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OCT 31 2011
Division of Health Care
Southern Enforcement Branch

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

PRINTED: 10/21/2011
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185262 | | C 10/11/2011 |

NAME OF PROVIDER OR SUPPLIER: MADISON HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 131 MEADOWLARK DRIVE, RICHMOND, KY 40475

| (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<br><br>An abbreviated standard survey (KY16636, KY16774) was initiated and concluded on 10/11/11. KY16636 was unsubstantiated with no deficient practice identified. KY16447 was substantiated with deficient practice cited at 'D' level. | F 000 | | |
| F 205<br>SS=D | 483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR<br><br>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.<br><br>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review it was determined the facility failed to provide one of three sampled residents (Resident #2) with a bed-hold notice upon transfer to the hospital on 07/13/11. Resident #2 was transferred to the | F 205 | 1.The resident identified no longer resides in the facility. All residents residing in the facility have the potential to be affected.<br>2. An audit was initiated by the administrator to identify any other residents who may have been affected. No other residents were affected. Completion Date 11/04/2011.<br>3.The facility will review at morning stand up meetings any residents which have been discharged to assure bed hold letters have been provided per EHSI policy. Staff will be re-educated by the ETD (Education Director) as to the responsibility and tasks to assure bed hold letters are provided to all discharged resi- | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Roy L. Baker — TITLE: Administrator — (X6) DATE: 10/31/11

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 205 | Continued From page 1<br>hospital on 07/13/11, related to abnormal lab levels. Review of the resident record on 10/11/11, revealed no evidence the facility provided Resident #2 with a bed-hold notice upon transfer.<br><br>The findings include:<br><br>A review of the facility's Notification of bed-hold policy (dated February 2011) revealed upon transfer to the hospital the facility staff is to provide the resident with a written notice of bed-hold requirements by utilizing the facility's Bed-Hold Notice Letter.<br><br>A review of Resident #2's medical record on 10/11/11, revealed the facility admitted Resident #2 on 07/01/11, with diagnoses of Metastatic Lung Cancer, Schizophrenia, and Chronic Respiratory Failure.<br><br>A review of the nursing notes and physician's orders for Resident #2 revealed the resident was transferred to the hospital for evaluation related to abnormal lab levels on 07/13/11, and was subsequently admitted to the hospital.<br><br>An interview conducted with Licensed Practical Nurse (LPN) #4 revealed she had completed the nursing transfer sheet for Resident #2 on 07/13/11. Further interview revealed she could not recall whether a bed-hold notice had been given to Resident #2 at the time of transfer to the hospital on 07/13/11. Interview with LPN #4 further revealed it was the facility's policy to provide a bed-hold notice to all residents at time of transfer. | F 205 | dents per EHSI policy by 11/11/2011. DON/UM (Unit Manager) to review all discharges from 11/01/2011 to ensure that EHSI policy for bed hold notification was completed timely. Beginning 11/12/2011 DON/UM will randomly review at least 3 discharges weekly x 2 weeks to ensure EHSI policy for bed hold has been followed.<br>4. Review of discharged residents and accompanying bed hold letters will be reviewed at morning meetings. QA Committee consisting of Administrator, DON, Unit Manager, Life Enrichment Director and Social Services will review audits and issues identified monthly for three months beginning the month of October to assure compliance.<br>5. Date of Completion: 11/18/2011. | |



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| F 205 | Continued From page 2<br>An interview conducted with LPN #3 (Unit Manager) on 10/11/11, at 11:15 AM, revealed a bed-hold policy letter should accompany all residents at time of transfer.<br><br>An interview with Medical Records personnel on 10/11/11, at 4:30 PM, revealed she had reviewed the medical record for Resident #2 and was unable to find evidence that a bed-hold policy letter was given to Resident #2 at the time of transfer to the hospital.<br><br>An interview with the Nurse Consultant on 10/11/11, at 6:10 PM, revealed a letter, informing the resident and/or family member of the bed-hold policy, should accompany the resident at the time of transfer to the hospital. Further interview revealed if the letter did not accompany the resident at time of transfer the Business Office Manager was responsible to send a certified letter to the resident or family member to ensure their awareness of the bed-hold policy. Continued interview revealed a bed-hold policy letter was not sent from the facility for Resident #2.<br><br>An interview with the Administrator on 10/11/11, at 6:15 PM, revealed when a resident was transferred to the hospital a bed-hold policy letter should accompany the resident. Further interview with the Administrator revealed it was the responsibility of the Business Office Manager to ensure that if the residents were not given a bed-hold policy letter the resident or the responsible party was to receive a certified letter notifying them of the bed-hold policy. | F 205 | | |



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