

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

PRINTED: 09/01/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185144 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 09/01/2015 |
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| NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOMESTEAD | STREET ADDRESS, CITY, STATE, ZIP CODE 1608 VERSAILLES ROAD LEXINGTON, KY 40504 |
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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

Based on the acceptable Plan of Correction, the facility was deemed to be in compliance as alleged on 08/28/15.

{F 000}

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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RECEIVED
JUL 22 2015
BY: _____

F 000 INITIAL COMMENTS

F 000

It is well understood by all members of our facility that call light response times and consistent showers/bathing are both areas of a residents overall plan of care that have the ability to enhance a resident's sense of dignity, respect, and individuality. Conversely, these two specific areas of a residents overall plan of care carry with it the potential of negatively impacting a resident's sense of dignity, respect, and individuality.

F 241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY

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It is our mission that all residents of our facility feel valued, respected, and receive ethical treatment in full recognition of their individuality.

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and review of shower records, it was determined the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced each resident's dignity for five (5) of thirteen (13) sampled residents. Resident #1 did not receiving showers as scheduled. Resident #3 wanted more showers than were being provided, and was told staff wasn't able to accommodate. Resident #1, #2, #3, #4, and #5 all expressed concerns with staff response to call lights, with Resident #1 expressing sadness at lack of availability of staff to talk.

The findings include:

Observation during initial tour of the 7 AM - 3 PM shift on 07/02/15 revealed two State Registered Nurse Aides (SRNA's) for each unit, one nurse for each unit, and one nurse supervisor for every two units in the facilities six units.

Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared and executed solely because Federal and State Law require it. Compliance has been and will be

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X8) DATE 8/22/15

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Review of an undated census form of B station, revealed there were nine (9) of twenty-three (23) residents who required assist of two (2) staff for transfers.

Review of a resident census form completed by staff for the C station, revealed there were nine (9) resident on C Station required two (2) assist out of twenty-three (23).

1. Review of Resident #1's medical record revealed Resident #1 was admitted to the facility on 12/19/13 with diagnoses of Aftercare Healing Pathologic Fracture of Vertebrae, Generalized Anxiety Disorder, and Depressive Disorder NEC. The facility assessed Resident #1, in a Quarterly Minimum Data Set (MDS) dated 05/31/15 as a 15/15 on the Brief Interview for Mental Status (BIMS), indicating the resident was cognitively intact with no memory deficit.

Interview with Resident #1, on 07/02/15 at 8:30 AM, revealed in the past few months the number of SRNAs on B Station went from three (3) or four (4) aides to two (2) aides for twenty-three (23) to twenty-six (26) residents. Resident #1 went on to reveal he/she used to use the call light for help every time he/she had an incontinent episode, but now he/she only asks the aides to change him/her a couple of times each shift when they have time to come and check on him/her. When asked why he/she didn't call for help, Resident #1 revealed it took a while for staff to arrive, sometimes 1/2 an hour or longer. Resident #1 went on to defend the nurse aides, stating the delay in response to call lights was not their fault, as they were always "hurried" when they were available. When asked about other nursing staff, Resident #1 stated most nurses won't help,

F 241 achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements.

Please note that the word "promptly" used throughout this POC in regards to call light response can be defined as in a manner which enables the resident to reach their highest practicable physical, mental and psychosocial well-being and a timeframe that meets the resident's individual need at that time.

Residents Affected

Resident #1 call lights are being answered promptly as observed through weekly call light audits. Furthermore, social services is following up on assuring resolution

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instead they say they would get in touch with the aides, who would arrive as quickly as available, which could be 1/2 an hour or longer. Resident #1 went on to say it used to make him/her feel good when aides would come in and talk for a few minutes, but now they don't have the time to do so. Further, Resident #1 revealed he/she had started walking a little with the help of restorative nursing, but restorative aides had been pulled to the floor frequently in the past two (2) to three (3) months. Knowing staff was not available to help was the saddest thing, revealed Resident #1.

A review of Resident #1's shower records for the months of 05/15 and 06/15 revealed no evidence of a shower being offered or refused for a period of ten (10) days from 05/03/15 until 05/13/15, and another period of ten (10) days from 05/17/15 until 05/27/15 with no evidence of a shower being offered or refused.

A review of Resident #1's Restorative Nursing Plan of Care for the months of 05/15 and 06/15 revealed Resident #1 was to be assisted with ambulation six (6) to seven (7) days a week for fifteen (15) minutes each day, and the Restorative Nursing Plan of care was initiated by staff each day.

Interview with State Registered Nursing Assistant (SRNA) #1, on 07/02/15 at 11:20 AM, revealed he/she always worked on B unit, and with just two nurse aides they were unable to give residents the attention they needed. SRNA #1 revealed several residents required two staff assistance, which took up a lot of time. SRNA #1 went on to reveal he/she was unable to keep up with resident turning and repositioning every two hours, but residents would be turned even if a

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of resident concerns of call lights not being answered promptly by interviewing resident weekly on an individual basis and monthly during resident council meeting. Through interview, any concerns mentioned will be addressed and resolved through the facility's grievance process. Resident #1 is receiving his/her showers as care planned; and as of 7/29/15 shower sheets are being completed and turned into the DON to verify whether he/she accepted his/her showers or refused them.

Resident #2 call lights are being answered promptly during both first and second shift (7am-3pm and 3pm-11pm; respectively). Social services is following up on assuring resolution of resident concerns of call lights not being answered promptly. Through interview, any concerns mentioned will be addressed and resolved through the facility's grievance process.

Resident #3 was asked whether he/she would like to have careplan

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| F 241 | Continued From page 3 little late. SRNA #1 revealed sometimes he/she came out of resident rooms to hear call lights going off, with nurses sitting at the nursing station ignoring them. 2. Review of Resident #2's medical record revealed he/she was admitted to the facility on 01/05/05 with diagnoses which included Acute But Ill-Defined Cerebrovascular Disease, Congestive Heart Failure Unspecified, and Unspecified Psychosis. The facility assessed Resident #2, in an Annual MDS dated 05/13/15, as 09/15 on BIMS, moderate cognitive impairment with some memory impairment, but interviewable Interview with Resident #2, a resident of Station C, on 07/02/15 at 10:00 AM revealed he/she had to wait 1/2 an hour most of the time when he/she used the call light for help. He/she revealed this was at no specific time, just during first shift (7 AM - 3 PM) and second shift (3 PM - 11 PM), as the nurse aides were busy and needed more help. 3. Review of Resident #3's medical record revealed he/she was admitted to the facility on 04/30/15 with diagnoses to include Sepsis, UTI Site Not Specified, and Congestive Heart Failure. The facility assessed Resident #3, in an Admission MDS dated 05/10/15, as 11/15 on BIMS, indicating moderate cognitive impairments, some memory impairment, but interviewable. Interview with Resident #3 of B Station, on 07/02/15 at 10:40 AM, revealed it took anywhere from ten (10) minutes to half an hour for aides to respond to his/her call light. Resident #3 shared he felt staff needed more help, as although they | F 241 | revised to add more than two (2) showers a week. The resident requested to add one (1) more shower a week making a total of three (3) showers each week. Since the careplan was revised, Resident #3 has refused the third shower each week. Resident #3's call lights are being answered promptly as observed through weekly call light audits. Furthermore, social services is following up on assuring resolution of resident concerns of call lights not being answered promptly by interviewing resident weekly on an individual basis and monthly during resident council meeting. Through interview, any concerns mentioned will be addressed and resolved through the facility's grievance process. Resident #4 call lights are being answered promptly as observed through weekly call light audits. Furthermore, social services is following up on assuring resolution of resident concerns of call lights not being answered promptly by interviewing resident weekly on an individual basis and monthly | |

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 were getting things done, it wasn't as quick as he would like. Further interview revealed Resident #3 received two (2) showers a week, and although he/she wanted more, aides told him/her they didn't have time to give any more showers.

Interview with SRNA #6, on 07/02/15 at 3:00 PM, revealed there wasn't enough staff, and lots of residents had been complaining to him/her about call lights. SRNA #6 revealed, before the new company bought the facility, he/she would have placed his/her mother at the facility, but since it had gone downhill.

4. Review of Resident #4's medical record revealed Resident #4 was admitted to the facility on 09/30/14 with diagnosis to include Urinary Tract Infection Site Not Specified, Personal History of Fall, and Anxiety State Unspecified. The facility assessed Resident #4 in a Quarterly MDS dated 06/20/15 as a 15/15 BIMS, indicating no cognitive impairment and no memory impairment.

Interview with Resident #4 of D Station, on 07/02/15 at 12:40 PM, revealed he/she often had to wait fifteen (15) minutes on staff to assist him/her to the bathroom, which could seem like a long time if you have to go. Resident #4 went on to say he/she had something called "White Coat Syndrome," which he/she described as not being able to urinate on command, or in his/her brief, yet it caused pain to hold it in. Resident #4 revealed it seemed like he/she always had to go at the wrong time, such as during meals. Resident #4 stated he/she had spoken with staff about the delay, and staff agreed with him/her they needed more help.

F 241 during resident council meeting. Through interview, any concerns mentioned will be addressed and resolved through the facility's grievance process.

Resident #5 did not elaborate length of time it takes SRNAs to answer call lights. Resident #5 was asked about quality of care in facility and call light response times, Resident #5 stated he/she was pleased with the overall care provided by staff.

Identification of Other Residents

It is well understood by all members of our facility that call light response times and consistent showers/bathing are both areas of a residents overall plan of care that have the ability to enhance a resident's sense of dignity, respect, and individuality. Conversely, these two specific areas of a residents overall plan of care carry with it the potential of negatively impacting a resident's sense of dignity, respect, and individuality.

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Interview with SRNA #5, on 07/02/15 at 3:45 PM, revealed around dinner time residents frequently wanted to go to the bathroom and then to bed, and he/she had to tell them to wait, and sometimes there were so many residents that wanted to go to the bathroom and bed that some were forgotten. SRNA #5 went on to reveal the facility was "very understaffed," and shared nurses that didn't assist the aides in responding to call lights or assisting residents.

5. Review of Resident #5's medical record revealed Resident #5 was admitted to the facility on 07/15/13 with diagnoses to include Acute Kidney Failure, Urinary Tract Infection Site Not Specified, and Depressive Disorder Not Elsewhere Classified. The facility assessed Resident #5, in a Quarterly MDS assessment dated 06/19/15, as 14/15 on BIMS, no cognitive impairment or memory impairment.

Interview with Resident #5 of C Station, on 07/02/15 at 1:00 PM and again at 5:45 PM revealed he/she was depressed as there were never enough aides to help him/her. Resident #5 revealed he/she needed two (2) aides for assistance, and it often took a long time for him/her to receive the needed assistance. Resident #5 did not elaborate regarding length of time.

Interview with SRNA #3, on 07/02/15 at 2:30 PM, revealed he/she worked on C Station. SRNA #3 revealed it was often hectic due to the number of two (2) person assist residents. SRNA #3 revealed both nursing and activities help with residents, although it still took time to assist all residents, particularly two (2) assist residents. SRNA #3 revealed Resident #5 had complained

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It is our mission that all residents of our facility feel valued, respected, and receive ethical treatment in full recognition of their individuality.

Because all residents have the potential to be affected, as of 7/29/15 shower sheets are being completed and turned into the DON to match the shower schedule to verify that all showers are being given as scheduled. The nursing department, including RNs, LPNs, KMAs, and SRNAs have been in-serviced initiated on 7/29/15 by the DON and Nursing Supervisors. The in-services included the importance of following each resident's care plan including turning and repositioning, toileting, assisting with meals, showers and baths, and promptly answering call lights.

In an effort to ensure call light times improve; beginning 8-24-15, all staff will be inserviced on the importance of answering call lights promptly. It will be taught that promptly is defined as in a manner

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about having to wait too long for someone to answer his/her call light, but didn't say how long. SRNA #3 revealed he/she often had to look for a lift, then find someone to assist before he/she could provide care to two (2) assist residents such as Resident #5. SRNA #3 revealed with a third aide, he/she wouldn't have to spend time on other units looking for someone to help him/her out.

Interview with SRNA #4 on 07/02/15 at 2:45 PM, revealed he/she worked on C Station. He/she revealed he/she wasn't able to get everything done, and sometimes he/she skipped lunch or break to assist with residents. SRNA #4 also revealed, with four (4) units competing for one (1) shower room it was difficult to complete showers on any type of schedule. SRNA #4 revealed a second shower had been out of order for a while. SRNA #4 revealed sometimes Resident #5 would use his/her call light as he/she just wanted someone to talk to, which SRNA #4 revealed was hard to do without more help and more time. SRNA #4 also stated he/she didn't think anyone could turn and reposition their residents every two (2) hours with just two aides on the hall.

Interview with SRNA #8, on 07/06/15 11:00 AM, revealed he/she worked on C Station. He/she revealed, with two (2) aides, it was difficult to properly care for all the residents on C Station as many had sundowners and required added attention. SRNA #8 revealed some residents had complained about the length of time it took to respond to call lights, and residents got frustrated when you got to them too late and they had already used the bathroom on themselves. SRNA #7 also revealed trying to find a lift was like trying to find "a needle in a haystack", and half

F 241 which enables the resident to reach their highest practicable physical, mental and psychosocial well-being and a timeframe that meets the resident's individual need at that time.

Beginning 8-24-15, agency staff utilized will be educated on the inservice information provided by the DON and Nursing Supervisors to ensure call light response times improve.

Systemic Changes

Because a large majority of showers on are day shift, the facility has added a backup shower team as support to the SRNAs working on the stations; effective 7/29/15. This backup shower team consists of 3 SRNAs to assist the SRNAs on each station perform all showers as care planned for each resident. In the event the SRNAs providing direct care to the resident's on the floor fall behind on their shower schedule, the backup shower team will be

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the time when found the lift would be dead. SRNA #8 went on to elaborate it took ten (10) to fifteen (15) minutes to locate a lift, then another ten (10) or fifteen (15) minutes to find someone to help out. Answering call lights during meal times was noted as being particularly difficult, with one of the two aides going to the dining room and the second remaining on the floor to assist with feeding of total care residents.

Interview with SRNA #7 on 07/05/15 revealed he/she had never worked for a facility so large with so few staff. Although restorative, SRNA #7 revealed he/she got pulled to the floor quite a bit. SRNA #7 went on to reveal he/she and other frustrated aides had shared their concerns with the Administrator, as they weren't able to provide residents the care they deserved, and with so few staff residents were more at risk of accidents. SRNA #7 stated he/she frequently had to wait twenty (20) minutes on lifts, searching the facility for an appropriate lift that was charged, then locating a second staff member to assist when caring for two assist residents.

Interview with the Director of Nursing (DON), on 07/02/15 at 2:48 PM, revealed no resident had complained to her about staffing, although with agency staff working some residents had complained about not having their regular aide. The DON revealed staff had complained at times, and that staffing was based on the patients they had and the kind of care they needed.

Interview with the Administrator, on 07/06/15 at 3:30 PM, revealed staffing was based on acuity of patients, with adjustments made where more staff was needed. The Administrator revealed the facility went through a period where there were a

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available Monday-Friday each week to assist in the completion of scheduled showers. The backup shower team will also allow the SRNAs on the stations more time to answer call lights. The backup team consists of the Staffing Coordinator (SRNA) and two (2) restorative aids (SRNAs).

Showers given on all three shifts will be monitored as of 7/29/15, through the use of shower sheets that will be completed and turned into the DON to match the shower schedule to verify that all showers are being given as scheduled. If a shower is missing from the shower list, the DON will look for a refusal sheet. If no refusal sheet is found, the SRNAs responsible to provide the shower will be questioned and inserviced as needed.

Call light audits were initiated on 7/29/15 and performed by Nursing Supervisors on each hall and on each shift; including weekends Monday through Sunday. The audits include the room numbers,

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| NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOMESTEAD | | STREET ADDRESS, CITY, STATE, ZIP CODE 1608 VERSAILLES ROAD LEXINGTON, KY 40504 | |
| (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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couple of grievances on B Station, and they put a third staff member there until one of the grievances resolved. The Administrator went on to reveal they were currently looking for full-time staff, and pulled from three (3) agencies to make sure they were fully staffed. The Administrator stated day shift on weekdays was well-covered. The Administrator revealed showers may be delayed as one shower room is in the process of repairs, but should still be given on the day listed on residents' care plans.

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the time call lights go off and the time the call light is answered.

The audits will be performed by Nursing Supervisors' 7am-3pm, Charge Nurses 3pm-11pm and 11pm-7am. The call light audits will be reviewed daily Monday through Friday by the DON and Administrator for compliance.

In addition to the call light audits, each department manager has been assigned a group of residents to check-in with each day, first thing in the morning. Each manager will be responsible for the overall satisfaction of 7 to 12 residents. This assignment promotes an extra touch of service and care on top of our direct-care giver associates. Daily visits and quality assurance rounds will provide an individual for each resident to promote dignity and individualized care. Areas of focus during these rounds will include call light response times, shower schedules, and other resident care concerns. The results of these daily QA rounds will be brought to the