 is no longer at the facility. | | |

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F 514 Continued From page 3

This REQUIREMENT is not met as evidenced by:
Based on interview, record review and the facility's policy it was determined the facility failed to maintain clinical record in accordance with accepted professional standard and practices for one (1) of four (4) sampled resident (Resident #1). Resident #1 had a treatment added to the treatment sheet with no order for the treatment.

The findings include:

Review of the facility's policy, Physician Notification/Communication, revised 09/07, revealed, "when the physician call, repeat exactly what the Physician gave as new orders, write as a telephone order. Document in the nursing notes/immediate needs care plan, regarding the new order".

Review of Resident #1's clinical record revealed the facility admitted the resident, on 01/02/13, with diagnoses which included Right Foot Infection, Hypoglycemia, and Chronic Venous Stasis with Dermatitis, Hypertension, Noncompliance and Congestive Heart Failure.

Review of Resident #1's treatment sheet, for January 2013, revealed an order for Remedy Antifungal cream to bilateral buttock, open excoriation, two (2) times a day until resolved; and, an antifungal powder to bilateral groin lower abdominal fold and inner thighs two (2) times a day for prevention. The new treatment order started on 01/16/13. Review of the Physicians' orders and the Nurses Notes revealed no documentation that the order had been written or

F 514 Each resident's current treatment order form has been reviewed by the RN Unit Managers and Nursing Management Team for accuracy by April 11th, 2013. April 2013 Physician treatment orders are correct and accurately reflect the current physician orders and treatments of each resident. Corrections/revisions were made immediately when/if inaccuracies/errors were noted.

An additional in-service will be provided to licensed Nurses by the DON and RN Nursing Management Team by April 11th, 2013 to reinforce the process for accurately adding treatments to the treatment sheet only upon a physician's order.

The DON or Nursing Management team shall complete a PI audit (Exhibit B) related to the accuracy of Physician Orders including, but not limited to, treatment orders. These audits are being conducted weekly for 4 weeks then monthly and the results will be reported to the QA Committee for a determination of the need for further ongoing formal auditing.

The DON will monitor.

Completion Date: April 12th, 2013

4/12/13

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| F 514 | Continued From page 4 the family was notified. During an interview with the Administrator, the Director of Nursing and the Registered Nurse Floor Manager on 03/07/13 at 3:00 PM, the Floor Manager revealed she had taken the telephone order from the Physician. She stated she remembered calling the Physician for the order and notifying the family, but after looking in the clinical record she could not find the order or any documentation that the Physician and family had been notified. | F 514 | | | |