

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

PRINTED: 03/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2011
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MOREHEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 988 NORTH TOLLIVER ROAD MOREHEAD, KY 40361
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F 000	INITIAL COMMENTS An abbreviated survey investigating AROs KY00015891, KY00015855, KY00015980, KY00015943, and KY00016047 was conducted 03/01-03/11. ARO's KY00015891 and KY00015943 which was unsubstantiated with an unrelated deficiencies. AROs KY00015855 and 15980 were unsubstantiated with no deficient practice identified.. Life Safety Code was present for the investigation. The highest scope and severity cited was a "F".	F 000	This prepared plan of correction and creditable allegation of compliance does not constitute an admission or agreement to the alleged stated deficiencies by the provider or its management company. This plan of correction and creditable allegation of compliance is prepared and executed only because state and federal law require it.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined the facility failed to follow physician orders for administration of laxative for one (1) of eight (8) Sampled Residents, (Resident #1). Resident #1 went three (3) or greater days without a bowel movement and there was no documented evidence the facility administered laxatives, as ordered. The findings include: Record review revealed Resident #1 had diagnoses which included Alzheimer's, dementia, Diabetes Mellitus and osteoarthritis. Review of the Physician's Revealed an order for Dulcolax suppository (laxative) ten (10) milligrams per rectum if no bowel movement (BM) in three (3) days.	F 281	F 281: Professional Standards: 1. Resident #1's bowel regime was reviewed by the Director of Nursing on 3/4/2011. Residents receiving PRN medications as ordered. 2. All residents BM records were reviewed by the Director of Nursing on 3/4/2011 to ensure all residents received proper administration of medication. 3. An inservice was conducted for licensed nursing staff on 3/8/2011 by the Director of Nursing, regarding BM	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Executive Director	(X6) DATE 3/2/11
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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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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MOREHEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 933 NORTH TOLLIVER ROAD MOREHEAD, KY 40351
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F 281	<p>Continued From page 1</p> <p>Review of Resident #1's bowel record revealed the resident went from 12/01/10 to 12/05/10 with out a documented bowel movement. Review of the resident's Medication Administration (MAR) record revealed the resident did not receive the Dulcolax between 12/01/10 and 12/05/10.</p> <p>Further review of Resident #1's bowel record revealed the resident went from 12/07/10 to 12/10/10 with out a documented bowel movement. Review of the resident's MAR revealed the resident did not receive the Dulcolax between 12/07/10 and 12/10/10.</p> <p>Additional review of Resident #1's bowel record revealed the resident went from 12/22/10 to 12/28/10 with no documented bowel movement. Review of the resident's MAR revealed the resident did not receive the Dulcolax between 12/22/10 and 12/28/10.</p> <p>Review of the Resident's Nursing Notes during these time frames; 12/01/10-12/05/10, 12/07/10-12/10/10 and 12/22/10-12/28/10, revealed no documented evidence the physician had been notified.</p> <p>Interview with Resident #1's family on 03/03/11 at 8:27 AM revealed the resident had been unable to use the bathroom upon several occasions. The family member stated he/she informed the Nursing staff of the resident's inability to use the bathroom and did not know if the resident was administered the Dulcolax.</p> <p>Interview with the Director of Nursing (DON) on 03/03/11 at 11:58 AM revealed Resident #1 should have received Dulcolax as the Physician</p>	F 281	<p>protocol, administering medications and notifying physicians.</p> <p>The BM protocol was reviewed by the Medical Director on 3/10/2011 during the monthly PI meeting. Changes to the current protocol were made.</p> <p>4. An audit will be completed for BM records and PRN medication records daily, Monday thru Friday for two weeks, weekly for four weeks, then monthly for three months. The results of these audits will be brought to the monthly PI meeting for review and further recommendations.</p> <p>5. Date of Compliance: 4/11/2011</p>	

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F 281	Continued From page 2 ordered every three (3) days with out a bowel movement. Review of the facility's policy titled "BM Protocol," not dated, revealed after three (3) days without having a bowel movement the Nursing staff are to administer laxative or enema as ordered by physician or contact the physician if no as needed laxative or enema is ordered. The policy further indicated after four days (4) without a bowel movement or inadequate response to previous interventions, Nursing staff were to notify the Physelcian.	F 281		
F 365 SS=D	483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS Each resident receives and the facility provides food prepared in a form designed to meet Individual needs. This REQUIREMENT is not met as evidenced by: Based on interview, it was determined the facility failed to provide food prepared in a form designed to meet individual needs for one (1) of eight (8) sampled residents. Resident #5 was served food identified to cause an allergic reaction. The findings include: Resident #5 was admitted to the facility on 10/20/10 with diagnoses including Generalized Pain, End Stage Renal Disease, and Diabetes Mellitus Type II. Resident #5's chart, doctor's orders and dietary card stated the resident was allergic to shellfish. An interview with Resident #5's daughter on	F 365	F 365: Food In Form To Meet Individual Needs: 1. Resident # 5 did not consume any of the shellfish served on 2/27/2011. Her tray was taken back to the kitchen and offered the alternative meal. 2. The Director of Nursing conducted an audit on 3/3/2011 to identify allergies for all residents. The Dietary Manager reviewed all resident tray cards to ensure residents' food was prepared in a way to meet their individual needs on 3/4/2011. Any issues identified were corrected accordingly. In addition, the Dietary Manger conducted a tray line audit to ensure meals were prepared correctly on 3/4/2011. No issues were identified. 3. The Dietary Manager conducted an inservice on 3/3/2011 and again on 3/8/2011 for the Dietary department informing them of what food is considered to	

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F 365	<p>Continued From page 3</p> <p>03/01/11 at 10:00 AM revealed Resident #5 was served shrimp fettucini on 02/27/11. Resident #5's daughter went on to state that Resident #5 has a severe allergy to shellfish, and given his/her weakened state could expired had he/she eaten the shrimp.</p> <p>An interview with the Dietary Manager on 03/03/11 at 10:20 AM revealed dietary staff were unaware that shrimp was a shellfish. No other residents in the facility were identified as having an allergy to shellfish.</p>	F 365	<p>he shellfish. The inservices</p> <p>also included the proper reading of tray cards for accuracy. All food allergies will be printed in capital letters on resident tray cards for easier viewing. The Staff Development Director conducted an inservice on 3/8/2011 for the nursing department instructing them to thoroughly read tray cards in order ensure the food prepared meets individual resident needs.</p> <p>4. Audits will be conducted by the Director of Dietary Services to ensure diets are served and prepared per MD orders to meet residents individual needs daily Mon - Fri X 4 weeks, weekly x 4 then monthly x 3 and results reviewed in PI meeting.</p> <p>5. Date of Compliance: 4/11/2011</p>	