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

PRINTED: 04/06/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185378	A. BUILDING _____ B. WING _____	C 03/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASONIC HOME OF SHELBYVILLE	711 FRANKFORT ROAD SHELBYVILLE, KY 40066

(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 conducted on 03/30/10 and concluded on 03/31/10 to investigate complaint KY 00014530. KY 00014530 was substantiated and deficiencies cited were 483.25 Quality of Care, F323 with a Scope/Severity of D.	F 000	N220 Quality of Care	4/9/10
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure one (1) of six (6) sampled residents (Resident #1) received adequate supervision and monitoring during the release of a safety device. The findings include: Record review of the facility policy for Falls/Accident Prevention Program revised 04/2006 revealed residents at high risk for falls are to include monitoring at necessary intervals to assure resident observation. Record review of section 7 of the Nurse/Nurse Aide Orientation outline, Phase 2 policy revised 02/2010 requires that residents with restraints need to be monitored during safety device release.	F 323	1. The resident affected by the deficient practice was discharged from the facility on 05/06/09. 2. Other residents potentially affected by the deficient practice have been assessed as follows: 100% audit of residents' who utilize safety devices were reviewed as follows: -Falls risk assessments accurately reflect needs of resident. -Interdisciplinary plans of care and C.N.A. plans of care accurately reflect appropriate safety device and include "supervision during release of safety device" intervention. -Visual audits to assure safety devices are in use and staff monitoring residents during release of safety devices per plan of care.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
x Debra Trimmer	x Administrator x	3-8-10

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 323	Continued From page 1 Record review revealed Resident #1 was admitted on 03/12/08 with diagnoses that included; Falls, Chronic Obstructive Pulmonary Disease (COPD), Type 2 diabetes, and Alzheimer's disease. The resident was assessed with a severely impaired cognition dated 12/09/08 of the Minimum Data Set (MDS). The resident's bed mobility and transfer was assessed on the MDS dated 12/09/08 as a two person physical assist. Resident #1 was Care Planned on 04/01/08 for Potential for Falls. Interventions were put into place at that time to include the falling star program, and self releasing alarming seat belt. On 10/17/08 a verbal consent for a restraint was obtained from the son. Record review revealed Resident #1 utilized a non releasing seat belt on 04/30/09. A review of the Quality Assessment Fall Review Report for Resident #1 revealed that on 04/30/09 at 2:00pm two (2) Certified Nursing Assistants (CNAs) assisted the resident to the bathroom in the resident's room. After seating the resident on the toilet, the CNA's stepped outside of the door, rather than remain in direct supervision with the resident per facility protocol. The resident stood up, took a step, and fell to the floor. The resident was immediately assessed, and then assessed again on 05/01/09 and determined not to have any injuries. Interview with LPN #2 on 03/31/10 at 1:30pm regarding the fall involving Resident #1 on 04/30/09 revealed she was on duty the day of the incident and the next two days after the fall. She stated she assessed Resident #1 after the fall and again on 05/01/09 and the resident had no injuries. She stated the resident did not complain	F 323	- Audits completed on 4/8/2010 confirmed 100% compliance of identification of risks, care plans and safety device utilization. 3. The facility initiated the following corrective measures to assure that the deficient practice does not reoccur as follows: Administrative Nursing staff was in-serviced on Accident and Supervision, Falling Star Program, and Falls Prevention Policy. Completed on 3/31/10. • Nursing staff was in-serviced on Accident and Supervision, Falling Star Program, and Falls Prevention Policy. Completed on 04/08/10. • All other staff in-serviced on accident prevention and supervisory responsibilities. Completed 04/09/10	

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F 323	Continued From page 2 of any pain, moved around without difficulty, crossed legs, and went about their normal behavior. LPN #2 stated she came in on Saturday morning 05/02/08 and the resident complained of pain in the left hip. She notified the son and the Physician, and the resident was sent to the hospital. A Cat Scan was obtained that showed a mild fracture of the left hip. Resident #1's Physician at the facility reviewed the results of the x-rays and Cat Scan. The physician completed a statement that indicated he did not feel that the fall from the height of the toilet seat was very high, and there is no way to tell if the incident was a contributing factor to the fracture. Interviews with CNA's #1, #2, and #3, on 03/30/10 revealed they were all aware of the falls policy that residents who were on the falling star program, and who were care planned for alarms and restraints were not supposed to be left alone when their devices were off. They also stated this was not something new, that it has always been the policy. Interviews with LPN #1 and #2, CNA #4, and a Registered Nurse (RN) on 03/31/10 revealed they were all aware of the falls policy that residents who were on the falling star program, and who were care planned for alarms and restraints were not supposed to be left alone when their devices were off. They also stated this was not something new, and that it has always been the policy. Interview with the Director of Nursing (DON) on 03/31/10 at 4:00pm revealed that it has always been the policy that residents with restraints, alarms or those residents on the falling star program are to have direct supervision when	F 323	• Nursing orientation-training program reviewed and revised to include expanded discussion on accident prevention and supervisory responsibilities. Completed on 04/08/10. 4. The facility initiated the following measures to monitor compliance with the plan of corrective measures as follows: • Quality Assurance (QA) Committee met and approved the draft corrective plan on 04/01/10. • Administrator met with Medical Director to review draft corrective plan on 04/02/10.	

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F 323	Continued From page 3 those devices are removed. The DON continued to say that the facility has now revised the Policy and Procedure to include "1:1 supervision with resident when safety devices removed." This had not been on the Care Plans before 05/09, but now it is on all the Care Plans for residents at risk for falls. The CNA's must sign off the Care Plans in the Kiosk every day. The DON also conducted in-services for all three shifts regarding Toileting Cognitively Impaired Neighbors and Providing Care when safety alarms or devices are removed.	F 323	• Quality Assurance Committee met, reviewed, revised nursing orientation training program and approved final plan of correction on 4/08/2010. • QA Nurse will complete routine audit reports and submit findings to the QA Committee to assure effectiveness of plan of correction.	

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