



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

PRINTED: 09/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/30/2013
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 8000 HUNTING RD. LOUISVILLE, KY 40222
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F 000	INITIAL COMMENTS	F 000		
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews it was determined the facility failed to obtain a base line assessment of a resident's oxygen level, monitor the O2 saturation when the resident became anxious and convert the resident to the proper oxygen equipment as ordered by the physician for a tracheostomy for one (1) of six sampled residents, Resident #1.</p> <p>The findings include: Interview with the DON, on 08/29/13 at 8:10 AM, revealed the staff member should have changed the Venturi Mask to a trach collar. Nursing staff work 12 hour shifts. She had no concerns that the admitting staff member did not do trach care or suction the resident from the time of admission</p>	F 309	<p>Resident #1 was found to have been affected. Resident #1 was converted from Venturi Mask to the Trach Collar on 08/17/13 by the Respiratory Therapist. Resident #1 was discharged from the facility on 08/21/13.</p> <p>Each resident of the facility receiving Respiratory services had the potential to be affected. A complete audit of the facility residents receiving any type of respiratory services was conducted by the Director of Nursing /Assistant Director of Nursing/SDC and Unit Nurse Managers by 9/20/13 to ensure that the correct equipment was in place, respiratory assessment completed, O2 saturations completed, and the physician orders were being followed appropriately. Any issues identified/noted were clarified with the physician to ensure that care was being provided as ordered.</p>	

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

X Bert Sedoris

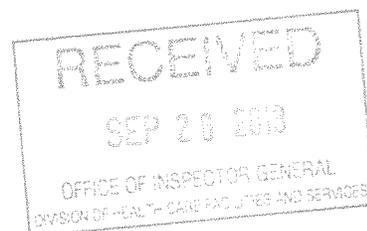
TITLE: *X Administrator* (X6) DATE: *9/20/13*

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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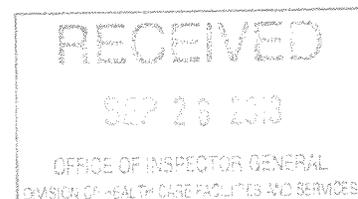
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F 309	<p>Continued From page 1</p> <p>on 08/16/13 until the end of her shift on 08/17/13 at approximately 6:30 AM. The resident had been admitted approximately 1.5 hours into the 04/16/13 night shift.</p> <p>Interview with Nurse #1, on 08/28/13 at 4:20 PM, revealed new hires were not in-serviced on O2 therapy or O2 devices during orientation. She had done an in-service for the nursing staff several weeks ago (no date was given). She provided staff with the current Respiratory policies and a information sheet titled: Care of the Resident with Respiratory Disease. She did not discuss the different types of respiratory equipment and how to use them.</p> <p>Interview with the resident's family, on 08/29/13 at 2:10 PM, revealed after the resident was admitted to the facility he/she became anxious. A family member, who was a sitter for the resident, notified her that the staff had not suctioned Resident #1's trach or cleaned the residents trach until the day shift the next day after admission. She further, reported to the daughter that the respiratory therapist changed the mask to the trach collar.</p> <p>The sitter was called twice/ messages left and the daughter was requested to have the sitter call. There was no return call as of 08/30/13.</p> <p>Review of the closed medical record revealed the resident was admitted to the facility at 7:25 PM on 08/16/13 via Yellow Ambulance. The Emergency Medical Staff (EMS) documented the resident was awake, alert, oriented times three (3). The EMS staff placed the resident on a Venturi Mask over his trach for transport. Documentation on the EMS flow sheet shows the residents O2</p>	F 309	<p>The facility will put in place the following measures and systematic changes for continued compliance. All facility nurses on staff were educated by the Director of Nursing, Assistant Director of Nursing/SDC, Nurse Consultant by 09/20/13 on following physician orders, respiratory assessments, O2 saturations and the use of proper respiratory equipment including oxygen and tracheostomy care. The Unit Managers or Staff Nurses will audit the residents who receive any type of respiratory treatment daily for 30 days to ensure that O2 saturations and respiratory assessments are completed. Also to ensure that physician orders are being followed and that the proper type of respiratory equipment is being utilized.</p> <p>The ADON/SDC will complete competency checks on each nurse in the facility on proper respiratory assessment, using proper respiratory equipment, and tracheostomy care, suctioning, and administering oxygen per order. The use of proper respiratory equipment, respiratory assessment, tracheostomy care, suctioning and proper oxygen administration has been added to the facility orientation for all nurses. This will include a competency check off. The results of the audits and the competency checks will be forwarded to the Director of Nursing for review. Further education or disciplinary action will be given for noncompliance.</p>		



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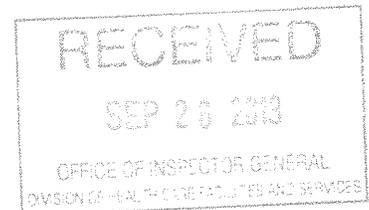
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F 309	Continued From page 2 saturaton were 98% upon departure and arrival at the facility. Review of the admission assessment, dated 08/16/13, and completed by Registered Nurse (RN) #4 revealed the resident was oriented, his/her vital signs were taken. On the systems assessment form there was documented evidence the resident had diminished breath sounds in both lung fields. He/she was to receive a respiratory treatment. His/her O2 saturation were 97.1 % upon admission. Review of the admission orders revealed the resident was ordered a trach collar with aerosol at 8L/minute. Trach care was to be done q shift. The need for suctioning was to be q 6 hours. O2 saturations were to be q shift. An ambu bag and trach obturator were to be at the bedside. There was no documentation by the admitting nurse that trach care was done, or resident was suctioned, the Venturi-mask was changed to a trach collar with O2 at 8L/minute or O2 saturations were monitored. Review of the respiratory therapy evaluation note revealed, on 08/17/13 8:45 AM to 12:00 PM, the residents O2 saturations were 97.1%. He/she was able to plug his trach in order to talk. The resident had slept the night with the trach plugged and was anxious at the time of the respiratory assessment. The resident was instructed not to sleep with the trach plugged. His/her O2 sats increased to 98% unplugged.	F 309	To ensure solutions are sustained the facility plans the following monitor(s). The Director of Nursing will forward the results of the audits to Quality Assurance and Assessment Committee For further review and recommendation for 3 Quarterly reviews. The Audits will continue for 30 days, weekly for 30 Days, then monthly for 4 months. The competencies will be completed with each nurse until compliance is achieved and then annually thereafter. All New hire nurses will receive competency check Offs During orientation along with the other Respiratory Training listed above and this will be reviewed in Facility QAA meeting for 3 quarterly reviews until Substantial compliance is achieved.	09/26/13
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive	F 328		



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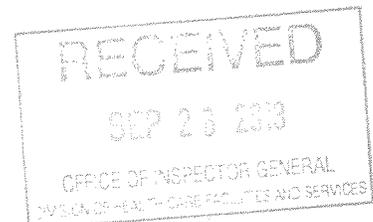
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F 328	<p>Continued From page 3</p> <p>proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, it was determined the facility failed to ensure staff were knowledgeable and were provided policies in the care and treatment of Oxygen therapy by using proper equipment for tracheostomy care for one (1) of five (5) sampled residents. (Resident #1).</p> <p>The findings include:</p> <p>Review of the facility's respiratory policies on 08/28/13 revealed the first policy titled Oxygen (O2) Administration, did not include the need for a baseline O2 saturation, or appropriate O2 administration devices for residents. The second policy titled Tracheostomy Care Policy, stated the nurse was to follow physician orders and the third policy titled Tracheostomy Suctioning, did not address O2 therapy devices, the frequency of suctioning, nor acceptable oxygen levels. (>90%)</p> <p>Review of the clinical record revealed the physician's order stated trach care was to be done every shift and suctioning of the trach was to be done every six (6) hours. Review of the</p>	F 328	<p>Resident #1 was found to have been affected. Resident #1 was converted from Venturi Mask to the Trach Collar on 08/17/13 by the Respiratory Therapist. Resident #1 was discharged from the facility on 08/21/13.</p> <p>Each resident of the facility receiving Respiratory services had the potential to be affected. A complete audit of the facility residents receiving any type of respiratory services was conducted by the Director of Nursing /Assistant Director of Nursing/SDC and Unit Nurse Managers by 9/20/13 to ensure that the correct equipment was in place, respiratory assessment completed, O2 saturations completed, and the physician orders were being followed appropriately. Any issues identified/noted were clarified with the physician to ensure that care was being provided as ordered.</p>	



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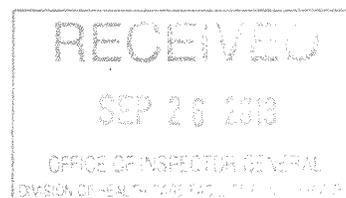
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F 328	<p>Continued From page 4</p> <p>Medication Administration Record revealed, the admitting nurse did not perform either task between 08/16/13 at 7:00 PM and 08/17/13 at 6:00 AM.</p> <p>Interview with the admitting nurse, Registered Nurse (RN) #4, on 08/29/13 at 3:00 PM, revealed she did not do trach care or suction Resident #1's trach from approximately 6:30 PM on 08/16/13 through 7:00 AM on 08/17/13. In addition, she did not change the Venturi-mask to a Trach Collar as ordered by the physician.</p> <p>Interview with the Staff Development Registered Nurse (RN), on 08/29/13 at 10:55 AM, revealed she did not do in-services on O2 therapy as a part of orientation.</p> <p>Interview with the Nurse Practitioner, on 08/30/13 at 11:20 AM, revealed he did not think, in his opinion, the nurse knew the difference between the Venturi-mask and a trach collar.</p> <p>Interview with the daughter of Resident #1, on 08/29/13 at 2:10 PM, revealed Resident #1 became anxious after admission to the facility and the level of anxiety continued to rise. Four (4) days after admission the resident was transferred back to a local hospital with a diagnosis of exacerbation of his/her Chronic Obstructive Pulmonary Disease.</p> <p>Interview with the Respiratory Therapist, on 08/28/13 at 4:00 PM, revealed she was the staff member to set-up the appropriate equipment for the administration of oxygen for Resident #1, at approximately 8:00 AM on 08/17/13, and provide a trach collar.</p>	F 328	<p>The facility will put in place the following measures and systematic changes for continued compliance. All facility nurses on staff were educated by the Director of Nursing, Assistant Director of Nursing/SDC, Nurse Consultant by 09/20/13 on following physician orders, respiratory assessments, O2 saturations and the use of proper respiratory equipment including oxygen and tracheostomy care. The Unit Managers or Staff Nurses will audit the residents who receive any type of respiratory treatment daily for 30 days to ensure that O2 saturations and respiratory assessments are completed. Also to ensure that physician orders are being followed and that the proper type of respiratory equipment is being utilized.</p> <p>The ADON/SDC will complete competency checks on each nurse in the facility on proper respiratory assessment, using proper respiratory equipment, and tracheostomy care, suctioning, and administering oxygen per order. The use of proper respiratory equipment, respiratory assessment, tracheostomy care, suctioning and proper oxygen administration has been added to the facility orientation for all nurses. This will include a competency check off. The results of the audits and the competency checks will be forwarded to the Director of Nursing for review. Further education or disciplinary action will be given for continued noncompliance.</p>		



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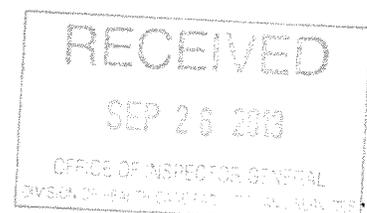
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F 328	Continued From page 5 Interview with the Director of Nursing and the Administrator, on 08/29/13 at 3:15 PM, revealed the staff needed in-servicing in oxygen equipment and monitoring of pulmonary residents. Both reviewed the Respiratory Disease hand-out and they identified the hand-out did not provide the staff with instructions for caring for a resident with a trach.	F 328	The policy and procedure for oxygen administration was reviewed and revised on 9/26/13 by the QAA/QAPI team to specify the requirement For baseline O2 saturations and appropriate O2 administration devices. Policy and procedure For Tracheostomy Care was reviewed and Revised on 9/26/13 by the QAA/QAPI team to Specify to specify frequency of tracheostomy Care. Policy and procedure for Tracheostomy Suctioning was reviewed and revised on 9/26/13 By QAA/QAPI team to specify the appropriate O2 Therapy devices, frequency of suctioning and acceptable oxygen levels.	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which	F 441	To ensure solutions are sustained the facility plans the following monitor(s). The Director of Nursing will forward the results of the audits to Quality Assurance and Assessment Committee For further review and recommendation for 3 Quarterly reviews. The Audits will continue for 30 days, weekly for 30 Days, then monthly for 4 months. The competencies will be completed with each nurse until compliance is achieved and then annually thereafter. All New hire nurses will receive competency check offs During orientation along with the other respiratory Training listed above and this will be reviewed in Facility QAA meeting for 3 quarterly reviews until Substantial compliance is achieved.	09/26/13



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F 441	<p>Continued From page 8 hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews, it was determined the facility failed to monitor resident bathrooms for infection control by ensuring soap and hand towels were available for residents and staff to wash their hands in a location to prevent contamination for three (3) of fourteen (14) South Unit resident rooms.</p> <p>The findings include: Observations, on 08/28/13 at 1:30 PM, revealed on the South Resident Unit, room 1 had soap and no hand towels, and room 9 had soap and no hand towels. The resident had a bath towel over the shower curtain bar for drying his/her hands. Rooms 23, 27, and 28 had no soap or hand towels in the bathroom. Room 24 had soap, but no hand towels. In room 10 there was a roll of hand towels sitting on the floor next to the toilet.</p> <p>Interviews, on 08/28/13 at 3:20 PM, with Certified Nursing Assistants #1 and #2 when caring for a resident they had no soap or hand towels in the resident's bathroom to wash their hands. They stated they go to another resident room to wash their hands or the staff bathroom. They did not report to the nurse the soap and hand towels</p>	F 441	<p>Residents in rooms 1, 9, 10, 23, 24, 27, 28 were found to have been affected. Hand towel and or soap dispensers were installed/ secured in Rooms 1, 9, 10, 23, 24 27 and 28 by 9/20/13 by the Director of Maintenance.</p> <p>All residents of the facility had the potential to be affected. A complete facility audit of the resident rooms was completed on 09/13/13 and 09/19/13 by the Director of Housekeeping/Laundry Services.</p> <p>The facility will put in place the following measures and systematic changes for continued compliance. The facility staff has been serviced by the Assistant Director of Nursing/SDC Nurse Manager on hand washing and Infection Control policy and procedure by 09/23/13.</p>	



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F 441	Continued From page 7 were missing from the resident's bathrooms. Interview with Usampled Resident A, on 08/29/13 at 1:30 PM, revealed he/she was unable to wash their hands before meals because there was no soap or hand towels in the bathroom. Interview with the Director of Nursing (DON), on 08/29/13 at 3:25 PM, revealed she was unaware soap and hand towels were not in the bathrooms of admitted residents. Interview with the Administrator, on 08/29/13 at 3:15 PM, revealed the facility was in the process of completing renovations on the South Unit. The admlassions to the newly completed rooms should have been checked to ensure the rooms were ready, that would have included soap and hand towels.	F 441	To ensure solutions are sustained the facility plans the following monitor(s). A weekly audit will be completed by the Director of Housekeeping/Laundry to ensure soap and hand towel dispensers are secured and in place in each resident room. Findings will be submitted to the Director of Maintenance for immediate follow up/installation/securing. This audit will be done weekly with the Results submitted to the Administrator for review. results of the audits will be submitted to the facility QA Committee for review and follow up until substantial compliance is achieved for three quarterly reviews.	09/26/13

