

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

PRINTED: 03/27/2012
FORM APPROVED
OMB NO. 0938-0391

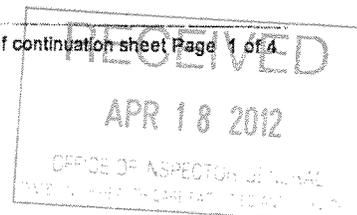
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2012
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL - LOUISVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205		
(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	INITIAL COMMENTS An abbreviated survey was initiated on 03/13/12 and concluded on 03/14/12 for complaints KY#18016 and KY#17862. The Division of Health Care unsubstantiated KY#18016 with no regulatory violations and substantiated KY#17862 with a regulatory violation identified.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
F 157 SS=E	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157	F 157 483.10 (b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM. ETC) What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Residents # 5, A and B have all being discharged. Review of ancillary documentation for resident # 3 revealed family member was present in the room and was aware of the change of condition. This was also verified by the DNS speaking with the family member. The DNS documented this verification in the resident's medical record. Per conversation by DNS with family members of resident #2, revealed family members had been made aware of weaning attempts for this resident as well as her tolerance to the weaning. This conversation has been documented in the resident's medical record.	4/23/2012	

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

TITLE

(X6) DATE

[Signature] *[Signature]* *[Signature]*
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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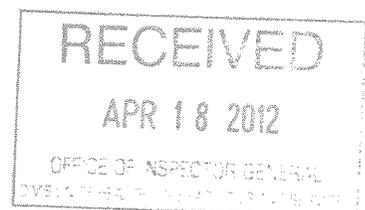
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F 157	Continued From page 1 the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to notify the interested family member when there was a significant change in the resident's physical, mental or psychosocial status for five (5) residents of three (3) sampled (Residents #2, #3, #5) and two (2) unsample residents (A and B). The findings include: Review of the facility's policy "Condition Change of a Resident "dated 10/13/06 revealed a significant change is a decline or improvement in a resident's status. Continuous review of the policy revealed, the rationale for a significant change is to identify proper treatment implementation; the procedure #8, is to notify family member/responsible party of resident's condition and documentation in the resident's medical record. Record review revealed the facility admitted Resident #2 on 02/13/12 with diagnoses which included Acute Respiratory Failure, Anemia, and Hypertension. Further review of the nurse's notes dated 02/24/12 at 12:56 revealed a computer entry statement, change in condition related to adverse reaction, anxiety and tachypnea. Review of the record revealed treatment initiated was being placed back on Continuous Mandatory Ventilator (CMV) and Chest X-ray. Additional review of the record revealed no family	F 157	During the Facility Morning Mtg., prior 24 hour change of condition report is reviewed by SAU Leadership team, identifying any resident change of condition. The resident medical record is then reviewed for documentation of the change of condition and appropriate notifications. Respiratory Therapy documentation will reflect representative notification of the weaning process. The weaning process requires multiple micro adjustments which will be documented within the process. How effectiveness of change will be monitored to ensure that solutions are sustained DNS, Clinical Coordinator, will contact staff member for any variance found. If notification was completed but not documented, care giver will be instructed to document. If resident representative was not notified, the representative will be notified.		

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F 157	<p>Continued From page 2 notification documented.</p> <p>Record review revealed the facility admitted Resident #3 on 01/10/12 with diagnoses which included Hypertension, Thyroid Disorder, Anxiety, and Depression. Further review of the nurse's notes dated 01/18/12 at 23:19 revealed that Resident #3 had a painful, large soft ball size blueish/purple bruise on right upper arm. Continued review of the record on 01/23/12 at 06:36 revealed Resident #3 had no further swelling or pain. Additional review of the record revealed no family notification documented.</p> <p>Record review revealed the facility admitted Resident #5 on 08/12/11 with diagnoses which included Acute Respiratory Failure. Further review of nurse's note dated 10/14/11 at 20:49 revealed Resident #5's left eye was extremely reddened/outside of eye-discolored, and there was no family notification documented. Continued record review of Resident #5 nurse's note dated 12/18/11 at 16:00 revealed, open area on sacrum. Further review of the record revealed family was not notified of the incident until 12/21/11 at 10:30AM. Review of the record revealed the facility sent letters of apology in both incidents.</p> <p>Record review of the nurse's note on 02/23/12 at 05:00 revealed Unsampled Resident A had critical lab results. Further review of the record revealed no family notification until 02/25/11.</p> <p>Record review of the nurse's note on 01/27/12 at 18:50 and 01/29/12 at 18:12 revealed Unsampled Resident B had low glucose. Further review of the record revealed no family notification.</p>	F 157	<p>F 157 (CONT)</p> <p>How the facility will identify other residents having the potential to be affected by the deficient practice</p> <p>Medical records of residents presently on the unit were reviewed for documentation of a change of condition. If documentation did not include notification of the Resident's legal representative or family member, this notification was done and documented.</p> <p>What measures will be put into place to ensure no reoccurrence</p> <p>Aggressive staff education regarding change of condition and notification of appropriate individuals included discussions at monthly staff meetings, during rounds on the unit. The education of staff working on the Skilled Nursing Unit began on March 19, 2012. This education was done by the Director of Nursing and the Director of Respiratory Therapy. As on April 16, 2012, 24 of the 26 nurses (92%), 20 of the 22 CNAs (90%) and 30 of the 41 respiratory therapist (73%) have been educated. Education will be completed by end of the day on April 18, 2012. All newly hired staff will trained by the Education Staff during orientation.</p>	



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F 157	<p>Continued From page 3</p> <p>Interview with RN #2, on 03/14/12 at 8:30AM, revealed RN #2 was trained regarding family condition change notification. She further stated when a resident had a significant change in condition, the physician is notified but sometimes the family is omitted.</p> <p>Interview with RN#1, on 03/14/12 at 5:30PM, revealed RN #1 was trained regarding family condition change notification. She further stated that anytime the physician was notified the family should be also.</p> <p>Interview with the Director of Nursing, on 03/14/12 at 6:00PM, revealed staff were trained to notify families of significant condition changes. She stated she did occasional chart reviews to ensure families were notified. She continued to state, only when a situation arises is she aware that a family member was not notified. She further stated she had been working without a unit manager.</p>	F 157	<p>During the Facility Morning Mtg., prior 24 hour change of condition report is reviewed by SAU Leadership team, identifying any resident change of condition. The resident medical record is then reviewed for documentation of the change of condition and appropriate notifications.</p> <p>Respiratory Therapy documentation will reflect representative notification of the weaning process. The weaning process requires multiple micro adjustments which will be documented within the process.</p> <p>How effectiveness of change will be monitored to ensure that solutions are sustained</p> <p>DNS, Clinical Coordinator, Director of Respiratory Care of the Respiratory Care Supervisor will contact staff member for any variance found. If notification was completed but not documented, care giver will be instructed to document. If resident representative was not notified, the representative will be notified.</p> <p>The Director of Nursing and the Director of Respiratory will report the findings of the review of resident representative notification to the monthly Quality Assurance Committee. Once the Quality Assurance Committee validates compliance has been sustained, the reporting schedule will be adjusted.</p>	