RECEIVED NOV 1 2010 OFFICE OF INSPECTOR GENERAL

PRINTED: 10/19/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	186226	A. BUILDING ____ B. WING ____	10/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN STATE NURSING FACILITY	2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240 Received POC #2 10/29/10 POC #2 accepted

(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 annual survey was conducted on 10/05/10 through 10/07/10 to determine compliance with Federal certification requirements. The facility was found not to meet Federal requirements for recertification with the highest S & S being a "D".	F 000	Admin made aware per via e-mail. F-157 – NOTIFY OF CHANGES – 11/16/10 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice;	Res request 11/16/10
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident, consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member:	F 157	Resident #15 was evaluated per the WSNF Nurse Practitioner on 6/07/10, with orders received for an X-ray to be done of the (R) ankle, tibia, fibula, knee and femur. The X-ray was obtained on 6/07/10, and read by Dr. Clark at Jennie Stuart Medical Center on 6/08/10. There was a non-displaced fracture of the (R) proximal tibia. A follow-up appointment was made by the WSNF Nurse Practitioner with the resident's orthopedic physician (Dr. Stanton) for 6/10/10. Orders were received per Dr. Stanton for the resident to be non-weight bearing for three (3) weeks and no physical therapy with an appointment made for a return visit in (3) weeks. A repeat X-ray was done of the (R) tibia on 8/29/10 and sent to Dr. Stanton at the return appointment on 7/01/10. The repeat X-ray showed that the fracture was healing with no changes in position. Dr. Stanton ordered that the resident "Begin gentle range of motion as tolerated". A Nursing Rehabilitation plan was put into place with gentle range of motion to the (R) lower extremity for 5 minutes, (3) times daily on 7/2/10. A follow up appointment for resident # 15 for re-evaluation of the (R) tibia is scheduled with Dr. Stanton for 11/02/10. On 10/27/10, LPN #1 was counseled per the DON in regards to failure to notify the physician in reference to the change in resident #15/s change in medical status after a fall on 5/29/10.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	NHA	10/29/10

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN STATE NURSING FACILITY	2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240

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F 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interviews and record review, it was determined the facility failed to immediately notify the physician of an accident involving one resident (#15), in the selected sample of 24, which had the potential for requiring physician intervention. Findings include: A review of the Nursing Service Standards of Operation 7N "High Risk Situations", revised February 2008, revealed any changes regarding a resident's medical, mental, and/or psychosocial status will be documented in the residents' medical records along with notification of the physician by the licensed nurse. A record review revealed Resident #15 was admitted to the facility on 01/26/08, with diagnoses to include Alzheimer's Dementia with Psychosis and Behavioral Disturbances, Osteoarthritis, Osteopenia, Anemia, and Vascular Insufficiency. A review of the quarterly Minimum Data Set (MDS), dated 10/04/10, revealed the facility identified Resident #15 as moderately cognitively impaired and required total assistance for transfers. A review of the Physician Progress Notes, dated 05/04/10 at 11:20 AM, revealed Resident #15 had returned from the hospital, after an Open Reduction Internal Fixation (ORIF) of the right femur. A review of the resident's, "High Risk for Falls" Care Plan, (undated), revealed an intervention was added on 05/03/10, for the	F 157	On 11/8/10 (Upon employee's return to work from leave) the Nurse Administrator will be counseled per the DON in regards to failure to notify the physician in reference to the change in medical status upon assessment on 5/30/10 in regards to a fall on 5/29/10. Both employees (LPN #1 and the Nurse Administrator) will be in serviced in regards to facility policy revisions on Physician Notification and fall, along with all other licensed staff. (See questions below for specific policy revisions and in-service dates) How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken; In order to identify other residents that may be affected by the same the same deficient practice, The Incident Management Committee will implement a daily review, seven days per week, to determine that physician notification was made at the time of assessment per the licensed nurse regarding any resident accident resulting in injury and having the potential for requiring physician intervention. The review process will include: Resident name, Date and time of Incident/accident, Type of Incident/accident, Injury and/or Risk to the resident, Licensed nurse Notification of the Physician at the time of assessment of the accident, Identified/Possible cause, along with Actions/interventions. The Incident Management Coordinator will be responsible for the review of resident incidents/accidents Monday – Friday. CONTINUED NEXT PAGE	

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	185328	A. BUILDING _____ B. WING _____	10/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN STATE NURSING FACILITY	2406 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240

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F 157	Continued From page 2 resident to remain non-weight bearing, on the right leg. A review of the Nursing Progress Notes, dated 05/29/10 at 1:10 PM, revealed Resident #15 was found lying on the floor after an unwitnessed fall from the geri-chair. The facility assessed the resident as having a bruise with a raised area to the center of the forehead and a red/purple bruise to the left shoulder and left patella. The resident's right patella suture line was reported red and abrased. Range of motion was not assessed in the right lower extremity, due to the resident's prior fracture. Further review revealed Resident #15 complained of pain to both knees and Tylenol (pain reliever) 1000 milligrams (mg) was administered. There was no evidence provided or documented in the resident's record indicating the physician was notified. A review of a Resident Incident Report Form, dated 05/30/10, revealed the Advanced Registered Nurse Practitioner (ARNP) signed the report regarding the resident's fall, on 05/02/10. An interview with Licensed Practical Nurse (LPN) #1, on 10/07/10 at 10:00 AM, revealed she was the nurse responsible for Resident #15's care on 05/29/10, and assessed the resident after the unwitnessed fall. She revealed the resident had a "bump" on the head. She stated, "I think his/her leg or knee was red." The physician was not notified of the fall because the resident remained alert and oriented. She stated, "If there is an obvious injury, I would call the physician." An interview with the Director of Nursing (DON), on 10/08/10 at 3:50 PM, revealed the physician was not notified of the fall which occurred on	F 157	CONTINUED The assigned Shift Facility Charge Nurse on the Day Shift will be responsible for the review of resident incidents/accidents on weekends and holidays. The Director of Nursing will be responsible for ensuring the seven day of the week review of resident incidents/accidents. (Implementation date – 11/15/10) On 10/25/10, the DON revised Nursing Policy and Procedures, Section IV - 7-A (High Risk Situations – Falls Risk) and Section IV – 7-N (High Risk Situations – Physician Notification) so that other residents will not be affected by the deficient practice. The revisions include the licensed nurse notification of the physician upon assessment after a witnessed or un-witnessed resident fall (Policy 7-A), accident (Policy 7-N) that results in any injury (to include redness, bruising, swelling, laceration, skin tear, limitations of movement etc.) or with any change in status that has the potential to require physician intervention. Any witnessed or un-witnessed resident accident that results in no injury and presents no assessed risk to the resident, will be communicated per the licensed nurse on the Unit Physician Review Book for medical evaluation the next working day. "At any time after a resident accident should an injury or change in status present, the licensed nurse will notify the physician upon assessment. (Refer to Attachments A and B) (Implementation date – 11/15/10)	

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WESTERN STATE NURSING FACILITY	2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240

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F 157	Continued From page 3 05/29/10. The nurse assessed Resident #15 and did not feel physician notification was necessary. An interview with the Nurse Administrator, on 10/07/10 at 10:35 AM, revealed he assessed Resident #15 on 05/30/10, and was aware of the resident's fracture prior to the fall, on 05/29/10. The resident's right lower leg was bruised with an abrasion to the right knee. He stated, "There was no clinical reason to notify the physician." An interview with the physician, on 10/07/10 at 11:20 AM, revealed she expected the nursing staff to notify her or the ARNP of a fall sustained by a resident recovering from a fracture.	F 157	On 10/25/10 the DON revised the Post Falls Assessment form to include licensed nurse documentation of time of assessment of any witnessed or un-witnessed resident fall that results in any injury or change in status that has the potential to require physician intervention along with the name of the Physician notified and time of notification. (Refer to Attachment C) (Implementation date – 11/15/10). The DON will initiate in servicing on 11/3/10 with the Assistant Director of Nursing, Clinical Coordinator, MDS Coordinators, Incident Management Coordinator, Nursing Rehabilitation Nurse, along with all direct care RN's and LPN's in regards to policy revisions (7-A and 7-N) along with revisions to the Post Falls Assessment, with in-servicing to be completed by 11/15/10. (All employees on extended leave at the time of the in-servicing will be in-serviced upon first day of return to work). The assigned Administrative Nurse for each unit will be responsible for ensuring that the revised policies are followed on their individual units. The DON will be responsible to ensure the overall supervision that revised policies are followed.	

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F 167	CONTINUED TO NEXT PAGES	F 157	What measures will be put into place, or what systemic changes will you make to ensure that the deficient practice does not recur: On 10/25/10, the DON revised Nursing Policies and Procedures, Section IV, #7-A (High Risk Situations- Falls Risk) and #7-N (High Risk Situations – Physician Notification) to include physician notification per the licensed nurse upon assessment after a witnessed or un-witnessed resident fall (Policy 7-A) accident (Policy 7-N)) that results in any injury (to include redness, bruising, swelling, laceration, skin tear, limitation of movement, etc..) and/or resulting in any change in status that has the potential to require physician intervention. Any witnessed or un-witnessed resident accident that results in no injury and presents no immediate risks to the resident will be communicated per the licensed nurse on the Unit Physician Review Book for evaluation the next working day. * At any time after a resident accident, should an injury or change in status present, the licensed nurse will notify the physician upon assessment. (Refer back to Attachment A and B) (Implementation date – 11/15/10). On 10/25/10, the DON revised the Post Falls Assessment form to include licensed nurse documentation of any witnessed or un-witnessed resident fall that results in any injury or change in status that has the potential to require physician intervention along with the name of the Physician notified and time of notification . (Refer back to Attachment C) (Implementation date – 11/15/10)	11/15/10

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F 167	CONTINUED TO NEXT PAGE8	F 157	On 11/3/10, In servicing to be begin per the DON with the Assistant Director of Nursing, Clinical Coordinator, MDS - Coordinators, Incident Management Coordinator, Nursing Rehabilitation Nurse and all direct care RN's and LPN's in regards to revisions of Nursing Policy and Procedures (Section IV, # 7-A and 7-N) and revisions to the Post Falls Assessment form so to ensure licensed nurse notification of the physician upon assessment after a witnessed or un-witnessed resident fall (Policy 7-A) or accident (Policy 7-N) that results in any injury or change of status that has the potential to require physician intervention. In servicing will also include licensed nurse communication on the Unit Physician Review Book for medical evaluation the next working day for any witnessed or un-witnessed resident accident that results in no injury and presents no immediate risk to the resident. In servicing to be completed by 11/15/10. (All employees on extended leave at the time of the in servicing will be in serviced upon first day of return to work).	11/15/10

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WESTERN STATE NURSING FACILITY	2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240

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F 167	CONTINUED TO NEXT PAGES	F 157	How the corrective actions will be monitored to ensure the deficient practice will not recur. Effective 11/15/10, the corrective action will be monitored by the Incident Management Coordinator through utilization of The Western State Nursing Facility Performance Improvement Monitor For Physician Notification of Resident Accidents (refer to Attachment D) This monitor will be utilized to review all resident accidents for a 30 day period. Monitoring will be done to ensure that physician notification is made per the licensed nurse upon assessment after any witnessed or un-witnessed resident accident that results in any injury or change in status. Monitoring will also be done to ensure that witnessed or un-witnessed accidents with no injuries and that present no assessed risk to the resident are communicated per the licensed nurse on the Unit Physician Review book for evaluation the next working day. The monitor will include the following: Date of Monitor, Resident Name and Unit, Date and Time of Accident, Witnessed or Un-Witnessed Accident, Any Injuries Received or Change in Status, Time of Licensed Nurse Assessment, Time of Physician Notification and Physician Name, Physician Orders/Follow-Up Actions, Documentation of the Accident on the Unit Physician Review Book(if no injuries or change in status). Any noted problems or areas of concern will be documented on the monitor per the Incident Management Coordinator and referred to the assigned Unit Nurse Administrator for follow-up. Monitoring regarding physician notification of resident accidents will continue through weekly random monitoring of 25% of resident accidents for a three month period. Random monthly audits will then continue (Results of the monitoring will be reported to the QA Committee by the Incident Management Coordinator on a quarterly basis with action plans developed for any issues of noncompliance). (Refer to Attachment D)	11/15/10

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	185228	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN STATE NURSING FACILITY	2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240

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K 000	INITIAL COMMENTS A Life Safety Code survey was initiated and conducted on 10/08/10 to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to be in compliance with NFPA 101 Life Safety Code 2000 Edition. No deficiencies were identified during this survey.	K 000		

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