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

PRINTED: 05/08/2012
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
	185192		C 04/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - ST MATTHEWS	227 BROWNS LANE LOUISVILLE, KY 40207

(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	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated survey was conducted on 04/23/12 through 04/24/12 to investigate KY18159 and KY18172. The Division of Health Care substantiated the allegation as verified by the evidence. Federal dificiencies were cited.	F 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL 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 164	*1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice?* The privacy curtain between bed 1 and 2 for residents #1 and #2 was replaced on April 24, 2012. *2) How will the facility identify other residents having the potential to be affected by the same deficient practice?* An audit was completed of privacy curtains in semi-private rooms on 4-24-12 by the Maintenance Director. No other issues were identified. A Privacy audit was conducted of the facility on 5-17-12 by the ADNS. Identified issues were corrected at the time identified. *3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?* Education was provided by the Director of Clinical Education to the facility staff for each department for Resident Privacy including medical treatment, written and telephone	5/31/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
X [signature]	X Executive Director	X 5/16/12

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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This REQUIREMENT is not met as evidenced by:

Based on observation, interview and review of the facility's records, it was determined the facility failed to ensure privacy for two (2) of three (3) sampled residents and two (2) unsampled residents. The facility failed to provide a privacy curtain in the room of Resident #1 and Resident #2 to afford them visual privacy.

The findings include:

Review of the facility's policy regarding Resident Rights: Dignity, dated July 2006, revealed staff interactions with residents which maintain their dignity included ensuring residents were not exposed.

Review of the facility's policy regarding Preservation of Resident Rights, dated July 2006, revealed the residents personal privacy included privacy during medical treatments and personal care.

Observation, on 04/23/12 at 4:10 PM and 4:25 PM, revealed Resident #1 and Resident #2 shared a room together and did not have a privacy curtain separating them from each other.

Interview, on 04/24/12 at 2:50 PM, with Certified Nurse Aide (CNA) #1 revealed she was aware the privacy curtain had been missing from Resident #1's and Resident #2's room for some time. The CNA stated she reported the missing curtain to a nurse, and housekeeping was responsible for the curtain. She stated the purpose of the privacy curtain was to give privacy and without the curtain the residents would not have privacy during care.

F 164

communications, personal care, visits, and meetings of family and resident groups by May 21, 2012. The Housekeeping Manager will provide education to the housekeeping staff on replacing curtains at the time a curtain is taken down by May 21, 2012.

4) How will the facility monitor its performance to ensure that solutions are sustained?

Audits will be completed weekly by Social Service Director (Social Worker as back up) using the Dignity &Privacy Audit tool (including but not limited to providing privacy during medical treatments, personal care, written and telephone communication, visits, and meetings of family and resident groups) with results presented to the QAA committee weekly for a minimum of 4 weeks starting on May 25, 2012. Weekly audits and weekly QAA will continue for a minimum of 4

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F 164	Continued From page 2	F 164	weeks or longer if necessary as determined by the QAA committee. Then the audits with results taken to QAA will be monthly for 3 months, then quarterly thereafter.	

On 04/24/12 at 3:20 PM, interview with CNA #2 revealed the privacy curtain between Resident #1 and Resident #2 had been missing at least six (6) weeks. The CNA stated she did not report the missing curtain. She stated the use of a privacy curtain was to provide dignity for a resident during care and the lack of a curtain would expose the resident to others line of vision. The aide stated the resident could become emotional, upset, or uncomfortable being exposed.

Interview, on 04/24/12 at 3:35 PM, with Licensed Practical Nurse (LPN) #4 revealed she was aware Resident #1 and Resident #2 did not have a privacy curtain between their beds and did not report the missing curtain. The nurse stated the purpose of the privacy curtain was to provide privacy to the resident from others and without the curtain the resident would not have privacy, which could result in the resident becoming emotional.

On 04/24/12 at 4:30 PM, interview with the Unit Manager (UM) revealed she was unaware of the missing privacy curtain for Resident #1 and Resident #2. The UM stated the staff were responsible to provide privacy to residents and the privacy curtain was to ensure residents maintained privacy and dignity. She stated without the privacy curtain the resident would be exposed to others which could be harmful to the resident's mental status.

On 04/24/12 at 6:00 PM, interview with the Housekeeping Manager revealed she was not aware of the missing privacy curtain for Resident #1 and Resident #2 until that morning, and was

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unsure how long the curtain had been missing. The Housekeeping Manager stated the housekeeping department was responsible to ensure the privacy curtain was in the room. She stated the use of the curtain was to maintain resident privacy and if the curtain was missing the resident would be exposed to the other resident in the room.

Interview, on 04/24/12 at 6:20 PM, with the Director of Nursing (DON) revealed she did not know the privacy curtain was missing for Resident #1 and Resident #2. She stated the privacy curtain was to provide privacy to the resident and was a dignity issue if a resident could be seen undressed. She stated the absence of the curtain was a violation of the resident's rights, and although housekeeping was responsible to ensure the curtain was in place, all staff were responsible to ensure the privacy curtain was present. The DON stated when the curtain was removed another curtain should have been immediately hung in its place.

Interview with the Administrator, on 04/24/12 at 6:45 PM, revealed he was unaware of Resident #1 and Resident #2's room missing a privacy curtain. He stated the purpose of the privacy curtain was to provide privacy and dignity to a resident during care. The Administrator stated the missing curtain should have been reported to the nurse, then to housekeeping, and should have been replaced. He stated housekeeping was responsible for the placement and care of the privacy curtain.

F 176 SS=D 483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE

F 176 See next page 5/31/12

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F 176	Continued From page 4 An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy Medication Administration, it was determine the facility failed to provide adequate supervision during a self administration of medication for 1 (one) resident out of a sample of three (3) and 2 (two) unsample residents. Unsample Resident B. The findings include: Review of the facility's policy regarding Medication Administration, dated 10/07, revealed the residents are allowed to self-administer medications when specifically authorized by the prescriber, the nursing care center's Interdisciplinary Team (IDT), and in accordance with procedures for self-administration of medications and state regulations; and the resident is always observed after administration to ensure that the dose was completely ingested. Review of the clinical record revealed the facility admitted the resident on 04/01/11 with diagnosis of Acute Respiratory Failure, Pneumonia, Adult Failure To Thrive and Pleural Effusion. Review of the Minimum Data Set (MDS) assessment date 03/22/12 revealed Un-sample Resident B was assessed as alert and oriented to person, place and time.	F 176	*1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice?* Resident B was interviewed on 5-16-12 by the DNS to determine if he would like to self administer his medications. Resident B declined. Education was provided to LPN #1 by the Director of Education on medication administration on 05/16/2012. *2) How will the facility identify other residents having the potential to be affected by the same deficient practice?* Residents with the cognitive ability to self administer medications (BIMS scores of 13-15) were interviewed by the Unit Managers on 5-17-12 to determine if they desire to self administer medications. Any resident desiring to self administer medications will be assessed and reviewed by the IDT on 5-18-12, with education provided by the IDT to resident and staff of residents requesting and deemed safe to self administer. *3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?* Education was provided by the	5/31/12

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F 176	Continued From page 5 Observation of a random medication pass, on 04/24/12 at 9:40 AM, revealed LPN #1 leaving a medication cup containing medication on Unsampled Resident B's overbed table and then exited the room. Continued observation revealed LPN #1 take the medication cart and start to interact with another resident. Further observation at 9:50 AM revealed Unsample Resident B taking the medication without supervision. Interview with LPN #1, on 04/24/12 at 2:00 PM, revealed she was trained on the guidelines for medication administration. She further stated the only way to ensure a resident takes their medication was to observe the administration. She stated by not observing a resident medication administration you could not be sure the medication was taken which could cause harm. Interview with Director of Nursing, on 04/24/12 at 4:30 PM, revealed the staff were trained on medication administration. She further stated the purpose of observing medication administration was to ensure the right resident takes the right medication.	F 176	Director of Nursing, Assistant Director of Nursing and the Director of Clinical Education to the Licensed Nursing staff (RN, LPN) for medication administration by Nurses and self-administration of medications by residents by May 21, 2012. *4) How will the facility monitor its performance to ensure that solutions are sustained?* Audits of 3 Nurses will be completed weekly by the Director of Clinical Education (Assistant Director of Nursing as back up) on med pass observation with results presented to the QAA committee weekly starting on May 25, 2012. Weekly audits and weekly QAA will continue for a minimum of 4 weeks or longer if necessary as determined by the QAA committee. Then the audits with results taken to QAA will be monthly for 3 months, then quarterly thereafter.	

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