DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391	
TATEMENT OF EFICIENCIES ND PLAN OF ORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2016	
ME OF PROVIDED OF SU	185312	CTDEET ADDE	SS CITY STATE ZID	
AME OF PROVIDER OF SU ARKLEY CENTER	FILIER	STREET ADDRE 4747 ALBEN BA	SS, CITY, STATE, ZIP RKLEV DRIVE	
IRREFI CENTER		PADUCAH, KY		
0	· ·	cy, please contact the nursing home or the state surve		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST BE P MATION)	PRECEDED BY FULL REGULATORY	
F 0155		t or refuse to take part in an experiment and form	nulate	
Level of harm - Immediate jeopardy		S HAVE BEEN EDITED TO PROTECT CONFIDE , review of facility policies, and review of the Emerg		
Residents Affected - Few		d the facility failed to honor the explicit Advance Di		
	Resident #1 had an Advanced Dir Resuscitation	ective which specified he/she desired to be provided	Cardio [MEDICAL CONDITION]	
	(CPR) if cardiac or respiratory ar CPR for Resident #1 when he/she 911 was called and the Emergence	rest occurred. However, on [DATE], Registered Nur was found unresponsive and a Code Blue was calle Medical Service (EMS) arrived to Resident #1's roo	d. om at 6:16 PM finding the resident alone,	
	911 was called and the Emergency Medical Service (EMS) arrived to Resident #1's room at 6:16 PM finding the resident alone, unresponsive and no staff present. Paramedic #1 located RN #1 at the nursing station and requested the resident's code status and RN #1 revealed Resident #1 was a full code. CPR was initiated and the resident was transferred to the hospital. Resident #1 was pronounced dead at the hospital.			
	harm, impairment or death to a re facility was notified of the Immed	dents' Advance Directives were honored has caused sident. Immediate Jeopardy was identified on [DATT liate Jeopardy on [DATTE]. An acceptable Allegation gency validated the Immediate Jeopardy was remove	E] and determined to exist on [DATE]. The of Compliance (AoC) was received on	
	Severity was lowered to a D whil Quality Assurance (QA) monitor	e the facility develops and implements the Plan of Cost the effectiveness of the systemic changes.		
	The findings include: Review of the facility's policy title	ed, Cardiac and/or Respiratory Arrest, last revised [D	DATE], revealed the facility	
	supports the right of every resider	nt to accept or decline cardiopulmonary resuscitation	(CPR) in the event of cardiac or	
	respiratory arrest. The Center will perform CPR on all residents, except in certain limited circumstances, unless there is a written physician's orders [REDACTED]. The policy also stated if a resident does not have a DNR order, CPR/Automated			
		ified staff will initiate CPR/AED and emergency me re residents' wishes were followed in the event of [M		
	Review of the facility's policy title	ed, Cardiac and/or Respiratory Arrest, last revised [D	ATE], revealed an un-witnessed	
	arrest for residents without a DNR (Do Not Resuscitate), if there are no conclusive signs of death, to initiate actions for winessed arrest which include: CPR/AED certified staff will initiate CPR/AED application. Call 911 and notify the primary			
	physician. Designate an individual to record events on the CPR/AED Flow sheet. Continue CPR until one of the following occurs: Restoration of effective, spontaneous circulation; Care is transferred to a team providing advanced life support			
	(EMS); The rescuer is unable to continue because of exhaustion, the presence of dangerous environmental hazards, or because			
	continuation of the resuscitation efforts places others in jeopardy; or if State regulation allows licensed nurse to pronounce/certify death, for reliable and valid criteria indicating irreversible death are met, criteria of obvious death			
	are identified, or criteria for term	ination of resuscitation are met; When EMS personne	el arrive, they assume	
	status.	directed by EMS personnel; Notify the family/health	•	
	Record review revealed the facilit	y admitted Resident #1 on [DATE] with [DIAGNOS	SES REDACTED]. Review of the Annual	
	Data Set (MDS) Assessment, date	ed [DATE], revealed the facility assessed Resident #	1 with severe cognitive impairment and	
	required total assistance with all activities of daily living. Further review of the record revealed there was no Advanced Directive in the record. However, the resident's record had a			
	green sticker that indicated the re the resident desired to be a full co	sident was a full code and review of the Comprehens de (perform CPR and and activate 911) in the event ctivate resident's Advanced Directive as indicated.	sive Care Plan, dated [DATE], revealed	
	Review of Nurses' Notes, dated [I	DATE] at 6:01 PM, and interviews with Registered N ed Nurse Aide (CNA) #1 on [DATE] at 3:00 PM, and		
	[DATE] at approximately 6:01 P	M, CNA #1 and #2 found Resident #1 unresponsive.	The CNAs called RN #1 who initiated a Co	
		n the intercom and calling 911 (Emergency Medical here RN #2 had arrived to respond to the code. RN #		
		ad expired and they (Registered Nurses) did not initi ed to her workstation located by the [DATE] Hall ar		
	station to make notifications.		U U	
		DATE] at 11:55 AM, and review of the EMS run rep nding the resident alone, unresponsive, not breathing		
	Paramedic #1 located RN #1 at th	e nursing station and requested the resident's code st	atus. RN #1 informed the EMS the	
		lic #1 asked why CPR was not being performed on the ving a pulse. RN #1 walked away from Paramedic #		
	authorized the code to be stopped	. Paramedic #1 returned to Resident #1 where he and	1 Emergency Medical Technicians (EMT) #	
		it's airway was patent and clear, breathing and pulses s skin was warm, pale and pupils were non reactive.		
	#1 was transported to the emerge	ncy room via ambulance. EMS staff initiated Intrave	nous (IV) treatment enroute to the	
	emergency room ; and [MEDICA NAME]	TION NAME] (for cardiac stimulation) was adminis	stered three (3) times. Sodium [MEDICAT]	
	(alkalinizing agent used for [MEI	DICAL CONDITION]) was administered one (1) tim [DATE], revealed Resident #1 was admitted to the E		
	6:48 PM. The ER record revealed	CPR continued with an additional [MEDICATION	NAME] injection given at 6:48 PM, and no	
		ng at a rate of 110 beats per minute, however, the res [DATE] at 1:50 PM, revealed when she entered Res		
	to the side, pupils were big and ir	her heart she knew Resident #1 was dead. She state	d after calling the code and 911, she	
		tated, Do you really want to do this to (him/her)? (m dark and discolored with no capillary refill so she and		
	agreed the time of death was 6:08	3 PM. RN #1 stated when EMS arrived the Paramedia	c asked why CPR was not being done on the	
		nk she answered because there was no pulse, but thin edic asked a second time why the CPR was stopped a		
ABORATORY DIRFCTOR	S OR PROVIDER/SUPPLIER	TITLE	(X6) DATE	
EPRESENTATIVE'S SIGNA			()	

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: YL1011

Facility ID: 185312

CENTERS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2016
	185312		
NAME OF PROVIDER OF SU	IPPLIER		DDRESS, CITY, STATE, ZIP
BARKLEY CENTER		4/4/ ALBER PADUCAH,	N BARKLEY DRIVE , KY 42001
		cy, please contact the nursing home or the state	
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST MATION)	BE PRECEDED BY FULL REGULATORY
F 0155	(continued from page 1) #1 stated I regret walking out of	the room, I know in my mind if I brought (him/	(har) heat (ha/sha) would have nothing in
Level of harm - Immediate jeopardy	(his/her) mind.	, <u>,</u> , , , , , , , , , , , , , , , , ,	around the mouth and felt cold when she touched
Residents Affected - Few	the resident's chest when she chec the resident was a full code, she a is gone. RN #2 stated there was n have to make a decision about the	sked for breathing. She stated when RN #1 retu nd RN #1 discussed CPR. RN #2 stated she as othing they could do. She stated RN #1 said Nc quality of (his/her) life. RN #2 stated Resident as stiff with rigor when they rolled him/her to	rmed from calling 911 and checking to see if ked RN #1, Are we doing this because (he/she) o, let (him/her) be. She (RN #2) stated, You t #1 had no respirations, no pulse, was
	Interview with CNA #1, on [DAT RN #1 Do you really want to crac	E] at 3:00 PM, revealed RN #1 and RN #2 disc k the ribs? It's obvious (he/she) is dead. She sta	cussed the resident's code status and RN #2 asked ated RN #1 and RN #2 did not start rescue
	were big. She stated Resident #1's who was going to do compression with it. CNA #2 stated she had to and the resident was slobbering.	E] at 10:50 AM, revealed she opened Resident s skin was warm and she told RN #1 to call a C is and they discussed CPR and one of the RNs uched Resident #1's chest and it felt warm and	said Let's agree that we did the CPR and be done
	and he did not see any cyanosis. I Interview with the Administrator, compressions or rescue ventilatio pronounced Resident #1 dead. Sh certification. RN #2 worked the , The Administrator felt the nurses had documented pupils dilated, fi The facility implemented the follo	He stated there was no rigor in the resident and conducted on [DATE] at 1:25 PM, revealed RN ns because they determined there was an indica e stated RN #1 worked the 100 Hall where Res DATE] Hall on the opposite side of the buildir did not provide CPR because they felt there we ked, tongue displaced and skin cool to touch an wing actions to remove the Immediate Jeopard	no lividity (bluish discoloration). N #1 and RN #2 did not initiate chest ation of irreversible death and they sident #1 resided and was not current in CPR ng, and was current in CPR certification. ere signs of irreversible death and RN #1 ad hands mottled (discolored). y:
	the Director of Social Services or and the code status was clearly do	b be affected. All resident records were audited [DATE] to determine that the resident had the ocumented and consistently located in the resided ititate Cardiopulmonary Resuscitation (CPR) as is were identified.	right to formulate an advanced directive ent's medical record for Cardiopulmonary
	2. All resident care plans (76 of 76	5) were audited by a licensed nurse or Social Se atus was on the resident's plan of care. Care Pla	ervice Director (SSD) on [DATE] and [DATE] ins were updated by a licensed nurse upon
	[DATE], all facility staff personn track who held a current CPR cer laundry and therapy were not con determined if he/she had a curren The Payroll Benefits Coordinator,	at CPR certified staff would be on duty at all tin el files (82 of 82) were reviewed by the Payroll tification as indicated by a current CPR card. C sidered to meet this requirement. Corrective ac t CPR certification with proof to be provided an Center Nurse Executive (CNE), Center Execut Educator (NPE) or Receptionist will obtain a c	I Benefits Coordinator to identify and ontract staff including housekeeping, tion included contacting the employee to nd placed in the certification book. tive Director (CED), Assistant Director of
	Beginning on [DÅTE] and comple Payroll Benefits Coordinator to v certified staff was listed and place highlighted by the Payroll Benefi policy. The Charge Nurse will re- discovery. Facility staff obtained requires CPR certified staff to ob	fication book and/or personnel file. ted on [DATE], the facility's schedule was rev alidate that at least one (1) CPR certified staff r ed in the staffing book at each nurse's station. T ts Coordinator to ensure CPR certified staff wil view daily to validate CPR certified staff are sci CPR certification independently of the facility ain CPR certification for healthcare providers to the statements.	member was on duty at all times. All CPR The master nursing schedule is Il be on duty at all times per facility heduled with corrective action upon through approved programs. The facility
	and, on [DATE] by the Clinical F emergency cart daily check list for 5. A Code Blue drill was conducted	cy crash carts were reviewed on [DATE] by a l teimbursement Coordinator on the back nurses' rm were available and in working order. No co d on [DATE] by the ADON for the 7:00 AM tt	's station to validate all items on the
	for four (4) weeks to include wee that Cardiac and/or Respiratory a will continue monthly for five (5) 6. On [DATE], all alert and orient Director of Social Services to det regarding: concerns related to car to report to if they felt abused or 1 other concerns were addressed th		ified will be immediately addressed. Audits provement Committee. ight (8) or greater were interviewed by the ted. The interviews included questions receiving care and services needed and who abuse or neglect were identified. Any
	of 72) received a body audit performance of 72) received a body audit performance of 72) residents who were a licensed nurse. The Center Executive who to contact if they felt abused 8. The Center Nurse Executive, A	dmitted to the facility that day (2 of 72) received tive Director or the Center Nurse Executive me or neglected during their stay. DON, Nurse Practice Educator (NPE) or Licen	sical signs of abuse or neglect including a ed a baseline body audit performed by a
	 Education was provided for all On [DATE], the Manager of Clini and ADON; then the Center Exec Maintenance Director, Director o Supervisor on [DATE]. A post-te Director. 	utive Director provided re-education to the Heat f Recreation, Payroll/Benefits Coordinator, Dir st with a required score of 100% was included	nter Executive Director, Center Nurse Executive alth Information Director, Admissions, ector of Rehab and Housekeeping/Laundry
	Director provided re-education to 100% was included which was gr Nurse Executive or Center Execu re-education prior to initiating wo Education included the following	all non-licensed staff on [DATE] through [DA aded by the Admissions Director, Recreation D tive Director (57 of 59). All staff not available rk assignment and new staff will be educated d topics:	TE]. A post-test with a required score of Director, Housekeeping/Laundry Supervisor, Center for re-education will be provided
	* Death pronouncement and Cert 10. The Nurse Practice Educator (licensed staff (RNs & LPNs) from	dent unresponsive. uding development, communication & impleme	istered Nurse provided re-education to the eted a post-test with a required score of 100%

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NAME OF PROVIDER OF SU BARKLEY CENTER		STREET ADDRESS, CI 4747 ALBEN BARKLE	, ,	
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state survey ager	ncy.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
For information on the nursing	 SUMMARY STATEMENT OF E OR LSC IDENTIFYING INFORI (continued from page 2) Nurse (22 of 23). All staff not ava and new staff will be educated dw Policy NSG 102 Care Plans inc Policy NSG 102 Care Plans inc Death pronouncement and certi 11. Beginning on [DATE] througi re-education to all non-licensed s was included which was graded b provided the education prior to in process. The education included: Policy NSG 102 Care Plans incl following the care plan for Advar Policy OPS310 Abuse and Neg 12. Beginning on [DATE] througi re-education to all licensed staff (the Nurse Practice Educator (NPI prior to initiating work assignment included: Policy NSG102 Care Plans incl Directives. Policy NSG120 Charting Error Beginning on [DATE] througi Coordinator or RN provided education to all If education prior to initiating work education included: In the event there is not a Register notify an RN or Physician to com Facility Note section before the b 4. Beginning [DATE], the Carte Netre a resident's code status c * Articulate the definition of negl * Articulate the definition of negl Reporting steps. Following the initial fourteen (14) week for four (4) weeks, then weekly for four (4)	PADUCAH, KY 42001 cy, please contact the nursing home or the state survey ager DEFICIENCIES (EACH DEFICIENCY MUST BE PRECE MATION) allable for re-education will be provided education prior to for Emergency Medical Response. for Cardiac and/or Respiratory Arrest. vided to include evaluation of signs of irreversible death. luding development, communication & implementation. fication by State. 1[DATE], the Nurse Practice Educator (NPE), ADON or C faff to include contract employees (31 of 59). A post-test w by the Nurse Practice Educator (NPE). ADON or O faff to include contract employees (31 of 59). A post-test way the Nurse Practice Educator (NPE), ADON or O 18 of 23). A post-test with a required score of 100% was in j. All licensed staff not available for re-education will be p the and new staff will be educated during his/her orientation and new staff will be educated during his/her orientation uding development, communication & implementation and cct Prohibition - State of Kentucky. s and/or Omissions including late entries. 1[DATE], the Nurse Practice Educator (NPE), Center Nurs icensed staff (6 of 23). All licensed staff not available for er assignment and new staff will be educated during his/her orientation uding development, communication & implementation and ct Prohibition - State of Kentucky. s and/or Omissions including late entries. 1[DATE], the Nurse Practice Educator (NPE), Center Nurs icensed staff (6 of 23). All licensed staff not available for er assignment and new staff will be educated during his/her or ed Nurse (RN) available to pronounce death, the Licensed e to the facility to pronounce and sign the KY Provisional 1 ody can be released to the Funeral Home. 1 Information Manager, Center Nurse Executive, ADON, R Payroll Benefits Coordinator and/or Social Services Director s daily, across all shifts for fourteen (14) days to include w an be quickly located ed staff. lent care plan/care card. ect and appropriate reporting steps. al record. to death pronouncement. ect and appropriate reporting	ncy. EDED BY FULL REGULATORY DED BY FULL REGULATORY initiating work assignment lowing topics: Center Nurse Executive provided ith a required score of 100% le for re-education will be tring his/her orientation 1 Center Nurse Executive provided netuded which was graded by provided the re-education 1 Center Nurse Executive provided netuded which was graded by provided the re-education 1 Center Nurse Executive provided netuded which was graded by provided the re-education 1 Center Nurse Executive provided netuded which was graded by provided the re-education 1 Center Nurse Executive provided reviewed the care plan for Advanced se Executive, ADON, RN MDS ducation will be provided printation process. The Practical Nurse (LPN) must Report of Death form in the EX, LPN, Certified Nursing Executive, or will interview at least five veekends to validate that rviewed three (3) times per hen as determined by the Quality ice Educator (NPE), ADON and/or for fourteen (14) days to ent an RN is not available to times per week for four (4) by the QI Committee with 0, or Licensed Nurse will audit all or fourteen (14) days to ording to the Advanced Directive in er week for four (4) weeks, QI Committee with corrective is Executive Director, or Licensed ust the Medical Director, pirector, Health Information LPN reviewed all residents' Directives. ents' code status were on the dent records related to Advanced ted to ensure code status was evealed all current CPR certified by month to indicate when was located on each of the two ed CPR status was verified by the nt CPN certification of staff and aff on duty was implemented. validated daily on the 11:00 PM to	
	will be inspected daily by the nig	E] at 2:55 PM, verified she had inspected the crash carts on ht shift nurse and documented on the check list. audit revealed a drill was completed, on [DATE], by the Al		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 195712	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	C	X3) DATE SURVEY COMPLETED 2/13/2016
NAME OF PROVIDER OF SU	185312 PPLIER	STREET	ADDRESS, CITY, STA	ГЕ, ZIP
BARKLEY CENTER			BEN BARKLEY DRIV	E
For information on the nursing	· · ·	cy, please contact the nursing home or the	state survey agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	EFICIENCIES (EACH DEFICIENCY M MATION)	UST BE PRECEDED BY	FULL REGULATORY
F 0155	(continued from page 3)	· · · · ·		
Level of harm - Immediate jeopardy	Interview with the ADON, on [DA being done weekly on varied shift	I[DATE]. Monthly drills are scheduled to TE] at 9:45 AM, revealed a Code Blue dri s by the ADON, the Nurse Practice Educa viewable residents were reviewed and dete	ill was conducted by her o tor (NPE) and Center Nur	n [DATE] and drills are se Executive (CNE).
Residents Affected - Few	Service Director. There were thirt were directed to care by care give concerns were identified. Concern Interview with the SSD, on [DAT, and no concerns were identified r came from the interviews. 7. Review of body audits of non in	y-one (31) interviewable residents with tw rs, not receiving care, whom to report to if is identified not related to abuse neglect w E] at 11:15 AM, revealed she conducted in elated to abuse or neglect. She did resolve terviewable residents were completed by l	o (2) refusing to participal they were feeling abused ere resolved through the g terviews with all interview some grievance issues abc licensed nurses on [DATE]	ie. The interviews neglected. No rievance process. vable residents on [DATE] out other things that]; and, there were no
	Interview, on [DATE] at 9:00 AM completed on [DATE] and two (2 8. Resident Progress Notes from [(CNE). Review of the list of Prog Interview with the Center Nurse E Progress Notes with no concern in 9. The Manager of Clinical Opera then the Center Executive Director Coordinator, Director of Rehabili education included resident code	DATE] through [DATE], were reviewed for ress Notes audited revealed no concerns. xecutive (CNE), on [DATE] starting at 9:0	revealed the skin assessme or time and accuracy by th 00 AM, revealed she had c or (CED), and the Center irector, Director of Recrea tervisor on [DATE]. Post t s and death pronouncemen	nts were divided and e Center Nurse Executive ompleted the audit of Nurse Executive (CNE), tion, Payroll Benefits ests were given. The
	Interview, conducted on [DATE] a Manager of Clinical Operations of Interviews, on [DATE] at 11:03 A Nurse Practice Educator (NPE), r identifying an unresponsive resid Review of education that was prov Housekeeping/Laundry Supervise test required 100% and was grade the only remaining staff not provi return to work. That education inn Policy NSG102 Care Plans and D Interviews on [DATE] with the A ide #1 at 10:19 AM, the Housek education related to a resident's co to do, care plans and death prono 10. Review of documented educat Practice Educator (NPE), Center	tt 9:00 AM, with the Center Nurse Executi n [DATE] and passed a post test with 1009 M with the Admissions Director, 10:01 AI evealed they had received the education an ent, care plans and death pronouncement. ided to non-licensed staff by the Admission r, Center Nurse Executive (CNE) and Exe d by the Admissions Director. Two (2) stated the training and will receive the trainin luded how to locate code status, procedure eath Pronouncement and Certification by S Imissions Director at 11:03 AM, Restorati eeping/Laundry Supervisor at 10:01 AM, de status and where to find that informatic	ve (CNE), revealed she re %. M with the Housekeeping/ d it was about locating a r ons Director, Recreation D cutive Director on [DATE ff, the Dietary Manager ar ng prior to initiating any a: for identifying a resident State. Review of the POS ve Aide #1 at 10:29 AM, ch and CNA #4 at 9:40 AM, on, related to unresponsive co f 23 RNs and LPNs wer ATE] through [DATE]. A	Laundry Supervisor, and the esident's code status, irector, d Activity staff were ssignment on unresponsive, [REDACTED]. CNA #5 at 10:24 AM, Dietary revealed they had received resident and what e educated by the Nurse II had post test with 100% pass
	Scheduling Supervisor is to ensur included Policy NSG 107 related respiratory arrest, specific instruc related to care plan development, Interviews on [DATE] with RN # Reimbursement Coordinator (CR respiratory arrest, irreversible dea 11. Review on [DATE] of educati completed the education. All staff assignment and new staff will be care plans for Advanced Directiv	e that education is completed when that sta to the procedure for Emergency Medical R ions which included evaluation of irrevers implementation and communication and d at 10:36 AM, LPN #3 at 10:13 AM, LPN C) at 10:50 AM, revealed they had educati th and care plans. They were required to p on and post tests of non-licensed staff and not available for re-education will be prov educated during orientation. Review of the s, Policy OS310 related to abuse/neglect v cutive (CNE). Review of the POS [REDA	aff returns. Review of the e tesponse, Policy NSG 208 ible death and care plans p eath pronouncement. #2 at 9:48 AM, RN #3 at on related to emergency m ass a post test with 100%. contract employees reveal vided that education prior e education revealed Policy was provided by the Nurse	education revealed it for cardiac and/or policy NSG 102 9:02 AM, and the Clinical needical response, cardiac and ed 31 of 59 had to initiating work / NSG 102 related to
F 0224	Write and use policies that forbi of residents' property.	d mistreatment, neglect and abuse of re-	sidents and theft	
Level of harm - Immediate jeopardy		S HAVE BEEN EDITED TO PROTECT , review of the facility's policies, and revie		of Nursing (KBN)
Residents Affected - Few	Advisory Opinion Statement (AC necessary when one (1) of three (S) #36, it was determined the facility negle B) sampled residents (Resident #1) was for	ected to provide care and s ind unresponsive. Residen	services that were t #1 was not provided
	Certified Nurse Aide (CNA) #1 ar room to pick up the supper tray. 7 the intercom and calling 911 (Em already in Resident #1's room wh full code; however, they failed to nursing station and RN #1 returne EMS arrived to Resident #1's roor Resident #1's code status, RN #1	PR) after a Code Blue was called. d CNA #2 found Resident#1 unresponsive he CNAs summoned Registered Nurse (R ergency Medical System) for an ambulanc en RN #1 returned to the resident's room. I initiate rescue ventilations or chest compre d to the, [DATE] Hall nursing station to m 1 at 6:16 PM finding the resident alone, un nformed Paramedic #1 that the resident w alked away without giving Paramedic#1	N) #1 who initiated a Cod e. RN #2 had responded to RN #1 and RN #2 discusse essions. RN #2 returned to nake notifications. responsive and no staff pr as a full code. When Parat	e Blue by announcing it on the Code Blue and was d that Resident #1 was a the ,[DATE] Hall esent. Upon requesting
	Paramedic #1 immediately returned	d to Resident #1 and CPR was initiated. R e ER continued CPR until the resident was	esident #1 was transported	
	The facility's failure to ensure resi injury, harm, impairment or death [DATE]. The facility was notified received on [DATE], and the Stat	dents were free from mistreatment or negle to a resident. Immediate Jeopardy was ide of the Immediate Jeopardy on [DATE]. A e Survey Agency validated the Immediate o a D while the facility develops and impl	ect has caused or is likely entified on [DATE] and de an acceptable Allegation o Jeopardy was removed on	to cause serious termined to exist on f Compliance (AoC) was [DATE], as alleged. The
	facility's Quality Ássurance (QA) The findings include: Review of the facility's policy title ensure that Center's staff was doin neglect, involuntary seclusion, inj defined as the failure to provide g Review of the KBN AOS #36 Res * There is a valid order for the pat (absence of pulse and respiration, often referred to as do not attemp * Obvious signs of death are prese in pooling of blood in dependent body following death); and injuri Record review revealed the facility Minimum	monitors the effectiveness of the systemic d, Abuse Prohibition, last revised [DATE] g all that was within their control to preve uries of unknown origin and misappropria oods and services necessary to avoid physi uscitation, approved ,[DATE] and revised ient, not to attempt resuscitation in the eve determined by assessment using inspectio resuscitation; (DNAR) or do not resuscita nt. The most reliable are: dependent livido pody parts); rigor mortis (harding of muscl	changes. , revealed the purpose of t nt occurrences of abuse, n tion of property for all res ical harm, mental anguish, [DATE], revealed a nurs; nt of an apparent cardiac/f n, palpitation and ausculta the (DNR) orders; (general bluish discolorat les or rigidity); algo mortis DIAGNOSES REDACTEI	he policy was to nistreatment, idents. Neglect is or mental illness. e would not start CPR when: pulmonary arrest tion); these are ion of the skin as s (cooling of the D]. Review of the Annual

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE (PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185212	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2016
AME OF PROVIDER OF SU	185312 PPLIER	STREET A	ADDRESS, CITY, STATE, ZIP
ARKLEY CENTER			EN BARKLEY DRIVE H, KY 42001
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the sta	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR		T BE PRECEDED BY FULL REGULATORY
F 0224	(continued from page 4)	· · · · ·	
Level of harm - Immediate jeopardy	marked with a green sticker, which Resident has an established Adva	t on staff for assistance with all activities of d ch indicated the resident was a full code (initi nced Directive as being full code and was dat in the event respiratory or [MEDICAL CONI	ate CPR). Review of the care plan, titled ted and initiated on [DATE] to address the
Residents Affected - Few	Review of a Late Entry Nursing N 4:11 PM, revealed Resident was fixed, tongue displaced to the left blue, called 911, returned to room mottled, determined time of death hospital; however, review of this Further review of a Nursing Note 18:01 (6:01 PM), revealed the san documentation had no lines mark re-written on [DATE]. Interview with CNA #1, on [DAT resident was not acting right. He and told CNA #1 to stop feeding assist another resident and when i unresponsive. CNA #1 stated he iresident's room. He stated RN #1 CNA #1 stated when he returned RN #2 asked RN #1, Do you real not start rescue ventilations or ch arrived, they questioned the resid Interview with CNA #2, on [DAT entered Resident #1's room, they she opened Resident at the resident's tor if the NATS and Let's agree that v it felt warm and the resident's ro she knew in her heart that Reside resident's chart for the code status resident's bed. RN #1 reported to h. #1 had passed and instructed CN. (RN #1) returned to the dining ro when she entered the resident's ro she knew in her heart that Reside resident's bed. RN #1 stated RN # up the resident's hand and it was' und anot sure of Resident #1's code status resident's bed. RN #1 stated RN # up the resident's hand and it was' (RN #1 and RN #2, on [DATE #1 was blue around the mouth an not sure of Resident #1's code status (RN #1 and RN #2, discussed CF nothing they could do and RN #1 not her resident and she wasn't su (RN #1 and RN #2, an	lote written by RN #1, dated [DATE] at 1800 nnresponsive, observed resident not breathing , skin cool to touch, sent NA (Nurse Aide) fo , two (2) licensed nurses at bedside to assist, , notifications documented as made, and at 1 re-written by RN #1, dated [DATE] at 4:09 P me information as the Nursing Note, dated [D dthrough it. RN #1 gave no explanation why E] at 3:00 PM, revealed on [DATE], he was a stated he informed RN #1, who was in the di- the resident and leave his/her head in the upri- ne and CNA #2 returned to gather the resident mmediately informed RN #1, who was still in instructed him to get RN #2 and he went to th to Resident #1's room, RN #1 and RN #2 wer ley want to crack his/her ribs? It's obvious he/s est compressions. Further interview revealed ent's code status, started CPR, and left with R [2] at 01:50 AM, revealed she and CNA #1 w found the resident unresponsive. CNA #2 state y were not moving and the resident's pupils CNA #2 stated she told RN #1 to call a Code intercom. RN #1 told CNA #1 to go get RN # backboard under the resident while RN #2 w ed oxygen set at 10/L and CNA #2 set the reg (), which one of them was going to do compre- ve did the CPR and be done with it. CNA #2 states gue was not sticking out of his/her mouth.] at 1:50 PM, revealed she was doing dining r er that Resident #1 was acting funny. RN #1 states to show fsticking out of his/her mouth.] at 1:61 PM, revealed she was summoned to dirak and discolored with no capillary refill, sc io80 PM. RN #1 stated she then went to the nu e and the Paramedic came to her and asked w se there was no pulse, but that is how she thin room, I know in my mind if I brought (him/h] at 10:12 AM, revealed she was summoned to d fit cold when she touched his/her chest wh tus, but she got the breathing mask out to be r reame to the COR Blue was really upset and she did not hear a response from RN #1.] Service (EMS) Tun report, dated [DATE], re i.ying supile in bed unety point mask out to be r re. Rand she asked RN #1, Are we doing this, be sai	 (6:00 PM), with a strike out date of [DATE] at t, no lung sounds, no pulse, pupils dilated, it help, validated code status, called code lifted hand and observed hands to be 8:06 (6:00 PM) EMS arrived, EMS transported to on had a line marked through it. 2M, and documented as a Late Entry for [DATE] at AATE] at 1800 (6:00 PM); however, the y the [DATE] note was stricken out, and then assisting Resident #1 with the supper meal and the ming room, and the RN looked at the resident gipt position. CNA #1 stated he left to 1's supper tray they found Resident #1 in the dning room, and she returned to the he. [DATE] Hall nursing station to get her. ret discussing the resident's code status. He stated his is dead. CNA #1 stated RN #1 and RN #2 did the RNs left the room. When the EMS lesident #1's thated when were big. She stated Resident #1's stated when were big. She stated Resident #1's stated when were big. She stated Resident #1's chest and PM #1 went to the nursing station and '2. CNA #2 stated she lifted the sheet over the rass searching for the bag used for rescue gulator for 10/L. CNA #2 said RN #2 asked RN #1 issismes. CNA #2 stated they discussed CPR, and one stated she had touched Resident #1's chest and room duty on [DATE] and was summoned to Resident this/her pupils were big. RN #1 stated that CNA #1 stated his/her pupils were big. RN #1 stated that CNA #1 to get RN #2 and she went to check the ent #1's room, RN #2 was standing by the him/her? (meaning CPR). She (RN #1) spicked o she and RN #2 looked at their watches ursing station to make notifications. She vhy the code had been stopped. RN #1 satied she kis the Paramedic said she responded. She dn't have an answer for him. RN #1 additionally teer) back, (he/she) would have nothing in o Resident #1's room by CNA #1. She stated Resident #1's room on crash cart outside the room but he/she di not tot in the room that was fiff with rigor when dil together like a log. PM, revealed he/she was near Resident #1's
	the Director of Social Services or and the code status was clearly de	o be affected. All resident records were audite [DATE] to determine that the resident had th ocumented and consistently located in the resi itiate Cardiopulmonary Resuscitation (CPR)	he right to formulate an advanced directive ident's medical record for Cardiopulmonary

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NAME OF PROVIDER OF SU			EET ADDRESS, CITY, STA	
BARKLEY CENTER		PADU	ALBEN BARKLEY DRIV UCAH, KY 42001	E
(X4) ID PREFIX TAG		cy, please contact the nursing home or the DEFICIENCIES (EACH DEFICIENCY)		FULL REGULATORY
F 0224	OR LSC IDENTIFYING INFORM (continued from page 5)	MATION)		
Level of harm - Immediate jeopardy	Medical POA wishes. No concern 2. All resident care plans (76 of 70 to determine that resident code sta	5) were audited by a licensed nurse or So atus was on the resident's plan of care. C		
Residents Affected - Few	discovery if corrective action was 3. The facility's policy revealed th [DATE], all facility staff personn track who held a current CPR cer- laundry and therapy were not con determined if he/she had a curren The Payroll Benefits Coordinator, Nursing (ADON), Nurse Practice active dates and place in the certi Beginning on [DATE] and comple Payroll Benefits Coordinator to v certified staff was listed and place highlighted by the Payroll Benefi policy. The Charge Nurse will re- discovery. Facility staff obtained requires CPR certified staff to ob hands-on practice and in-person § 4. Two (2) of the two (2) emergen and, on [DATE] by the Clinical F emergency cart daily check list ff 5. A Code Blue drill was conduct to 7:00 AM, and 3:00 PM to 11:0 The facility's Executive Nurse, AI for four (4) weeks to include wee that Cardiac and/or Respiratory a will continue monthly for five (5) 6. On [DATE], all alert and orient Director of Social Services to det regarding: concerns related to car to report to if they felt abused or to ther concerns were addressed th discovery. 7. On [DATE], residents with a B of 72) received a body audit perfi- change in mood or behavior. No On [DATE], residents with a B of 72) received a body audit perfi- change in mood or behavior. No On [DATE], residents with a B of 72) received a body audit perfi- change in mood or behavior. No On [DATE], the Manager of Clini and ADON; then the Center Execu- who to contact if they felt abused 8. The Center Nurse Executive, A Notes from [DATE] for timelines 9. Education was provided for all On [DATE], the Manager of Clini and ADON; then the Center Execu- who to quickly locate a residere 9. Policy NSG102 Care plans incl "Policy NSG102 Care Plans incl "Polic	required. at CPR certified staff would be on duty el files (82 of 82) were reviewed by the tification as indicated by a current CPR sidered to meet this requirement. Correct Center Nurse Executive (CNE), Center Educator (NPE) or Receptionist will ob fication book and/or personnel file. tet on [DATE], the facility's schedule v alidate that at least one (1) CPR certified a in the staffing book at each nurse's st ts Coordinator to ensure CPR certified staff CPR certification independently of the f an CPR certification independently of the fa an CPR certification for healthcare pro kills assessments. cy crash carts were reviewed on [DATE] eimbursement Coordinator on the back rm were available and in working order do on [DATE] by the ADON for the 7:00 OPM shifts. DON, Nurse Practice Educator (NPE) or kends using different scenarios to audit irrest procedures are followed. Any issue months, then as determined by the Qua ed residents (31 of 72) with a BIMS sco ermine if the resident felt abused and/or e provided by any caregiver, concerns we neglected. No concerns specifically rega rough a formal grievance process by the MMS score lower than eight (8) or who d ormed by the licensed nurse to identify a concerns were identified. dmitted to the facility that day (2 of 72) tive Director or the Center Nurse Execu or neglected during their stay. DON, Nurse Practice Educator (NPE) or s and accuracy. No concerns were ident staff on two (2) separate occasions, defin cal Operations provided re-education to f Recreation, Payroll/Benefits Coordinal st with a required score of 100% was in the nurse ponsive. uall non-licensed staff on [DATE] throug added by the Admissions Director, Recre tive Director (S7 of 59). All staff not avai rk assignment and new staff will be edu topics: r's code status. dent unresponsive. ualing development, communication & fi fication by State. NPE), Center Nurse Executive, ADON 4 tiating work assignment and new staff will be educator (a (DATE] the Nurse Practice Educator (a (DATE] the Nurse Practice Ed	at all times. Beginning on [1 Payroll Benefits Coordinato card. Contract staff includin trive action included contact Executive Director (CED), tain a copy of the employee was reviewed for the past thi d staff member was on duty ation. The master nursing sci taff will be on duty at all tin f are scheduled with correcti facility through approved pro viders through CPR training g] by a licensed nurse on the nurses's station to validate a . No concerns were identified 0 AM to 3:00 PM shift; and, regional RN support staff v individual critical thinking s is dentified will be immedia dity Improvement Committe re of eight (8) or greater wer neglected. The interviews in vith not receiving care and surding abuse or neglect were to Director of Social Services leclined to participate in the uny physical signs of abuse of received a baseline body au tive met with each resident at r Licensed Nurse reviewed a ified. ned in the following timeline the Center Executive Director tor, Director of Rehab and H cluded which was graded by upervisor, Center Nurse Exect gh [DATE]. A post-test with ation Director, Housekeepir ailable for re-education will cated during his/her orientat mplementation. or Registered Nurse provide 'completed a post-test with a 'e, ADON, Center Executive education prior to initiating ion included the following to reversible death. implementation. (NPE), ADON or Center Nu f 59). A post-test with a requ ull staff not available for re-e will be educated during his/her orientation and (NPE), ADON or Center Nu education will be provided to g his/her orientation process. implementation and following ts.	DATE] and ending on r to identify and g housekeeping, ing the employee to freation book. Assistant Director of 's CPR card to verify rty (30) days by the at all times. All CPR hedule is hesp er facility we action upon ograms. The facility ithat includes front nurses' station; ll items on the ed. on [DATE] for the 11:00 PM will continue drills weekly kills and validate tely addressed. Audits e. re interviewed by the icluded questions ervices needed and who identified. Any immediately upon interview process (39 rr neglect including a dit performed by a and informed him/her of all current resident Progress e: tor, Center Nurse Executive cutive, or Center Executive for process. d re-education to the a required score of 100% ducation will be her orientation rse Executive provided hired score of 100% ducation will be her orientation ag the care plan for Advanced ive, ADON, RN MDS will be provided n process. The Nurse (LPN) must
	notify an Kiv of Filysiciali to com	e to the facility to pronounce and sign th	. KT Trovisional Report Of	

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	185312				
NAME OF PROVIDER OF SU BARKLEY CENTER	PPLIER		ADDRESS, CITY, STATE, ZIP BEN BARKLEY DRIVE		
	4 4 4	PADUC	AH, KY 42001		
(X4) ID PREFIX TAG	· · · · · · · · · · · · · · · · · · ·	cy, please contact the nursing home or the	tate survey agency. JST BE PRECEDED BY FULL REGULATORY		
	OR LSC IDENTIFYING INFOR				
F 0224	(continued from page 6) Facility Note section before the b	ody can be released to the Funeral Home.			
Level of harm - Immediate jeopardy	14. Beginning [DATE], the Health Executive, Admissions Director, (5) non-licensed staff and/or CNA	n Information Manager, Center Nurse Exec	tive, ADON, RN, LPN, Certified Nursing Executive, Services Director will interview at least five ays to include weekends to validate that		
Residents Affected - Few	he/she can state the following: * Where a resident's code status c				
	* Response steps for a non-licens * Articulate the purpose of a resid	lent care plan/care card.			
	* Articulate the definition of negl * Reporting steps.				
		days, five (5) non-licensed staff and/or CN ekly for four (4) weeks, then monthly for for	As will be interviewed three (3) times per ur (4) months then as determined by the Quality		
		th corrective action upon discovery. r Executive Director, Center Nurse Executi	ve, Nurse Practice Educator (NPE), ADON and/or		
		least three (3) licensed staff (RN or LPN),			
	* Expected medical response to a				
	* Signs of irreversible death. * Where a resident's code status of	1 5			
	* Kentucky requirements related	to death pronouncement.			
	* Definition of a complete medic	ect and appropriate reporting steps. al record.			
	pronounce death, the LPN must r	otify an RN or Physician to come to the fa-	g that in the event an RN is not available to ility to pronounce and sign the KY Provisional		
	Following the initial fourteen (14)	ity Note section before the body can be rel- days, three (3) licensed staff will be interv	ewed three (3) times per week for four (4)		
	weeks, then weekly for four (4) weeks, then weekly for four (4) weekly four (4	veeks, then monthly for four (4) months the	n as determined by the QI Committee with		
		r Nurse Executive, ADON, Nurse Practice with unplanned transfers and associated ca	Educator (NPE), or Licensed Nurse will audit all re plans daily for fourteen (14) days to		
	include weekends to validate: * Advanced Directives are honored according to the care plan.				
	* Goods and services provided as necessary to avoid mental anguish and physical harm according to the Advanced Directive in the event that CPR is indicated.				
	Following the initial fourteen (14)	days, unplanned transfers will be audited to be monthly for four (4) months then as det	rree (3) times per week for four (4) weeks, ermined by the QI Committee with corrective		
	action upon discovery.	-	ecutive, Center Executive Director, or Licensed		
	Nurse until the issue is resolved a Center Nurse Executive, Center H Manager, ADON, Business Offic	nd ongoing thereafter. The QI Committee Executive Director, Social Service Director e Manager, and the Nurse Practice Educato	onsists of at least the Medical Director, Maintenance Director, Health Information r.		
		d the implementation of the facility's AOC DATE], revealed the Social Service Director	as follows: r (SSD) and an LPN reviewed all residents'		
	2. All care plans were also audited care plan.	-	to ensure residents' code status were on the		
	Directives were reviewed on [DA addressed.	TE] to verify documentation and care plan	evealed all resident records related to Advanced swere also audited to ensure code status was		
	3. Review of the log book that was implemented to verify which licensed staff was current revealed all current CPR certified staff was verified by the Payroll Benefits Coordinator on [DATE]. The log book was tabbed by month to indicate when certifications will expire. Observation on [DATE], revealed a current CPR certification list was located on each of the two (2) nursing stations.				
	Payroll Benefits Coordinator on [when certifications will expire. A	DATE] and a log book was implemented to system to address and ensure coverage of	0:00 AM revealed CPR status was verified by the maintain current CPR certification of staff and CPR certified staff on duty was implemented. ted and will be validated daily on the 11:00 PM to		
	7:00 AM shift. Review of the che shift. Interview with LPN #1, on [DAT]	ck list on [DATE] revealed daily signature E] at 2:55 PM, verified she had inspected th	by licensed staff on the 11:00 PM to 7:00 AM e crash carts on [DATE]. She revealed the carts		
	5. Review of the Code Blue Drill drills are being completed throug	h [DATE]. Monthly drills are scheduled to	list. ATE], by the ADON on all shifts and weekly start [DATE] and will be completed by [DATE]. I was conducted by her on [DATE] and drills are		
	6. Documented interviews of inter Service Director. There were thir	viewable residents were reviewed and dete	or (NPE) and Center Nurse Executive (CNE). mined to have been completed by the Social 0 (2) refusing to participate. The interviews they were feeling abused/neclected. No		
	concerns were identified. Concern Interview with the SSD, on [DAT and no concerns were identified r	ns identified not related to abuse neglect we E] at 11:15 AM, revealed she conducted in			
	concerns identified. Two (2) new	residents received base line audits and met	censed nurses on [DATE]; and, there were no with the Center Nurse Executive (CNE). evealed the skin assessments were divided and		
	completed on [DATE] and two (2 8. Resident Progress Notes from [(CNE). Review of the list of Prog	2) new admissions were included. DATE] through [DATE], were reviewed for ress Notes audited revealed no concerns.	r time and accuracy by the Center Nurse Executive		
	Progress Notes with no concern i	dentified.	0 AM, revealed she had completed the audit of		
	then the Center Executive Director Coordinator, Director of Rehabili	or provided education to the Admissions Di tation, and the Housekeeping/Laundry Sup status, the unresponsive resident, care plan	or (CED), and the Center Nurse Executive (CNE), rector, Director of Recreation, Payroll Benefits ervisor on [DATE]. Post tests were given. The and death pronouncement. Review of the tests		
F 0281	Make sure services provided by	the nursing facility meet professional sta	ndards of		
Level of harm - Immediate jeopardy	Based on interview, record review	TS HAVE BEEN EDITED TO PROTECT , facility policy review and the Kentucky I facility failed to ensure the services provi	oard of Nursing (KBN) Advisory Opinion Statement		
Residents Affected - Few					

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NAME OF PROVIDER OF SU	185312 JPPLIER	STREET ADD	RESS, CITY, STATE, ZIP	
ARKLEY CENTER		4747 ALBEN I PADUCAH, K	BARKLEY DRIVE XY 42001	
		cy, please contact the nursing home or the state su		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
F 0281 Level of harm - Immediate		f three (3) sampled residents (Resident #1). status in the event of cardiac or respiratory arrest,	was not provided cardiopulmonary	
jeopardy Residents Affected - Few	resuscitation (CPR) when found we called 911 for the Emergency Me and did not provide CPR. EMS as #1 at the nursing station and requ code. RN #1 informed the Parame Paramedic and two (2) Emergence	without respirations and unresponsive. Registered dical System (EMS) on [DATE]; however, RN # rrived and found the resident unresponsive and no ested the resident's code status and was informed edic CPR they had stopped CPR because a pulse or y Medical Technicians. Resident #1 was transferr	Nurse (RN) #1 called a Code Blue and 1 and RN #2 decided the resident was already deac o staff was present. The Paramedic found RN by RN #1 that Resident #1 was a full could not be obtained. CPR was initiated by the	
	continued at the emergency room until the resident was pronounced dead. The facility's failure to provide services in accordance with acceptable standards of practice has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on [DATE] and determined to exist on [DATE]. The facility was notified of the Immediate Jeopardy on [DATE]. An acceptable Allegation of Compliance (AoC) was received on [DATE], and the State Survey Agency validated the Immediate Jeopardy was removed on [DATE], as alleged. The Scope and Severity was lowered to a D while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the Job Description for Registered Nurse, last revised [DATE], revealed the Registered Nurse delivers efficient			
	functions and provides care withi Review of the KBN AOS #36 Res * There is a valid order for the pat (absence of pulse and respiration, often referred to as do not attemp * Obvious signs of death are press in pooling of blood in dependent	uscitation, approved ,[DATE] and revised ,[DAT ient not to attempt resuscitation in the event of an determined by assessment using inspection, palp t resuscitation; (DNAR) or do not resuscitate (DN nt. The most reliable are: dependent livido (gener body parts); rigor mortis (harding of muscles or r	E], revealed a nurse would not start CPR when: apparent cardiac/pulmonary arrest itation and auscultation); these are (R) orders; ral bluish discoloration of the skin as	
	Minimum Data Set (MDS) assessment, date	es that are incompatible with life. y admitted Resident #1 on [DATE] with [DIAGN d [DATE], revealed the resident was assessed as a	-	
	the care plan titled, Resident has was initiated on [DATE] to addre	hart) revealed a green sticker on it that indicated t an established Advanced Directive, revealed the r ss the resident's desire to be a full code in the eve rvention stated to Activate resident's Advanced D	resident was a full code. The care plan ent a respiratory or [MEDICAL	
	Review of Nursing Notes by RN # breathing, there were no lung sou to the left, and skin was cool to to resident's code status, called code	11, dated [DATE] at 6:00 PM, revealed the nurse index no pulse, the resident's pupils were dilated an pouch. Further review revealed she sent the NA (nu blue, called 911, returned to room, two (2) licens be mottled, determined time of death, notification	determined Resident #1 was unresponsive, not nd fixed, his/her tongue was displaced urse aide) for help, validated the sed nurses were at bedside to assist,	
	Interview with RN #1, on [DATE unresponsive while picking up m side, pupils were big and in her h #1 stated she went to check the re finding RN #2 standing by the res (meaning CPR). RN #1 revealed she and RN #2 looked at their wa station to notify the family. EMS] at 1:50 PM, revealed, on [DATE], CNA #1 calle eal trays. RN #1 stated when she entered Residem eart she knew Resident #1 was dead. RN #1 state sident's chart for code status and called 911, then sident's bed. RN #1 stated RN #2 asked her, Do y she picked up the resident's hand and it was dark i tches and agreed the time of death was 6:08 PM. had arrived about this time and the Paramedic can	t #1's room, Resident #1's tongue was to the d she screamed for CNA #1 to get RN #2. RN returned to Resident #1's room ou really want to do this to him/her? and discolored with no capillary refill so RN #1 stated she then went to the nursing	
	RN #1 told the Paramedic that the determined the resident was dead perform CPR, only called the cod		did not tell the Paramedic that they who told them to stop CPR. The RNs did not	
	resident was blue around the mou when RN #1 came into the room, and RN #2 said No, let (him/her)] at 10:12 AM, revealed she was summoned to Re th and felt cold when she touched his/her chest w she and RN #1 discussed CPR and she asked RN be. RN #2 stated Resident #1 had no respirations, y rolled him/her to place the back board.	then checking for breathing. RN #2 stated #1, Are we doing this because he/she is gone	
	Interview with CNA ^{#2} , on [DAT entered Resident #1's room, they she opened Resident #1's eyes an #2 stated she told RN #1 to call a over the intercom and told CNA [‡] the CPR board under the resident set at 10/Liters (L) and she (CNA compressions and they discussed #2 stated she had touched Reside: RN #1 called a code because the r	E] at 10:50 AM, revealed she and CNA #1 were p	N #1 was summoned by CNA #1. CNA #2 stated ig; and, the resident's skin was warm. CNA rsing station and announced a code blue sheet over the resident to assist placing rescue breathing. RN #2 wanted the oxygen V #2 asked RN #1 who was going to do twe did the CPR and be done with it. CNA ngue was not sticking out. ident's room, the two (2) RNs together	
	they found Resident #1 unrespon- stated RN #1 instructed him to ge and RN #2 discussed the resident obvious he/she is dead, and they of arrived and questioned the resident Review of EMS run report, dated staff was in the room and CPR w. Nurse stated patient was full code was unsure but they were doing C them to stop CPR and she never a breathing is absent, absent pulses JVD noted. Breath sounds are abs	E] at 3:00 PM, revealed when he and CNA #2 we sive. CNA #1 stated he immediately informed RN t RN #2 and he went to the ,[DATE] Hall nursing 's code status and RN #2 asked RN #1, Do you re idid not start rescue ventilations or chest compress nt's code status. EMS started CPR and transferred [DATE], revealed On arrival found . lying supine as not being performed. Charge nurse was located being performed. Charge nurse was not being performed. Started the starter the starter starter provide the starter of the starter of the starter of the starter and walked away. Patient presents unres with a long capillary refill time. Skin is warm, pa sent. No abnormalities to abdomen. Extremities a DATE] at 11:55 AM, revealed, on [DATE], he re	I #1, and she went to the resident's room. He station to get her. CNA #1 stated RN #1 ally want to crack his/her ribs? It's ions. The RNs left the room and EMS Resident #1 to the hospital. in bed unresponsive and not breathing. No I and asked if patient was full code or DNR. performed on the patient. Nurse stated she et a pulse. She was then asked who advised sponsive with GCS-3. Airway patent and clear, ale and pupils are non reactive. No re flaccid. No injuries found.	
	and when he arrived at Resident ⁴ breathing and he did not know the responded full code. The paramete stopped, we couldn't get a pulse. away and didn't answer. EMS init #1 was not cold but was warm an lividity (bluish discoloration). He the resident received intervention the resident's choice, then that's w	#1's room, there was no one in the room but the re resident's code status. He located RN #1 and ask lic stated he then asked why CPR was not being c Paramedic #1 stated he asked RN #1 who authoriz tiated CPR with Emergency Medical Technician (d pale and he did not see any cyanosis. He stated stated CPR continued as the resident was transpo s in the emergency room until he/she was pronou	sident. He stated the resident was not ced the resident's code status. The nurse lone and the nurse replied, We were, we zed you to stop CPR and RN #1 just walked (EMT) #1 and #2. Paramedic #1 stated Resident there was no rigor in the patient and no orted to the emergency department and need dead. Paramedic #1 stated If CPR is	

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	185312		
NAME OF PROVIDER OF SU BARKLEY CENTER	PPLIER		DRESS, CITY, STATE, ZIP N BARKLEY DRIVE
	1 1 1	PADUCAH,	KY 42001
For information on the nursing (X4) ID PREFIX TAG	· ·	cy, please contact the nursing home or the state : DEFICIENCIES (EACH DEFICIENCY MUST I	, , ,
	OR LSC IDENTIFYING INFORM		
F 0281 Level of harm - Immediate jeopardy	dead. Further interview with the	determined there was an indication of irreversibl Administrator, on [DATE] at 11:30 AM, reveale an over head page could not be done from a resi	d she did not know if RN #1 should have
	stayed in Resident #1's room and from the resident's room. The Ad started then stopped, which may J dead. They were supposed to pro- Interview with the Clinical Reimb is necessary in a code situation un Interview, on [DATE] with CRC is and would continue until relieved initiate CPR. Interview with the Director of Nur- were to call for help, validate the The facility implemented the follo 1. All residents had the potential to the Director of Social Services or and the code status was clearly dc Resuscitation (CPR) or Do Not If Medical POA wishes. No concern 2. All resident care plans (76 of 77 to determine that resident code st discovery if corrective action was 3. The facility's splicy revealed th [DATE], all facility staff personn track who held a current CPR cer laundry and therapy were not con determined if he/she had a curren The Payroll Benefits Coordinator, Nursing (ADON), Nurse Practice active dates and place in the certi Beginning on [DATE] and comple Payroll Benefits Coordinator to v certified staff was listed and place highlighted by the Payroll Benefit policy. The Charge Nurse will red discovery. Facility staff obtained requires CPR certified staff to ob hands-on practice and in-person s 4. Two (2) of the two (2) emergen and, on [DATE] by the Clinical F emergency cart daily check list fo 5. A Code Blue drill was conduct to 7:00 AM, and 3:00 PM to 11:01 The facility's Executive Nurse, AI for four (4) weeks to include wee that Cardiac and/or Respiratory a will continue monthly for five (5). On [DATE], residents with a B of 72) received a body audit perfo change in mood or behavior. No o Un [DATE], residents with a B of 72) received a body audit perfo change in mood or behavior. No o upervisor on [DATE] for timelines 9. Education was provided for all On (DATE], the Manager of Clini and ADON; then the Center Execut who to contact if they felt abused dore the ison pirce tor, Recreat Director. The Admissions Director, Recreat Director. The Admissions Director, Recreat Director. The Admissions Director for	an over head page could not be done from a resi ministrator stated it was a mis-communication b have meant that a code and 911 was called, then vide CPR unless there were irreversible signs of fursement Coordinator (CRC), on [DATE] at 11: less two (2) or more signs of death were presen #2 at 11:50 AM, revealed she would expect CPR by EMS. She also stated signs of irreversible d code status, and call 911 as long as there were n wing actions to remove the Immediate Jeopardy o be affected. All resident records were audited 1 [DATE] to determine that the resident had the 1 courmented and consistently located in the reside itiate Cardiopulmonary Resuscitation (CPR) as ns were identified. 6) were audited by a licensed nurse or Social Ser at CPR certified staff would be on duty at all tin el files (82 of 82) were reviewed by the Payroll tification as indicated by a current CPR card. Cc isidered to meet this requirement. Corrective acti t CPR certification with proof to be provided an . Center Nurse Executive (CNE), Center Executi e Educator (NPE) or Receptionist will obtain a cc fication book and/or personnel file. eted on [DATE], the facility's schedule was revia alidate that at least one (1) CPR certified staff will view daily to validate CPR certified staff are sch will sassessments. tcy crash carts were reviewed on [DATE] by a li Sembursement Coordinator on the back nurse's sorm were available and in working order. No cor don (DATE] by the ADON for the 7:00 AM to 0 PM shifts. DON, Nurse Practice Educator (NPE) or Region whends using different scenarios to audit individu rrest procedures are followed. Any issues identif 0 months, then as determined by the Quality Imp der residents (31 of 72) with a BIMS score of eig ermine if the resident felt abused and/or neglect 0 no parted py any caregiver, concerns with not 1 DON, Nurse Practice Educator (NPE) or Licens ss and accuracy. No concerns were identified. staff on two (2) separated co-casions, defined in the catif on two (2) separated co-casions, defined in the catif	ident room, but RN #1 could have called 911 vetween EMS and the nurse. RN #1 said We RN #1 and RN #2 decided the resident was death. :40 AM, revealed she expected nurses to do what it. Robe provided if that was a resident's choice eath would be an indication to not when a resident is found unresponsive staff or signs of death. :: (76 of 76) by a licensed nurse and/or right to formulate an advanced directive nt's medical record for Cardiopulmonary per the resident, responsible person (s) or rvice Director (SSD) on [DATE] and [DATE] as were updated by a licensed nurse upon mes. Beginning on [DATE] and ending on Benefits Coordinator to identify and ontract staff including housekeeping, ion included contacting the employee to d placed in the certification book. we Director (CED), Assistant Director of opy of the employee's CPR card to verify ewed for the past thirty (30) days by the nemster nursing schedule is be on duty at all times. All CPR ne master nursing schedule is the onduty at all times per facility heduled with corrective action upon hrough approved programs. The facility hrough CPR training that includes iccnesed nurse on the front nurses' station; station to validate all items on the neerns were identified. 3:300 PM shift; and, on [DATE] for the 11:00 PM al RN support staff will continue drills weekly al critical thinking skills and validate fied will be immediately addressed. Audits rovement Committee. th (8) or greater were interviewed by the ed. The interviews included questions receiving care and services needed and who ouse or neglect were identified. Any or of Social Services immediately upon to participate in the interview process (39 iccal signs of abuse or neglect including a d a baseline body audit performed by a t with each resident and informed him/her of ed Nurse reviewed all current resident Progress the following timeline: ther Executive Director, Center Nurse Executive If I. A post-test with a required score of irector, Housekeeping/La
	* How to quickly locate a residen * Procedure for identifying a resi * Policy NSG102 Care plans incl * Death pronouncement and Cert 10. The Nurse Practice Educator (licensed staff (RNs & LPNs) fron which was graded by the Nurse P Nurse (22 of 23). All staff not avy and new staff will be educated du * Policy NSG107 and procedure * Policy NSG 208 and procedure * Specific instruction will be prov Policy NSG 102 Care Plans inc * Death pronouncement and certi 11. Beginning on [DATE] throug] re-education to all non-licensed s was included which was graded b	tt's code status. dent unresponsive. uding development, communication & impleme ification by State. NPE), Center Nurse Executive, ADON or Regis n [DATE] to [DATE]. All licensed staff complet ractice Educator, Center Nurse Executive, ADO allable for re-education will be provided educatio uring his/her orientation process. Education inclu for Emergency Medical Response. for Cardiac and/or Respiratory Arrest. vided to include evaluation of signs of irreversib luding development, communication & impleme fication by State. h [DATE], the Nurse Practice Educator (NPE), A taff to include contract employees (31 of 59). A by the Nurse Practice Educator (NPE). All staff r itiating work assignment and new staff will be e	stered Nurse provided re-education to the ted a post-test with a required score of 100% DN, Center Executive Director or Registered on prior to initiating work assignment ided the following topics: where the following topics: where the following topics are the following topic test with a required score of 100% to tavailable for re-education will be

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391	
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NAME OF PROVIDER OF SU BARKLEY CENTER			RESS, CITY, STATE, ZIP BARKLEY DRIVE	
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state su		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
F 0281	(continued from page 9) * Policy NSC102 Care Plans incl	uding development, communication & implement	ration and	
Level of harm - Immediate	following the care plan for Advar	nced Directives.		
jeopardy Residents Affected - Few	12. Beginning on [DATE] through re-education to all licensed staff (the Nurse Practice Educator (NPH prior to initiating work assignment	lect Prohibition - State of Kentucky. 1 [DATE], the Nurse Practice Educator (NPE), AE 18 of 23). A post-test with a required score of 100 2). All licensed staff not available for re-education tts and new staff will be educated during his/her o	0% was included which was graded by a will be provided the re-education	
	included: * Policy NSG102 Care Plans incl Directives.	uding development, communication & implement	ation and following the care plan for Advanced	
	* Policy OPS310 Abuse & Negle * Policy NSG4.20 Charting Error	ct Prohibition - State of Kentucky. s and/or Omissions including late entries. 1 [DATE], the Nurse Practice Educator (NPE), Ce	nter Nurse Executive, ADON, RN MDS	
	Coordinator or RN provided education to all li	icensed staff (6 of 23). All licensed staff not availa	able for education will be provided	
	education included:	assignment and new staff will be educated during red Nurse (RN) available to pronounce death, the I	1	
	Facility Note section before the b	e to the facility to pronounce and sign the KY Pro ody can be released to the Funeral Home.	1	
	Executive, Admissions Director, (5) non-licensed staff and/or CNA he/she can state the following:	n Information Manager, Center Nurse Executive, A Payroll Benefits Coordinator and/or Social Service As daily, across all shifts for fourteen (14) days to	es Director will interview at least five	
	* Where a resident's code status c * Response steps for a non-licens	ed staff.		
	* Articulate the purpose of a resid * Articulate the definition of negl * Reporting steps.			
	Following the initial fourteen (14) week for four (4) weeks, then we	days, five (5) non-licensed staff and/or CNAs wile ekly for four (4) weeks, then monthly for four (4)		
	Improvement (QI) Committee with corrective action upon discovery. 15. Beginning [DATE], the Center Executive Director, Center Nurse Executive, Nurse Practice Educator (NPE), ADON and/or Licensed Nurse will interview at least three (3) licensed staff (RN or LPN), across all shifts for fourteen (14) days to			
	include weekends to validate that he/she can state the following: * Expected medical response to an emergency.			
	* Signs of irreversible death.	nse to a Cardiac and/or Respiratory Arrest.		
	* Where a resident's code status of * Kentucky requirements related * Articulate the definition of peol			
	* Definition of a complete medic: Beginning [DATE], the interview pronounce death, the LPN must n Report of Death form in the Facil		o pronounce and sign the KY Provisional o the Funeral Home.	
	weeks, then weekly for four (4) we corrective action upon discovery. 16. Beginning [DATE], the Cente	eeks, then monthly for four (4) months then as de	termined by the QI Committee with or (NPE), or Licensed Nurse will audit all	
		ed according to the care plan. necessary to avoid mental anguish and physical h	arm according to the Advanced Directive in	
	the event that CPR is indicated. Following the initial fourteen (14) days, unplanned transfers will be audited three (3) times per week for four (4) weeks, then weekly for four (4) weeks, then monthly for four (4) months then as determined by the QI Committee with corrective			
	Nurse until the issue is resolved a Center Nurse Executive, Center E	o the QI Committee by the Center Nurse Executiv ind ongoing thereafter. The QI Committee consists Executive Director, Social Service Director, Mainte e Manager, and the Nurse Practice Educator.	s of at least the Medical Director,	
	The State Survey Agency validate 1. Review of an audit log, dated [I records related to Advanced Direction of the state of	d the implementation of the facility's AOC as fold DATE], revealed the Social Service Director (SSD ctives to ensure clear documentation related to Ad by SSD and check off sheets were verified to ens	 and an LPN reviewed all residents' lvanced Directives. 	
		SD at 11:15 AM, and LPN #1 at 2:55 PM, reveale TE] to verify documentation and care plans were		
	staff was verified by the Payroll I	s implemented to verify which licensed staff was of Benefits Coordinator on [DATE]. The log book we ation on [DATE], revealed a current CPR certifica	as tabbed by month to indicate when	
	Interview conducted with the Cen Payroll Benefits Coordinator on [when certifications will expire. A 4. Crash carts were reviewed by L	ter Nurse Executive (CNE), on [DATE] at 9:00 Al DATE] and a log book was implemented to maint system to address and ensure coverage of CPR ce PN #1 on [DATE]. The check list was updated an	tain current CPR certification of staff and ertified staff on duty was implemented. d will be validated daily on the 11:00 PM to	
	shift. Interview with LPN #1, on [DAT] will be inspected daily by the nig	ck list on [DATE] revealed daily signatures by lic E] at 2:55 PM, verified she had inspected the crash ht shift nurse and documented on the check list.	a carts on [DATE]. She revealed the carts	
	5. Review of the Code Blue Drill drills are being completed throug Interview with the ADON, on [D/ being done weekly on varied shif 6. Documented interviews of inter Service Director. There were thir were directed to care by care give concerns were identified. Concern	audit revealed a drill was completed, on [DATE], h (DATE]. Monthly drills are scheduled to start [C ATE] at 9:45 AM, revealed a Code Blue drill was of ts by the ADON, the Nurse Practice Educator (NP viewable residents were reviewed and determined ty-one (31) interviewable residents with two (2) re rrs, not receiving care, whom to report to if they w ns identified not related to abuse neglect were reso [2] at 11:15 AM, revealed she conducted interview	DATE] and will be completed by [DATE]. conducted by her on [DATE] and drills are E9 and Center Nurse Executive (CNE). I to have been completed by the Social fusing to participate. The interviews 'ere feeling abused/neglected. No lved through the grievance process.	
	and no concerns were identified r came from the interviews. 7. Review of body audits of non in	elated to abuse or neglect. She did resolve some g nerviewable residents were completed by licensed residents received base line audits and met with th	rievance issues about other things that I nurses on [DATE]; and, there were no	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES			PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391	
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NAME OF PROVIDER OF SU BARKLEY CENTER			ESS, CITY, STATE, ZIP ARKLEY DRIVE 242001	
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state sur-		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE MATION)	PRECEDED BY FULL REGULATORY	
F 0281 Level of harm - Immediate jeopardy Residents Affected - Few	completed on [DATE] and two (2 8. Resident Progress Notes from [(CNE). Review of the list of Prog Interview with the Center Nurse E Progress Notes with no concern i 9. The Manager of Clinical Opera then the Center Executive Direct Coordinator, Director of Rehabili education included resident code revealed 100% passed with a 100 Interview, conducted on [DATE] Manager of Clinical Operations o Interviews, on [DATE] at 11:03 A Nurse Practice Educator (NPE), r identifying an unresponsive resid Review of education that was prov Housekeeping/Laundry Superviss test required 100% and was grade the only remaining staff not provi	DATE] through [DATE], were reviewed for time a ress Notes audited revealed no concerns. ixecutive (CNE), on [DATE] starting at 9:00 AM, r dentified. tions educated the Center Executive Director (CED or provided education to the Admissions Director, I tation, and the Housekeeping/Laundry Supervisor or status, the unresponsive resident, care plans and de %; the test was graded by the Executive Director. at 9:00 AM, with the Center Nurse Executive (CNE n [DATE] and passed a post test with 100%. .M with the Admissions Director, 10:01 AM with the evealed they had received the education and it was ent, care plans and death pronouncement. vided to non-licensed staff by the Admissions Director, r, Center Nurse Executive (CNE) and Executive D id by the Admissions Director. Two (2) staff, the D ided the training and will receive the training prior r cluded how to locate code status, procedure for ider	nd accuracy by the Center Nurse Executive revealed she had completed the audit of 0), and the Center Nurse Executive (CNE), Director of Recreation, Payroll Benefits on [DATE]. Post tests were given. The ath pronouncement. Review of the tests E), revealed she received education from the the Housekeeping/Laundry Supervisor, and the about locating a resident's code status, ctor, Recreation Director, Director on [DATE] through [DATE]. The post ietary Manager and Activity staff were to initiating any assignment on nifying a resident unresponsive,	
F 0282 Level of harm - Immediate jeopardy Residents Affected - Few	Interviews on [DATE] with the A Aide #1 at 10:19 AM, the Housel education related to a resident's c to do, care plans and death prono 10. Review of documented educat Practice Educator (NPE), Center rate graded by the Nurse Practice Scheduling Supervisor is to ensur Provide care by qualified person **NOTE- TERMS IN BRACKET Based on interview, record review provided in accordance with the v The facility care planned Resident was found unresponsive and with activated. However, rescue ventil and RN #2 because they felt the r in his/her room and Cardiopulmo	ion and post tests, on [DATE], revealed 22 of 23 R Nurse Executive (CNE), and ADON on [DATE] th Educator (NPE), CNA, and ADON. One (1) licens	#1 at 10:29 AM, CNA #5 at 10:24 AM, Dietary A #4 at 9:40 AM, revealed they had received ed to unresponsive resident and what Ns and LPNs were educated by the Nurse rough [DATE]. All had post test with 100% pass sed staff remains to be re-educated. The DENTIALITY** he facility failed to ensure care was residents (Resident #1). ory arrest. On [DATE], Resident #1 and Emergency Medical System (EMS) was o Resident #1 by Registered Nurse (RN) #1 he 911 call and found Resident #1 alone PR was initiated by EMS personnel and the	
	department. The facility's failure to provide see to cause serious injury, harm, imp determined to exist on [DATE]. T Compliance (AoC) was received [DATE], as alleged. The Scope at Correction (POC); and, the facilit The findings include: Review of the facility's policy tild will be developed by the interdiss resident needs and goals as identi and services to attain or maintain policy also revealed the care plan and as needed to reflect responses Review of the Job Description for and provides care within the scop Record review revealed the facilit Set (MDS) assessment, dated [DATE assessed Resident #1 to require to sticker that indicated the resident Review of Resident #1's Compreh code, dated [DATE]. The residen in the event respiratory or [MEDI indicated. Review of Nursing Notes, dated [] #2 on [DATE] at 10:12 AM, reve unresponsive. The CNAs summo an ambulance. The resident twas u tongue was displaced to the left, a RN #2 discussed Resident #1's Compression the 100 Hall nursing station to ma alone, unresponsive and no staff j nurse's station, informed him the walked away from Paramedic #1 Review of the EMS run report, da a call for an unresponsive residen	rvices in accordance with each resident's written pla airment, or death to a resident. Immediate Jeopardy The facility was notified of the Immediate Jeopardy on [DATE], and the State Survey Agency validated y's Quality Assurance (QA) monitors the effectiver ed, Care Plans, last revised [DATE], revealed a con riplinary team for each resident. The care plan will fied by the assessment process. The purpose of the the resident's highest practicable physical, mental a was communicated to appropriate staff and review s to care and changing needs and goals. a Registered Nurse, dated last revised [DATE], rev	an of care has caused or is likely ywas identified on [DATE] and on [DATE]. An acceptable Allegation of the Immediate Jeopardy was removed on evelops and implements the Plan of ness of the systemic changes. nprehensive, individualized care plan include measurable objectives to meet policy was to provide necessary care and psychosocial well being. The eed and revised a minimum of quarterly vealed a nurse performs nursing functions DSES REDACTED]. The Annual Minimum Data ition as severely impaired. The facility e resident's record had a green hed an Advanced Directive as being full mpressions, breaths and activate 911) is to Activate resident's Advanced Directive as Nurse (RN) #1 on [DATE] at 1:50 PM, and RN (CNA) #1 and CNA #2 found Resident #1 1 (Emergency Medical System) at 6:06 PM, for o pulse, pupils were dilated and fixed, otes dated [DATE] at 6:01 PM. RN #1 and he RNs did not initiate rescue by the ,[DATE] Hall and RN #1 went to n at 6:16 PM finding the resident status and RN #1, who was at the CPR was not being performed and RN #1 e code to be stopped. [DATE] at 11:55 AM, revealed he responded to vas no one in the room but the us. Paramedic #1 stated he located RN	
	then asked why CPR was not bein returned to Resident #1 and initia #1 was not cold but was warm an lividity (bluish discoloration). Th was transported to the emergency progress. The Emergency Depart Interviews with CNA #1 on [DAT Resident #1 with the supper meal dining room. CNA #1 stated RN his/her head in the upright positic they found Resident #1 unrespom- returned to the resident's room. C RN #1 and RN #2 discussed the r	ag performed, the nurse replied We were, we stopp ted CPR with Emergency Medical Technicians (EM d pale and he did not see any cyanosis. He stated th e Paramedic and Emergency Medical Technicians (room via ambulance. The Emergency Department ment staff continued CPR interventions until 6:51 F E] at 3:00 PM, and CNA #2 on [DATE] at 10:50 A when they noticed the resident was not acting righ #1 looked at the resident and told him (CNA #1) to n. The CNAs stated when they returned to the reside sive. CNA #1 immediately informed RN #1, who w NA #1 went to the ,[DATE] Hall nursing station an esident's code status and RN #2 asked RN #1, Do y s stated then one (1) of the RNs stated, Lets agree t	ed, we couldn't get a pulse. He stated he dT) #1 and #2. Paramedic #1 stated Resident nere was no rigor in the resident and no (EMT) #1 and #2 initiated CPR. Resident #1 received Resident #1 at 6:48 PM with CPR in PM when Resident #1 was pronounced dead. AM, revealed on [DATE], CNA #1 was assisting t so he informed RN #1 who was in the stop feeding the resident and leave dent's room to gather the supper trays rays stated id got RN #2 to assist. The CNAs stated ou really want to crack his/her ribs? It's	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM		ST BE PRECEDED BY FULL REGULATORY
F 0282	(continued from page 11)	· · · · ·	
Level of harm - Immediate jeopardy	his/her mouth. They stated RN #1 resident's room. Further interview		
	his/her mouth. They stated RN #1 resident's room. Further interview transferred the resident to the hos Interview with the Administrator, ventilations per the care plan bec: Resident #1 dead. However, she s Interview with the Clinical Reimb plans to be implemented and all r Interview with CRC #2, on [DAT Care plan. She additionally stated signs of irreversible death. Interview with the Director of Nun plan interventions were implement Interview was Resident #1's Primu- notified of Resident #1's conditio provide care according to the care The facility implemented the follo 1. All residents had the potential to the Director of Social Services or and the code status was clearly dc Resuscitation (CPR) or Do Not If Medical POA wishes. No concern 2. All resident care plans (76 of 70 to determine that resident code st discovery if corrective action was 3. The facility's policy revealed th [DATE], all facility staff personn track who held a current CPR cer laundry and therapy were not con determined if he/she had a curren The Payroll Benefits Coordinator, Nursing (ADON), Nurse Practice active dates and place in the certi Beginning on [DATE] and comple Payroll Benefits Coordinator to v certified staff was listed and placc highlighted by the Payroll Benefit policy. The Charge Nurse will red discovery. Facility staff obtained requires CPR certified staff to ob hands-on practice and in-person s 4. Two (2) of the two (2) emergen and, on [DATE] by the Clinical F 5. A Code Blue drill was conducte to 7:00 AM, and 3:00 PM to 11:0 On [DATE], all alert and orient Director of Social Services to det regarding: concerns related to car to report to if they felt abused or other concerns were addressed th discovery. 7. On [DATE], residents with a B of 72) received a body audit perf(change in mood or behavior. No On (DATE], residents with a B of 72) received a body audit perf change in mood or behavior. No On [DATE], residents with a B of 72) received a body audit perf change in mood or behavior. No on On [DATE], residents with a B of	I and RN #2 did not start rescue ventilation: r revealed EMS arrived and questioned the pital. on [DATE] at 1:25 PM, revealed the RNs of ause they determined there was an indication stated that all the nurses were responsible to pursement Coordinator (CRC), on [DATE] at urses were responsible for implementing ci- el at 11:50 AM, revealed all licensed staff she would expect CPR to be provided if the rsing (DON), on [DATE] at 12:00 PM, revealed and provide the transfer to the hospital. The P plan. wing actions to remove the Immediate Jeog o be affected. All resident records were aud a [DATE] to determine that the resident had cumented and consistently located in the re- nitiate Cardiopulmonary Resuscitation (CPI is were identified. 6) were audited by a licensed nurse or Socia atus was on the resident's plan of care. Care is required. at CPR certificad staff would be on duty at a el files (82 of 82) were reviewed by the Pay tification as indicated by a current CPR care isdired to meet this requirement. Correctiv t CPR certification with proof to be provide Center Nurse Executive (CNE). Center EX: Educator (NPE) or Receptionist will obtain fication book and/or personnel file. ted on [DATE] the facility's schedule was alidate that at least one (1) CPR certified staff view daily to validate CPR certified staff ar CPR certification independently of the faci- tian CPR certification for healthcare provid kills assessments. cry crash carts were reviewed on [DATE] b kembursement Coordinator on the back nur- wer eavailable and in working order. N d on [DATE] by the ADON for the 7:00 A 0 PM shifts. DON, Nurse Practice Educator (NPE) or Re- kends using different scenarios to audit ind rrest procedures are followed. Any issues ic 0 months, then as determined by the Quality ef residents (31 of 72) with a BIMS score or ermine if the resident felt abused and/or neg- e provided by any caregiver, concerns with neglected. No concerns specifically regardi rough a formal grievance process by the	or chest compressions. The RN's left the esident's code status and started CPR. EMS id not initiate chest compressions and rescue n of irreversible death and they pronounced implement the care plans. t 11:40 AM, revealed she expected resident care re plans. vas responsible to provide care according to the it was a resident's choice unless there were aled all nurses were responsible to ensure care ealed he could not remember if or when he was nysician stated he expected the nurses to ardy: ited (76 of 76) by a licensed nurse and/or the right to formulate an advanced directive sident's medical record for Cardiopulmonary the right to formulate an advanced directive sident's medical record for Cardiopulmonary c) as per the resident, responsible person (s) or 1 Service Director (SSD) on [DATE] and [DATE] Plans were updated by a licensed nurse upon 11 times. Beginning on [DATE] and ending on roll Benefits Coordinator to identify and 1. Contract staff including housekeeping, e action included contacting the employee to d and placed in the certification book. acutive Director (CED), Assistant Director of a a copy of the employee's CPR card to verify reviewed for the past thirty (30) days by the fff member was on duty at all times. All CPR h. The master nursing schedule is will be on duty at all times per facility escheduled with corrective action upon ity through approved programs. The facility ers through CPR training that includes / a licensed nurse on the front nurses' station; ses's station to validate all items on the o concerns were identified. M to 3:00 PM shift; and, on [DATE] for the 11:00 PM gional RN support staff will continue drills weekly vidual critical thinking skills and validate entified will be immediately addressed. Audits Improvement Committee. f eight (8) or greater were interviewed by the lected. The interviews included questions not receiving care and services needed and who ag abuse or neglect were identified. Any rector of Social Services immediately upon ned to participate in the interview pr
	On [DATE], the Manager of Clini and ADON; then the Center Exec Maintenance Director, Director o Supervisor on [DATE]. A post-te Director. The Admissions Director, Recreat Director provided re-education to 100% was included which was gr Nurse Executive or Center Execu	sutive Director provided re-education to the f Recreation, Payroll/Benefits Coordinator, st with a required score of 100% was inclu- tion Director, Housekeeping/Laundry Super- all non-licensed staff on [DATE] through aded by the Admissions Director, Recreation tive Director (57 of 59). All staff not availa ork assignment and new staff will be educat	Center Executive Director, Center Nurse Executive Health Information Director, Admissions, Director of Rehab and Housekeeping/Laundry led which was graded by the Center Executive visor, Center Nurse Executive, or Center Executive DATE]. A post-test with a required score of n Director, Housekeeping/Laundry Supervisor, Center ble for re-education will be provided
	* Death pronouncement and Cert 10. The Nurse Practice Educator (licensed staff (RNs & LPNs) from which was graded by the Nurse P Nurse (22 of 23). All staff not avail and new staff will be educated du Policy NSG107 and procedure * Policy NSG 208 and procedure * Specific instruction will be prov * Policy NSG 102 Care Plans inc * Death pronouncement and certi	dent unresponsive. uding development, communication & imp ification by State. NPE), Center Nurse Executive, ADON or I n (DATE) to [DATE]. All licensed staff cor ractice Educator, Center Nurse Executive,, ailable for re-education will be provided ed tring his/her orientation process. Education for Emergency Medical Response. for Cardiac and/or Respiratory Arrest. vided to include evaluation of signs of irrev luding development, communication & imp fication by State.	Registered Nurse provided re-education to the mpleted a post-test with a required score of 100% ADON, Center Executive Director or Registered acation prior to initiating work assignment included the following topics: ersible death.

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185312	(X2) MULTIPLE CONSTRUC A. BUILDING B. WING	TION	(X3) DATE SURVEY COMPLETED 02/13/2016
NAME OF PROVIDER OF SU BARKLEY CENTER			STREET ADDRESS, CITY, STA 4747 ALBEN BARKLEY DRIV PADUCAH, KY 42001	
For information on the nursing	home's plan to correct this deficient	cy, please contact the nursing ho		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM		ENCY MUST BE PRECEDED BY	Y FULL REGULATORY
F 0282	(continued from page 12)	toff to include contract complexes	a (21 of 50). A most toot with a ma	wined seems of 100%
Level of harm - Immediate jeopardy	was included which was graded b	y the Nurse Practice Educator (N	s (31 of 59). A post-test with a req IPE). All staff not available for re- v staff will be educated during his/	education will be
Residents Affected - Few	* Policy NSG102 Care Plans incl following the care plan for Advar		ion & implementation and	
	* Policy OPS310 Abuse and Neg 12. Beginning on [DATE] through re-education to all licensed staff (the Nurse Practice Educator (NPP prior to initiating work assignmen	lect Prohibition - State of Kentuc n [DATE], the Nurse Practice Edu 18 of 23). A post-test with a requ E). All licensed staff not available	ky. ucator (NPE), ADON or Center Nu lired score of 100% was included v for re-education will be provided l during his/her orientation process	which was graded by the re-education
	included: * Policy NSG102 Care Plans incl Directives. * Policy OPS310 Abuse & Negle		ion & implementation and following	ng the care plan for Advanced
	Coordinator	n [DATE], the Nurse Practice Edu	e entries. ucator (NPE), Center Nurse Execu ed staff not available for education	, , ,
	education prior to initiating work education included:	assignment and new staff will be	e educated during his/her orientation	on process. The
	In the event there is not a Registered Nurse (RN) available to pronounce death, the Licensed Practical Nurse (LPN) must notify an RN or Physician to come to the facility to pronounce and sign the KY Provisional Report of Death form in the Facility Note section before the body can be released to the Funeral Home.			
14. Beginning [DATE], the Health Information Manager, Center Nurse Executive, ADON, RN, LPN, Certified Nu Executive, Admissions Director, Payroll Benefits Coordinator and/or Social Services Director will interview at lea (5) non-licensed staff and/or CNAs daily, across all shifts for fourteen (14) days to include weekends to validate th he/she can state the following:			nterview at least five	
	* Where a resident's code status c * Response steps for a non-licens * Articulate the purpose of a resid	ed staff. lent care plan/care card.		
		days, five (5) non-licensed staff	and/or CNAs will be interviewed	
	Improvement (QI) Committee wit 15. Beginning [DATE], the Center	th corrective action upon discove r Executive Director, Center Nur	se Executive, Nurse Practice Educa	ator (NPE), ADON and/or
	include weekends to validate that * Expected medical response to a	he/she can state the following: n emergency.	or LPN), across all shifts for fourt	een (14) days to
	* Process steps expected in respo * Signs of irreversible death. * Where a resident's code status c	an be quickly located.	ry Arrest.	
	* Kentucky requirements related * Articulate the definition of negl * Definition of a complete medica	ect and appropriate reporting step al record.		
	pronounce death, the LPN must n Report of Death form in the Facil Following the initial fourteen (14)	otify an RN or Physician to come ity Note section before the body days, three (3) licensed staff wil	derstanding that in the event an Rl e to the facility to pronounce and s can be released to the Funeral Hon l be interviewed three (3) times per nonths then as determined by the Q	ign the KY Provisional ne. r week for four (4)
	corrective action upon discovery. 16. Beginning [DATE], the Center nursing progress notes associated include weekends to validate:	r Nurse Executive, ADON, Nurse with unplanned transfers and ass	e Practice Educator (NPE), or Lice sociated care plans daily for fourted	nsed Nurse will audit all
	* Advanced Directives are honord * Goods and services provided as the event that CPR is indicated.		sh and physical harm according to	the Advanced Directive in
	then weekly for four (4) weeks, the action upon discovery.	nen monthly for four (4) months t	e audited three (3) times per week then as determined by the QI Com	mittee with corrective
	Nurse until the issue is resolved a	nd ongoing thereafter. The QI Co executive Director, Social Service Manager, and the Nurse Practic		edical Director,
	 Review of an audit log, dated [I records related to Advanced Direction] 	DATE], revealed the Social Servi ctives to ensure clear documentat	ice Director (SSD) and an LPN rev icon related to Advanced Directives are verified to ensure residents' cod	s.
	Interviews, on [DATE] with the S		2:55 PM, revealed all resident reco care plans were also audited to en	
	 Review of the log book that was staff was verified by the Payroll E 	Benefits Coordinator on [DATE].	censed staff was current revealed a The log book was tabbed by mont ent CPR certification list was locat	th to indicate when
	Interview conducted with the Cem Payroll Benefits Coordinator on [when certifications will expire. A 4. Crash carts were reviewed by L	DATE] and a log book was implesystem to address and ensure co PN #1 on [DATE]. The check lis	DATE] at 9:00 AM revealed CPR s emented to maintain current CPR d verage of CPR certified staff on du st was updated and will be validate signatures by licensed staff on the	certification of staff and ity was implemented. d daily on the 11:00 PM to
	Interview with LPN #1, on [DATI will be inspected daily by the nigl 5. Review of the Code Blue Drill a drills are being completed throug Interview with the ADON, on [DA being done weekly on varied shift	It shift nurse and documented on audit revealed a drill was comple h [DATE]. Monthly drills are sch XTE] at 9:45 AM, revealed a Cod ts by the ADON, the Nurse Pract	ted, on [DATE], by the ADON on neduled to start [DATE] and will be le Blue drill was conducted by her ice Educator (NPE) and Center Nu	all shifts and weekly e completed by [DATE]. on [DATE] and drills are urse Executive (CNE).
	Service Director. There were third were directed to care by care give concerns were identified. Concern	ty-one (31) interviewable resident rs, not receiving care, whom to r as identified not related to abuse	d and determined to have been con- ts with two (2) refusing to particip eport to if they were feeling abur- neglect were resolved through the aducted interviews with all intervie	ate. The interviews d/neglected. No grievance process.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2016
CORRECTION	NUMBER 185312		
NAME OF PROVIDER OF SU			RESS, CITY, STATE, ZIP
BARKLEY CENTER		4747 ALBEN 1 PADUCAH, K	BARKLEY DRIVE YY 42001
ŭ	1	cy, please contact the nursing home or the state su	
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST B MATION)	E PRECEDED BY FULL REGULATORY
F 0282	(continued from page 13) and no concerns were identified r	elated to abuse or neglect. She did resolve some g	grievance issues about other things that
Level of harm - Immediate jeopardy	came from the interviews.	nterviewable residents were completed by license	, , , , , , , , , , , , , , , , , , ,
Residents Affected - Few	concerns identified. Two (2) new residents received base line audits and met with the Center Nurse Executive (CNE). Interview, on [DATE] at 9:00 AM, with the Center Nurse Executive (CNE) revealed the skin assessments were divided and completed on [DATE] and two (2) new admissions were included. 8. Resident Progress Notes from [DATE] through [DATE], were reviewed for time and accuracy by the Center Nurse Executive		
	(CNE). Review of the list of Prog	gress Notes audited revealed no concerns. Executive (CNE), on [DATE] starting at 9:00 AM.	
	Progress Notes with no concern i		-
	then the Center Executive Director Coordinator, Director of Rehabili education included resident code	or provided education to the Admissions Director, tation, and the Housekeeping/Laundry Supervision status, the unresponsive resident, care plans and c ϕ_i ; the test was graded by the Executive Director.	, Director of Recreation, Payroll Benefits r on [DATE]. Post tests were given. The leath pronouncement. Review of the tests
	Interview, conducted on [DATE]	at 9:00 AM, with the Center Nurse Executive (CN on [DATE] and passed a post test with 100%.	
	Interviews, on [DATE] at 11:03 A Nurse Practice Educator (NPE), r identifying an unresponsive resid	M with the Admissions Director, 10:01 AM with evealed they had received the education and it wa ent, care plans and death pronouncement. vided to non-licensed staff by the Admissions Dir	as about locating a resident's code status,
	Housekeeping/Laundry Supervise test required 100% and was grade the only remaining staff not provi	or, Center Nurse Executive (CNE) and Executive ed by the Admissions Director. Two (2) staff, the ided the training and will receive the training prio	Director on [DATE] through [DATE]. The post Dietary Manager and Activity staff were r to initiating any assignment on
	return to work. That education included how to locate code status, procedure for identifying a resident unresponsive, Policy NSG102 Care Plans and Death Pronouncement and Certification by State. Review of the POS [REDACTED]. Interviews on [DATE] with the Admissions Director at 11:03 AM, Restorative Aide #1 at 10:29 AM, CNA #5 at 10:24 AM, Dietary Aide #1 at 10:19 AM, the Housekeeping/Laundry Supervisor at 10:01 AM, and CNA #4 at 9:40 AM, revealed they had received		
	education related to a resident's c to do, care plans and death prono	ode status and where to find that information, rela	ated to unresponsive resident and what
	rate graded by the Nurse Practice Scheduling Supervisor is to ensur- included Policy NSG 107 related	Educator (NPE), CNA, and ADON. One (1) licer te that education is completed when that staff retu to the procedure for Emergency Medical Response	rns. Review of the education revealed it se, Policy NSG 208 for cardiac and/or
	related to care plan development, Interviews on [DATE] with RN # Reimbursement Coordinator (CR	tions which included evaluation of irreversible de implementation and communication and death pr 2 at 10:36 AM, LPN #3 at 10:13 AM, LPN #2 at 9 C) at 10:50 AM, revealed they had education rela	ronouncement. 9:48 AM, RN #3 at 9:02 AM, and the Clinical ted to emergency medical response, cardiac and
	11. Review on [DATE] of educati completed the education. All staf assignment and new staff will be	th and care plans. They were required to pass a p on and post tests of non-licensed staff and contract f not available for re-education will be provided the educated during orientation. Review of the educa es, Policy OS310 related to abuse/neglect was pro	ct employees revealed 31 of 59 had hat education prior to initiating work tion revealed Policy NSG 102 related to
	(NPE), ADON, Center Nurse Exe Interviews, on [DATE] with CNA CNA #5 at 10:24 AM, and Restor	ecutive (CNE). Review of the POS [REDACTED]]. rvisor at 10:01 AM, Dietary Aide #1 at 10:19 AM, ed education related to Advanced Directives
	12. Review of the education post 23). The education was given by included Policy NSG102 related	tests completed [DATE] through [DATE] reveale the Nurse Practice Educator (NPE), ADON, and (to care plan development, communication and im ion also included Policy OPS310 related to Abuse	d a 100% pass rate of licensed staff (18 of Center Nurse Executive (CNE). The education plementation for following the care plan for
	Interviews, on [DATE] with RN # Reimbursement Coordinator (CR Directives and the facility's Abus pass a post test with 100%.	⁴² at 10:36 AM, LPN #3 at 10:13 AM, LPN #2 at C) at 10:50 AM, revealed they had education rela e and Neglect Policy, as well as charting errors ar	ted to implementing the care plan for Advanced nd/or omissions. They were required to
	provided education to all licensed be quickly located, response step articulate the definition of neglec	NPE), Center Nurse Executive (CNE), ADON, at l staff (6 of 23). This education was to ensure staf s for non licensed staff, articulate the purpose of r t and appropriate reporting steps. Staff not availab assignment and new staff will be educated during	f could state where code status could esident care plan/care card, and ble for education will be provided
F 0514	Keep accurate, complete and or	ganized clinical records on each resident that n	neet
Level of harm - Immediate		TS HAVE BEEN EDITED TO PROTECT CONF	
jeopardy	record for one (1) of three (3) san	v, and facility policy review, it was determined the npled residents (Resident #1) was maintained in a	
Residents Affected - Few	Resident #1 was found unresponse Nursing Notes, dated [DATE], th unresponsive. The Note indicated	complete and accurately documented. ive, not breathing and had no pulse on [DATE]. R at was titled late entry that a Code Blue was calle when returning to the room the resident's hand w	d when Resident #1 was found yas observed to be mottled and a time of
	notified and EMS arrived, and tra [DATE] and then re-documented The facility's failure to ensure the	ns were documented. The same Nursing Note rev insported the resident to the hospital. The same N on [DATE] as another late entry for [DATE]. clinical record was maintained in accordance with	ursing Note entry was stricken out on haccepted professional standards and
	or death to a resident. Immediate notified of the Immediate Jeopart State Survey Agency validated th to a D while the facility develops monitors the effectiveness of the	accurately documented has caused or is likely to Jeopardy was identified on [DATE] and determin dy on [DATE]. An acceptable Allegation of Comp le Immediate Jeopardy was removed on [DATE], and implements the Plan of Correction (POC); ar systemic changes.	ned to exist on [DATE]. The facility was pliance (AoC) was received on [DATE], and the as alleged. The Scope and Severity was lowered
	The findings include: Review of the facility's policy title documentation to include: Facilit medical records are necessary. Cl Purpose: to accurately correct err information system. If it is necess entry will: Use one of the followi	ed, Charting Errors and/or Omissions, dated as las ies will follow professional standards of practice v nanges or clarifications may be made to paper and ors or omissions to medical records; Correcting an sary to change or add information in a patient's me ng words to identify change/addition: Addendum or not written in a timely manner; Clarification to	when changes or clarifications to l/or electronic medical records. The n error in an electronic health edical record, the person making the to add information; Late Entry when
FORM CMS-2567(02-99)	Event ID: YL1011	Eacility ID: 185312	If continuation sheet

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185312	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2016
NAME OF PROVIDER OF SU			SS, CITY, STATE, ZIP
BARKLEY CENTER		4747 ALBEN BAJ PADUCAH, KY 4	2001
For information on the nursing (X4) ID PREFIX TAG	· ·	cy, please contact the nursing home or the state surve DEFICIENCIES (EACH DEFICIENCY MUST BE P.	
	OR LSC IDENTIFYING INFORM		
F 0514 Level of harm - Immediate jeopardy Residents Affected - Few	(continued from page 14) Record review revealed the facility Set (MDS) assessment, dated [DATE total assistance with all activities On [DATE] at 6:01 PM, Resident Registered Nurse (RN) #1, and R and RN #2 discussed Resident #1 cardiopulmonary resuscitation (C #1's room at 6:16 PM finding the code status; RN #1 revealed the r Department (ED). Resident #1 arr when Resident #1 was pronounce Review of computer documented out on [DATE] at 4:11 PM by RN resident not breathing, no lung so sent NA #1 (nurse aide) for help, nurses at bedside to assist, lifted 1 documented as made and, 18:06 (Review of a late entry Nursing No unplanned transfer. Contact perso Review of a late entry Nursing No unplanned transfer. Contact perso Review of a lot PM, resident fixed, tongue displaced to left, sk blue, called 911, returned to roorn mottled, determined time of deatt Interview with RN #1, on [DATE] was non-responsive with a Code why she had documented a Code why she had documented a Code is that a code a explanation [DATE] at 4:11 PM, and had re-d Interview with the Director of Nu records to be clear (not confusing The facility implemented the follo 1. All residents had the potential to the Director of Social Services on and the code status was clearly do	y admitted Resident #1 on [DATE] with [DIAGNOS], revealed the facility assessed Resident #1 with seven of daily living. #1 was found unresponsive by Certified Nurse Aide N #1 initiated a Code Blue and called 911 Emergency 's full code status but felt the resident had expired; th PR), which included no rescue ventilations or chest coresident alone, unresponsive and no staff present. Pare esident was a full code. EMS initiated CPR and trans rived to the ED with CPR in progress and the ED com	ere cognitive impairment and required (CNA) #1 and CNA #2 who summoned y Medical System (EMS) at 6:06 PM. RN #1 e RNs did not initiate compressions. EMS arrived to Resident ramedic #1 requested the resident's ferred the resident to the Emergency tinued CPR interventions until 6:51 PM (actual entry time), that had been stricken y time) resident unresponsive, observed to the left, skin cool to touch, eturned to room, two (2) licensed me of death, notifications cumentation to include resident had an umentation by RN #1 including Late Entry ung sounds, no pulse, pupils dilated, lidated code status, called code and and observed hands to be EMS transported to hospital. netnation on [DATE] reflected Resident #1 ocumented. She gave no explanation about ident without a time. Additionally, RN made on [DATE] at 6:00 PM, and on PM. vealed she expected the resident's clinical f 76) by a licensed nurse and/or to formulate an advanced directive nedical record for Cardiopulmonary
	to determine that résident code sta discovery if corrective action was 3. The facility's policy revealed th [DATE], all facility staff personn track who held a current CPR cer laundry and therapy were not con determined if he/she had a curren The Payroll Benefits Coordinator, Nursing (ADON), Nurse Practice active dates and place in the certi Beginning on [DATE] and comple Payroll Benefits Coordinator to vcertified staff was listed and place highlighted by the Payroll Benefit policy. The Charge Nurse will rev discovery. Facility staff obtained requires CPR certified staff to obt hands-on practice and in-person s 4. Two (2) of the two (2) emergen and, on [DATE] by the Clinical R emergency cart daily check list fo 5. A Code Blue drill was conduct to 7:00 AM, and 3:00 PM to 11:0 The facility's Executive Nurse, AI for four (4) weeks to include weet that Cardiac and/or Respiratory at will continue monthly for five (5) 6. On [DATE], residents with a Bi of 72) received a body audit perfic change in mood or behavior. No of On [DATE], residents with a Bi of 72) received a body audit perfic change in mood or behavior. No of On [DATE], residents with a Bi of 72) received a body audit perfic change in mood or behavior. No of On [DATE], residents with a Bi of 72) received a body audit perfic change in mood or behavior. No of On [DATE], the Manager of Clini and ADON; then the Center Execu- who to contact if they felt abused 8. The Center Nurse Executive, A Notes from [DATE] for timelines 9. Education was provided for all On [DATE], the Manager of Clini and ADON; then the Center Execu- Maintenance Director, Director o Supervisor on [DATE]. A post-te Director. The Admissions Director, Recreat Director provided re-education to 100% was included which was gr	b) were audited by a licensed nurse or Social Service atus was on the resident's plan of care. Care Plans we required. at CPR certified staff would be on duty at all times. Fel files (82 of 82) were reviewed by the Payroll Bene tification as indicated by a current CPR card. Contract sidered to meet this requirement. Corrective action in t CPR certification with proof to be provided and pla Center Nurse Executive (CNE), Center Executive D Educator (NPE) or Receptionist will obtain a copy o fication book and/or personnel file. ted on [DATE], the facility's schedule was reviewed alidate that at least one (1) CPR certified staff membed in the staffing book at each nurse's station. The mats to coordinator to ensure CPR certified staff are schedule CPR certification independently of the facility throug ain CPR certification for healthcare providers throug kills assessments. cy crash carts were reviewed on [DATE] by a license teimbursement Coordinator on the back nurse's station of DATE] by the ADON for the 7:00 AM to 3:00 OPM shifts. DON, Nurse Practice Educator (NPE) or Regional RN kends using different scenarios to audit individual critrest procedures are followed. Any issues identified vormoths, then as determined by the Quality Improver ed residents (31 of 72) with a BIMS score of eight (8 ermine if the resident felt abused and/or neglected. The provided by any caregiver, concerns with not receive seglected. No concerns specifically regarding abuse or ong a formal grievance process by the Director of Staff on two (2) separate occasions, defined in the fol caloury the calcutified. staff on two (2) separate occasions, defined in the fol cal Operations provided re-education to the Center E uvive Director or the Center Nurse Executive met with or neglected nurse (5 50). All staff not available for reviewed staff on [DATE] of 59. All staff not available for reviewed staff on [DATE] by the ADON was included which in Director (57 of 59). All staff not available for revieweed provide	re updated by a licensed nurse upon Beginning on [DATE] and ending on fits Coordinator to identify and t staff including housekeeping, cluded contacting the employee to ced in the certification book. irector (CED), Assistant Director of f the employee's CPR card to verify for the past thirty (30) days by the er was on duty at all times. All CPR uster nursing schedule is n duty at all times. All CPR uster nursing schedule is n duty at all times per facility do the corrective action upon h approved programs. The facility th CPR training that includes ed nurse on the front nurses' station; on to validate all items on the s were identified. PM shift; and, on [DATE] for the 11:00 PM V support staff will continue drills weekly tical thinking skills and validate will be immediately addressed. Audits ment Committee.) or greater were interviewed by the he interviews included questions wing care and services needed and who or neglect were identified. Any Social Services immediately upon rticipate in the interview process (39 igns of abuse or neglect including a aseline body audit performed by a each resident and informed him/her of urse reviewed all current resident Progress lowing timeline: xecutive Director, Center Nurse Executive formation Director, Admissions, of Rehab and Housekeeping/Laundry was graded by the Center Executive nter Nurse Executive, or Center Executive her socies twith a required score of r, Housekeeping/Laundry Supervisor, Center

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2016
NAME OF PROVIDER OF SU	185312 PPL IER	STREET ADDRE	SS, CITY, STATE, ZIP
BARKLEY CENTER		4747 ALBEN BA	RKLEY DRIVE
For information on the nursing	home's plan to correct this deficien	PADUCAH, KY 4 cy, please contact the nursing home or the state surve	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D	DEFICIENCIES (EACH DEFICIENCY MUST BE P	
F 0514	OR LSC IDENTIFYING INFORM (continued from page 15)	MATION)	
Level of harm - Immediate	* Procedure for identifying a resident	dent unresponsive. uding development, communication & implementation	
jeopardy	* Death pronouncement and Cert		
Residents Affected - Few	licensed staff (RNs & LPNs) from which was graded by the Nurse P Nurse (22 of 23). All staff not ava and new staff will be educated du * Policy NSG107 and procedure * Policy NSG 208 and procedure * Specific instruction will be prov * Policy NSG 102 Care Plans inc * Death pronouncement and certi 11. Beginning on [DATE] throug] re-education to all non-licensed s was included which was graded b	n [DATE] to [DATE]. All licensed staff completed a ractice Educator, Center Nurse Executive, ADON, C allable for re-education will be provided education pr tring his/her orientation process. Education included to for Emergency Medical Response. for Cardiac and/or Respiratory Arrest. vided to include evaluation of signs of irreversible de luding development, communication & implementati fication by State. I [DATE], the Nurse Practice Educator (NPE), ADO: taff to include contract employees (31 of 59). A post- by the Nurse Practice Educator (NPE). All staff not av itiating work assignment and new staff will be educator with the durse traction for the staff staff not available.	post-test with a required score of 100% enter Executive Director or Registered rior to initiating work assignment the following topics: eath. ion. N or Center Nurse Executive provided test with a required score of 100% vailable for re-education will be
	* Policy NSG102 Care Plans incl following the care plan for Advar * Policy OPS310 Abuse and Neg 12. Beginning on [DATE] through re-education to all licensed staff (the Nurse Practice Educator (NPI prior to initiating work assignment	uding development, communication & implementation	N or Center Nurse Executive provided was included which was graded by ill be provided the re-education
	included: * Policy NSG102 Care Plans including development, communication & implementation and following the care plan for Adva Directives. * Policy OPS310 Abuse & Neglect Prohibition - State of Kentucky. * Policy NSG4.20 Charting Errors and/or Omissions including late entries.		
	Coordinator	n [DATE], the Nurse Practice Educator (NPE), Cente	
	or RN provided education to all licensed staff (6 of 23). All licensed staff not available for education will be provided education prior to initiating work assignment and new staff will be educated during his/her orientation process. The education included:		
	In the event there is not a Registered Nurse (RN) available to pronounce death, the Licensed Practical Nurse (LPN) must notify an RN or Physician to come to the facility to pronounce and sign the KY Provisional Report of Death form in the Facility Note section before the body can be released to the Funeral Home.		
	14. Beginning [DATE], the Health Information Manager, Center Nurse Executive, ADON, RN, LPN, Certified Nursing Executive, Executive, Admissions Director, Payroll Benefits Coordinator and/or Social Services Director will interview at least five (5) non-licensed staff and/or CNAs daily, across all shifts for fourteen (14) days to include weekends to validate that he/she can state the following:		
	* Where a resident's code status can be quickly located * Response steps for a non-licensed staff. * Articulate the purpose of a resident care plan/care card.		
	* Articulate the definition of negl * Reporting steps.	ect and appropriate	
	week for four (4) weeks, then we	days, five (5) non-licensed staff and/or CNAs will b ekly for four (4) weeks, then monthly for four (4) mo th corrective action upon discovery.	
	Improvement (QI) Committee with corrective action upon discovery. 15. Beginning [DATE], the Center Executive Director, Center Nurse Executive, Nurse Practice Educator (NPE), ADON and/or Licensed Nurse will interview at least three (3) licensed staff (RN or LPN), across all shifts for fourteen (14) days to include weekends to validate that he/she can state the following:		
	* Expected medical response to a * Process steps expected in respo * Signs of irreversible death.	n emergency. nse to a Cardiac and/or Respiratory Arrest.	
	* Where a resident's code status c * Kentucky requirements related	to death pronouncement.	
	* Articulate the definition of negl * Definition of a complete medic	lect and appropriate reporting steps. al record.	
Beginning [DATE], the interview tool will include validation pronounce death, the LPN must notify an RN or Physician Report of Death form in the Facility Note section before the Following the initial fourteen (14) days, three (3) licensed s weeks, then weekly for four (4) weeks, then monthly for for		outify an RN or Physician to come to the facility to pr ity Note section before the body can be released to th days, three (3) licensed staff will be interviewed three vecks, then monthly for four (4) months then as deter	ronounce and sign the KY Provisional ne Funeral Home. ee (3) times per week for four (4)
		r Nurse Executive, ADON, Nurse Practice Educator with unplanned transfers and associated care plans d	
		a necessary to avoid mental anguish and physical harr	n according to the Advanced Directive in
	Following the initial fourteen (14) then weekly for four (4) weeks, the	days, unplanned transfers will be audited three (3) ti then monthly for four (4) months then as determined b	
	Nurse until the issue is resolved a Center Nurse Executive, Center H Manager, ADON, Business Offic	o the QI Committee by the Center Nurse Executive, 6 and ongoing thereafter. The QI Committee consists of Executive Director, Social Service Director, Maintena e Manager, and the Nurse Practice Educator.	f at least the Medical Director, ance Director, Health Information
	1. Review of an audit log, dated [I records related to Advanced Dire 2. All care plans were also audited care plan.	d the implementation of the facility's AOC as follow DATE], revealed the Social Service Director (SSD) a ctives to ensure clear documentation related to Advar l by SSD and check off sheets were verified to ensure	nd an LPN reviewed all residents' need Directives. e residents' code status were on the
	Directives were reviewed on [DA addressed.	SD at 11:15 AM, and LPN #1 at 2:55 PM, revealed a TE] to verify documentation and care plans were als	o audited to ensure code status was
	3. Review of the log book that wa staff was verified by the Payroll H certifications will expire. Observa (2) nursing stations.	s implemented to verify which licensed staff was cur Benefits Coordinator on [DATE]. The log book was t ation on [DATE], revealed a current CPR certificatio	tabbed by month to indicate when n list was located on each of the two
	Payroll Benefits Coordinator on [ter Nurse Executive (CNE), on [DATE] at 9:00 AM a DATE] and a log book was implemented to maintain system to address and ensure coverage of CPR certi	a current CPR certification of staff and

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:6/6/2016 FORM APPROVED OMB NO. 0938-0391
TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2016
AME OF PROVIDER OF SU	185312 IPPLIER		ESS, CITY, STATE, ZIP
		PADUCAH, KY	¥ 42001
or information on the nursing (X4) ID PREFIX TAG	•	cy, please contact the nursing home or the state sur DEFICIENCIES (EACH DEFICIENCY MUST BE	
	OR LSC IDENTIFYING INFOR		
F 0514 Level of harm - Immediate jeopardy		PN #1 on [DATE]. The check list was updated and eck list on [DATE] revealed daily signatures by lice	
jeopardy Residents Affected - Few	Interview with LPN #1, on [DAT] will be inspected daily by the nig 5. Review of the Code Blue Drill drills are being completed throug Interview with the ADON, on [DAT being done weekly on varied shif 6. Documented interviews of inter Service Director. There were thir were directed to care by care give concerns were identified. Concer Interview with the SSD, on [DAT and no concerns were identified r came from the interviews. 7. Review of body audits of non in concerns identified. Two (2) new Interview, on [DATE] at 9:00 AM completed on [DATE] and two (2 8. Resident Progress Notes from [(CNE). Review of the list of Prog Interview with the Center Nurse E Progress Notes with no concern i 9. The Manager of Clinical Opera then the Center Executive Direct Coordinator, Director of Rehabili education included resident code revealed 100% passed with a 100 Interview, conducted on [DATE] Manager of Clinical Operations of Interviews, on [DATE] at 11:03 A Nurse Practice Educator (NPE), r Housekeeping/Laundry Superviss test required 100% and was grade the only remaining staff not prov return to work. That education in Policy NSG102 Care Plans and E Interviews on [DATE] with the A Aide #1 at 10:19 AM, the Housel education related to a resident's c to do, care plans and death prono 10. Review of documented educat Practice Educator (NPE), Center rate graded by the Nurse Practice Scheduling Supervisor is to ensus included Policy NSG 107 related respiratory arrest, irreversible dei 11. Review on [DATE] with RN # Reimbursement Coordinator (CR respiratory arrest, irreversible dei 11. Review on [DATE] of educati completed the education. All staff assignment and new staff will be care plans for Advanced Directiv (NPE), ADON, Center Nurse Exx Interviews, on [DATE] with RN # Reimbursement Coordinator (CR birectives and the facility's Abus pass a post test with 100%. 13. The Neurse Practice Educator (Interviews, on [DATE] with RN # Reimbursement Coordinator (CR birectives and the facility's Abus pass a post test with 100%. 13. The Neur	tions educated the Center Executive Director (CEI or provided education to the Admissions Director, ration, and the Housekeeping/Laundry Supervisor status, the unresponsive resident, care plans and do %; the test was graded by the Executive Director. a 9:00 AM, with the Center Nurse Executive (CN on [DATE] and passed a post test with 100%. M with the Admissions Director, 10:01 AM with 1 revealed they had received the education and it was lent, care plans and death pronouncement. vided to non-licensed staff by the Admissions Dire or, Center Nurse Executive (CNE) and Executive I ed by the Admissions Director. Two (2) staff, the I ided the training and will receive the training prior cluded how to locate code status, procedure for ide Death Pronouncement and Certification by State. Ry dmissions Director at 11:03 AM, Restorative Aide keeping/Laundry Supervisor at 10:01 AM, and CN ode status and where to find that information, relat uncement by the RN. ion and post tests, on [DATE], revealed 22 of 23 F Nurse Executive (CNE), and ADON on [DATE] th Educator (NPE), CNA, and ADON one (1) licen that education is completed when that staff retur to the procedure for Emergency Medical Respons- tions which included evaluation of irreversible dee timplementation and communication and death pre 2 at 10:36 AM, LPN #3 at 10:13 AM, LPN #2 at 9 C) at 10:50 AM, revealed they had education relat and care plans. They were required to pass a po ion and post tests of non-licensed staff and contract f not available for re-education will be provided th educated during orientation. Review of the educati es, Policy OS310 related to abuse/neglect was pro ceutive (CNE). Review of the POS [REDACTED] At 41 0:40 AM, the Housekeeping/Laundry Super rative Aide #1 at 10:29 AM, revealed they received e and Neglect. They were all required to pass a pos ion and post tests of non-licensed staff and contract f not available for re-education will be provided th the Nurse Practice Educator (NPE), ADON, and C C) at 10:50 AM, revealed they had education re	by the ADON on all shifts and weekly ATE] and will be completed by [DATE]. conducted by her on [DATE] and drills are E) and Center Nurse Executive (CNE). to have been completed by the Social fusing to participate. The interviews ere feeling abused/neglected. No lved through the grievance process. s with all interviewable residents on [DATE] ievance issues about other things that nurses on [DATE]; and, there were no the Center Nurse Executive (CNE). It the skin assessments were divided and and accuracy by the Center Nurse Executive revealed she had completed the audit of D), and the Center Nurse Executive (CNE), Director of Recreation, Payroll Benefits on [DATE]. Post tests were given. The eath pronouncement. Review of the tests E), revealed she received education from the the Housekeeping/Laundry Supervisor, and the a about locating a resident's code status, ctor, Recreation Director, Director on [DATE] through [DATE]. The post Director on [DATE] through [DATE]. The post Director on [DATE] through the post Director on [DATE] through the post Director on [DATE]. All had post test with 100% page eview of the POS [REDACTED]. #1 at 10:29 AM, CNA #5 at 10:24 AM, Dietarr A#4 at 9:40 AM, revealed they had received ed to unresponsive resident and what RNs and LPNs were educated by the Nurse trough [DATE]. All had post test with 100% page sed staff remains to be re-educated. The ns. Review of the education revealed it e, Policy NSG 208 for cardiac and/or th and care plans policy NSG 102 phouncement. 48 AM, RN #3 at 9:02 AM, and the Clinical ed to emergency medical response, cardiac and st test with 100%. a 100% pass rate of licensed staff (18 of enter Nurse Executive (CNE). The education lementation for following the care plan for and Neglect Prohibition and Policy NSG 4.20 D:48 AM, RN #3 at 9:02 AM, and the Clinical ed to implementing the care plan for Advanced l/or omissions. They were required to d Clinical Reimbursement Coordinator (CRC) could state where code status
	Interview with the Center Nurse E and then interviews will be condu- months projected to be complete Interviews, conducted on [DATE]	re card, the definition of neglect and reporting steps Executive (CNE), on [DATE] at 9:00 AM, revealed ucted three (3) times a week for four (4) weeks, the [DATE].] with CNA #4 at 9:40 AM, Dietary Aide #1 at 10: ney received education related to where a resident's	 I daily interviews will be completed [DATE], n one (1) time monthly for four (4) 19 AM, CNA #5 at 10:24 AM, and Restorative

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:6/6/2016 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 02/13/2016
	185312		
AME OF PROVIDER OF SU ARKLEY CENTER	PPLIER		DRESS, CITY, STATE, ZIP BARKLEY DRIVE
	home's alon to compat this deficien	PADUCAH, 1	KY 42001
(X4) ID PREFIX TAG		cy, please contact the nursing home or the state : DEFICIENCIES (EACH DEFICIENCY MUST 1	
F 0514	OR LSC IDENTIFYING INFOR (continued from page 17)	MATION)	
Level of harm - Immediate	response steps for non-licensed si definition of neglect and the repo	taff to follow, as well as the purpose of the care p	plan and care card. Additionally, the
jeopardy	15. Beginning [DATE], licensed s (NPE) and ADON Review reve	staff interviews were conducted by the Center Nu aled the interviews addressed expected medical t	response to an emergency process steps expected
Residents Affected - Few	(NPE), and ADON. Review revealed the interviews addressed expected medical response to an emergency, process steps expected in response to a Cardiac and/or Respiratory Arrest, signs of irreversible death, where a resident's code status could be located, Kentucky requirements related to death pronouncement, the definition of neglect and appropriate rep		
FORM CMS 2567(02.99)	Event ID: VI 1011	Easility ID: 195212	If continuation sheet